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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u> A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014 D Employer identification number **B** Check if applicable LINDENWOOD COLLEGE Address change 43-0652649 Doing Business As Name change LINDENWOOD UNIVERSITY Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (636) 949-4970 Amended return City or town, state or province, country, and ZIP or foreign postal code ST CHARLES, MO 633011693 Application pending G Gross receipts \$ 198,561,234 Name and address of principal officer **H(a)** Is this a group return for JAMES D EVANS subordinates? ┌ Yes 🗸 No 209 SOUTH KINGSHIGHWAY ST CHARLES, MO 633011693 H(b) Are all subordinates ┌ Yes ┌ No included? **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) √ 4947(a)(1) or
√ 527 Tax-exempt status If "No," attach a list (see instructions) Website: ► WWW LINDENWOOD EDU H(c) Group exemption number ▶ K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other
▶ L Year of formation 1853 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities ACCREDITED BY THE HIGHER LEARNING COMMISSION SINCE 1918, LINDENWOOD UNIVERSITY OFFERS VALUES-CENTERED PROGRAMS LEADING TO THE DEVELOPMENT OF THE WHOLE PERSONAN EDUCATED, RESPONSIBLE CITIZEN OF A GLOBAL COMMUNITY Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 31 4 31 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . 5 2,914 **6** Total number of volunteers (estimate if necessary) 273 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 778,808 **b** Net unrelated business taxable income from Form 990-T, line 34 -153,383 **Prior Year Current Year** 2,530,829 Contributions and grants (Part VIII, line 1h) . . . 3,841,674 Program service revenue (Part VIII, line 2g) . 175,017,907 182,550,710 7,442,180 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 9,944,338 338,359 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 85,337 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 185,076,253 196,675,081 43,871,738 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 39,413,989 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 52,960,361 59,133,608 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 797,085 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 77,487,770 76,467,898 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 169,862,120 179,473,244 19 Revenue less expenses Subtract line 18 from line 12 . 17,201,837 15,214,133 ቴ የ **Beginning of Current End of Year** Assets of Balance 496,718,431 20 Total assets (Part X, line 16) 466,047,370 21 15,051,546 13,358,069 Total liabilities (Part X, line 26) . 450,995,824

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	lk.	*****			2014-11-13		
Sign		Signature of officer			Date		
Here	I.	JAMES D EVANS PRESIDENT					
		Type or print name and title					
Doid		Print/Type preparer's name BRENT W STEVENS	Preparer's signature	Date	PTIN P01291820		
Paid Prepare	er	Firm's name ► RUBINBROWN LL	Р		Firm's EIN ► 43	3-0765316	
Use On		Firm's address ► ONE NORTH BRE	Phone no (314) 290-3300				
		SAINT LOUIS, MC	63105				
May the IR	RS di	scuss this return with the prepa		🔽 Yes 🗆 No			

Net assets or fund balances Subtract line 21 from line 20

483,360,362

Par	Statement of Pro Check if Schedule O		nplishments e to any line in this Part II	I	٧
1	Briefly describe the organiza	tion's mission			
EDU INTE FOC UNR ETHI LIND WITH AN C	CATED, RESPONSIBLE CITI. EGRATIVE LIBERAL ARTS CUUSING ON THE TALENTS IN ESTRICTED SEARCH FOR TR ICAL LIFESTYLES 7 DEVELO DENWOOD IS AN INDEPEND ITHE PRESBYTERIAN CHUR	ZEN OF A GLOBAL COMM RRICULUM 2 OFFERING FERESTS AND FUTURE O UTH 5 AFFORDING CUL PING ADAPTIVE THINK ENT, PUBLIC-SERVING, CH AND IS FIRMLY ROO VERSE, THE DIGNITY O	MUNITY LINDENWOOD I PROFESSIONAL AND PF FTHE STUDENT 4 SUPP TURAL ENRICHMENT TO ING AND PROBLEM-SOL' LIBERAL ARTS UNIVERS TED IN JUDEO-CHRISTI F WORK, THE WORTH AN	O THE DEVELOPMENT OF THE SECOMMITTED TO 1 PROVIDE RE-PROFESSIONAL DEGREE ORTING ACADEMIC FREEDO THE SURROUNDING COMMINING SKILLS 8 FURTHERING ITY THAT HAS A HISTORICA AN VALUES THESE VALUES DINTEGRITY OF THE INDIVENTAL	DING AN PROGRAMS 3 DM AND THE UNITY 6 PROMOTING LIFELONG LEARNING AL RELATIONSHIP INCLUDE BELIEF IN
2	Did the organization undertal the prior Form 990 or 990-E If "Yes," describe these new	Z?			┌ Yes ┌ No
3	Did the organization cease conservices?	onducting, or make signific		ducts, any program	┌ Yes ┌ No
4		and 501(c)(4) organizati	ons are required to report t	e largest program services, as the amount of grants and alloca	
4a	SEE SCHEDULE OINSTRUCTIONAL EDUCATION SPECIALISTS AND DO APPROXIMATELY 16,086 STUDENT LINDENWOOD HAS A STUDENT AC AND ORGANIZATIONS TO FACILITA	CTORAL DEGREES AND AS OF F. S WERE SERVED STUDENT SER TIVITIES OFFICE THAT SERVES ITE THEIR ACTIVITIES AND PRO EN, AS WELL AS, 29 OTHER NA	NRY AND CURRICULUM EXPENSE ISCAL YEAR ENDING 6/30/2014, MICES - ALONG WITH ADMISSIO AS A COORDINATING CENTER OF JECTS THE ATHLETIC DEPARTM	43,871,738) (Revenue \$ FOR STUDENTS EARNING AN UNDER APPROXIMATELY 11,115 FULL-TIME E NS, ACADEMIC SERVICES, AND FINAN N CAMPUS AND WORKS WITH APPRO ENT HAS 27 NCAA DIVISON II SPORTS UXILIARY - STUDENT ROOM AND BOA	QUIVALENT STUDENTS NCIAL AID DEPARTMENTS, XIMATELY 84 STUDENT CLUBS S FOR MEN AND WOMEN, 15
4b	(Code) (E	xpenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (E	xpenses \$	including grants of \$) (Revenue \$)
_					
4d	Other program services (De	scribe in Schedule O)			
	(Expenses \$	including grants	s of \$) (Revenue \$)
4e	Total program service expe	ses ► 161,860,3	96		

Part IV	Checklist of	Rec	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes	
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

<u> </u>	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	.) No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 15,762		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
•	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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		No
)				
	If "Yes," enter the name of the foreign country ►			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	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	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand	[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Se	ection 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			
	If there are material differences in voting rights among members of the governing	1		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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			ı
		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12a 12b	Yes Yes	
c	rise to conflicts?			
	rise to conflicts?	12b	Yes	
13	rise to conflicts?	12b 12c 13	Yes Yes Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c	Yes Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12b 12c 13	Yes Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

- | Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year $\frac{1}{2}$
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAVID KANDEL 209 SOUTH KINGSHIGHWAY ST CHARLES, MO 633011693 (636)949-4970

Form 990	(2013	
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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 line 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours		tion (han c n is l	ne l both	oox, an c			Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ited f other sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 0	organizati relati organiza	ed
1b	Sub-Total				•			, ¥						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	٠.	•	•	•			2,759,295		0		262,014
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) wl	L ho receive					
													Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	103	No
	etion D. Indonesidest Co	mhua atawa												
1	ction B. Independent Co Complete this table for your five	e highest comp												
	compensation from the organiz	ation Report co	mpens	ation	fort	the c	alenda	rye	ar ending	with or wi	thin the organizat	ion's T	tax year (C	
		ama and business								٦	\-/ ₋	- 1		, .

(A) Name and business address	(B) Description of services	(C) Compensation
PFOODMAN 15480 CLAYTON ROAD SUITE 301 BALLWIN MO 63011	FOOD SERVICES	6,474,935
BLANTON CONSTRUCTION 550 TURNER BOULEVARD ST PETERS MO 63376	CONSTRUCTION	2,892,328
MATHENY HEATING & COOLING SERVICES INC 6317 OLIVE STREET ST LOUIS MO 63130	A C & HEATING REPAIR SERVICE	1,770,208
PYRAMID ELECTRICAL CONTRACTORS INC 300 MONTICELLO PLACE FAIRVIEW HEIGHTS IL 62208	ELECTRICAL WORK	1,101,614
VANDALIA BUS LINES PO BOX 400 CASEYVILLE IL 62232	CHARTER BUS SERVICE	905,228

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►87

3,960,197

182,869

5,984,141

-9,145

164,635

Part V	/	Statement of Check if Sched	of Revenue ule O contains a respo	nse or note to any li				<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
oΣ	1a	Federated cam	npaigns 1a					
ant	ь	Membership di	ues 1b					
بة الأ	c	Fundraising ev	ents 1 0	187,055				
Gifts, Grants illar Amounts	d	Related organi	zations 1d					
u E	e	Government grant	ts (contributions) 1e	635,583				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributi	ions, gifts, grants, and 1f of included above	3,019,036				
othe Othe	g		ions included in lines	295,499				
Con	h	Total. Add line	s 1a-1f		3,841,674			
<u> </u>				Business Code				
Program Serwce Revenue	2a	INSTRUCTION & A	AUXILLIARY	900099	181,771,902	181,771,902		
æ	Ь	AUXILLIARY - UNR	RELATED	900099	778,808		778,808	
956	C							
Ser.	d							
Ē	е							
8	f	All other progr	am service revenue					
Δ	g	Total. Add line	s 2a-2f		182,550,710			
	3		ome (including divider		3,960,197			3,960,19
	4		lar amounts) stment of tax-exempt bond		3,500,137			3,300,13
	5		· · · · · · · · · · · · · · · · · · ·	·				
		Koyakies I	(ı) Real	(II) Personal				
	6a	Gross rents	182,869	,				
	ь	Less rental expenses	0					
	c	Rental income	182,869					
	d	or (loss) Net rental inco	ome or (loss)		182,869			182,869
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	7,841,199					
	b	Less cost or other basis and	1,597,111	259,947				
	_c	sales expenses Gain or (loss)	6,244,088	-259,947				
	d	Net gain or (lo			5,984,141			5,984,14
ψ.	8a		from fundraising					
Other Revenue		T	7,055 s reported on line 1c) ne 18					
<u> </u>			a	19,950				
¥	b		(penses b		-9,145			-9,14
Ŭ	9a	Gross income	(loss) from fundraising from gaming activities ne 19	events p -	3,143			3,14.
	ь	Less direct ex	a cpenses b					
	С		(loss) from gaming act	ivities				
	10a	Gross sales of returns and all	• •					
			а					
	b		goods sold b	anton:				
		Net income or Miscellaneou	(loss) from sales of inv	entory				
	11a	OTHER REVE		900099	164,635			164,63
	ь	O LIILK VE A EI	**************************************		,			,
	c							
	d	All other reven						
	e		s 11a-11d	🕨				
	12		See Instructions .		164,635			
	1	. Ocal ICACIINE.	Section deciding	· · · · 🟲	196,675,081	181,771,902	778,808	10,282,69

	770 (2013)				Page 10
	Statement of Functional Expenses				
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
D	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) 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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	43,871,738	43,871,738		
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	2,195,697	997,270	923,348	275,079
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	49,180,262	45,590,103	3,245,897	344,262
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,140,362	1,011,501	118,598	10,263
9	Other employee benefits	3,178,349	2,917,725	232,020	28,604
10	Payroll taxes	3,438,938	3,108,800	281,993	48,145
11	Fees for services (non-employees)				
а	Management				
b	Legal	322,660		322,660	
c	Accounting	287,759		287,759	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	634,907		634,907	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,709,570	1,057,399	652,171	
12	Advertising and promotion	1,709,788	1,231,047	478,741	
13	Office expenses	3,138,269	1,945,727	1,129,777	62,765
14	Information technology	4,295,654	3,522,436	<u> </u>	02,703
15	Royalties	4,233,034	3,322,430	773,210	
16	Occupancy	1,098,719	1,098,719		
17	Travel	828,037	678,990	l	16,561
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	020,037	076,990	132,400	10,301
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,039,239	13,056,491	972,921	9,827
23	Insurance	961,479		961,479	
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	STUDENT WORK & LEARN	14,451,338	13,584,258	867,080	
b	REPAIRS & MAINTENANCE	8,156,326	5,627,865	2,528,461	
c	ATHLETICS	7,705,611	5,779,208	1,926,403	
d	FOOD SERVICE	6,150,996	6,150,996		
е	All other expenses	10,977,546	10,630,123	345,844	1,579
25	Total functional expenses. Add lines 1 through 24e	179,473,244	161,860,396	16,815,763	797,085
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Раг	LA	Check if Schedule O contains a response or note to any line i	n this P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			11,535,725	1	10,480,027
	2	Savings and temporary cash investments			8,341,265	2	4,091,811
	3	Pledges and grants receivable, net			3,797,651	3	3,622,507
	4	Accounts receivable, net		•	5,433,541	4	4,876,471
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of		5	
Assets	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d contri employ	buting employers		6	
Š.	7	Notes and loans receivable, net				7	_
₹	8	Inventories for sale or use			321,316		534,786
	9	Prepaid expenses and deferred charges			1,151,764	9	1,474,862
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	397,105,382	1,101,101		.,,
	ь	Less accumulated depreciation	10b	105,511,432	291,576,254	10c	291,593,950
	11	Investments—publicly traded securities			139,200,994	11	174,223,768
	12	Investments—other securities See Part IV, line 11			3,434,757	12	4,567,739
	13	Investments—program-related See Part IV, line 11			344,681	13	227,484
	14	Intangible assets			·	14	<u> </u>
	15	Other assets See Part IV, line 11			909,422	15	1,025,026
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			466,047,370	16	496,718,431
	17	Accounts payable and accrued expenses			7,559,943	17	5,341,969
	18	Grants payable			.,,,,,,,,,	18	
	19	Deferred revenue			5,605,034	19	5,894,381
	20	Tax-exempt bond liabilities			3,555,55	20	
	21	Escrow or custodial account liability Complete Part IV of Sc				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquared to the compensated employees.	ctors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
∺	23	Secured mortgages and notes payable to unrelated third part				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	lated th	ırd partıes,			
		D			1,886,569	25	2,121,719
	26	Total liabilities. Add lines 17 through 25			15,051,546	26	13,358,069
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	√ and	l complete			
g G	27	Unrestricted net assets			437,179,475	27	466,200,022
<u>8</u>	28	Temporarily restricted net assets			2,514,374	28	5,280,980
돧	29	Permanently restricted net assets			11,301,975	29	11,879,360
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	┌─ and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
AS	32	Retained earnings, endowment, accumulated income, or othe				32	
Net	33	Total net assets or fund balances			450,995,824	33	483,360,362
Z	34	Total liabilities and net assets/fund balances			466,047,370	34	496,718,431
	<u> </u>	,			, ,		,,

Par	Reconcilliation 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)				
-	Total revenue (must equal full viii, estamil (A), mie 12)	1		196,6	75,081
2	Total expenses (must equal Part IX, column (A), line 25)	2		179,4	173,244
3	Revenue less expenses Subtract line 2 from line 1	7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		1 / ,2	201,837
7	Net assets of faile balances at beginning of year (must equal r art X, fine 33, column (A))	4		450,9	95,824
5	Net unrealized gains (losses) on investments	5		15,0	95,386
6	Donated services and use of facilities				
7	Investment expenses	6			
,		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
_		9			67,315
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		483,3	360,362
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	l			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u>:</u>	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

EIN: 43-0652649

Name: LINDENWOOD COLLEGE

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

Form 990, Part VII - Compensation Compensated Employees, and Inde				ıru	ste	es, r	чеу	employees, nigi	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th person and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1099-11136)	related organizations
JIM J SHOEMAKE	1 00	х		х				0	0	0
CHAIRMAN BEN F BLANTON	1 00	<u> </u>		.,						
VICE CHAIRMAN JOHN W HAMMOND	1 00	×		Х				0	0	0
TREASURER	1 00	×		Х				0	0	o
GRACE HARMON	1 00	х		х				0	0	0
PATRICIA AHRENS	1 00	×						0	0	0
BOARD MEMBER KEVIN BRAY	1 00							0	0	
BOARD MEMBER	100	Х						0	0	0
JACKIE BROCK BOARD MEMBER	1 00	x						0	0	О
GASPARE CALVARUSO	1 00	x						0	0	0
BOARD MEMBER NANCY CALVERT	1 00									
BOARD MEMBER		×						0	0	0
J MICHAEL CONOYER BOARD MEMBER	1 00	x						0	0	o
DAVID G COSBY	1 00	х						0	0	0
DUANE FLOWERS	1 00	X						0	0	0
BOARD MEMBER JAMES E ISSLER	1 00									
BOARD MEMBER		Х						0	0	0
MARK ANDREW KERN BOARD MEMBER	1 00	x						0	0	О
JOSEPH G MATHEWS	1 00	×						0	0	0
BOARD MEMBER DOUG MUELLER	1 00									
BOARD MEMBER		X						0	0	0
RONALD W OHMES BOARD MEMBER	1 00	x						0	0	О
RONNIE D OSBORN	1 00	х						0	0	0
BOARD MEMBER DONALD PAULE	1 00									
BOARD MEMBER HERB ROACH	1 00	×						0	0	0
BOARD MEMBER		х						0	0	0
JANE CALVERT ROGERS	1 00	х						0	0	0
DALE ROLLINGS	1 00	×						0	0	0
BOARD MEMBER JERRY E SCHEIDEGGER	1 00									
BOARD MEMBER		X						0	0	0
GARY N SHAW BOARD MEMBER	1 00	×						0	0	0
PATRICK S SULLIVAN	1 00	х						0	0	0
BOARD MEMBER	J								<u> </u>	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) Position (do not check Name and Title Average Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below organizations emplo) ee dotted line) CHRIS LISSNER 1 00 Χ 0 0 BOARD MEMBER DR PATRICIA PENKOSKE 1 00 Χ 0 0 0 BOARD MEMBER CHIP PETERSON 1 00 0 0 0 Χ BOARD MEMBER JUDITH BROWN 1 00 Χ 0 0 0 BOARD MEMBER RON GORGEN 1 00 Χ 0 0 0 BOARD MEMBER LUCY D RAUCH 1 00 Х 0 0 O BOARD MEMBER JAMES D EVANS 40 00 Х 384,689 0 35,048 **PRESIDENT** JERRY M BLADDICK 40 00 Χ 167,219 0 14,391 VICE PRESIDENT RICHARD BOYLE 40 00 Х 179,272 12,931 VICE PRESIDENT SUSAN MANGELS 40 00 Χ 122,955 6,092 VICE PRESIDENT JULIE M MUELLER 40 00 Χ 279,714 0 19,940 VICE PRESIDENT JOHN R OLDANI 40 00 Χ 198,287 0 10,465 VICE PRESIDENT JANN WEITZEL 40 00 163,017 Χ 0 21,026 VICE PRESIDENT DAVID KANDEL 40 00 137,275 Χ 0 19,703 CHIEF FINANCIAL OFFICER ERIC O STUHLER 40 00 Х 123,142 0 18,956 LEGAL COUNSEL DEB AYRES 40 00 116,905 Х 0 6,020 VICE PRESIDENT JOSEPH PARISI 40 00 Χ 126,459 0 12,503 VICE PRESIDENT RYAN GUFFEY 40 00 Х 0 VICE PRESIDENT PETER BEZEMES 40 00 Χ 141,314 0 11,725 DIRECTOR OF FINE & PERF A MARILYN ABBOTT 40 00 Х 132,094 0 18,216 ASSOCIATE PROVOST BRADLEY SODERBERG 40 00 Х 157,097 0 20,160 HEAD MEN'S BASKETBALL COAC BRETT BARGER 40 00 Χ 133,533 0 24,476 DEAN OF EVENING ADMISSIONS DONALD M SENTI 40 00 Χ 196,323 0 10,362 SENIOR CONSULTANT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493321103274

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

Name	of	the	orga	niza	tio
INDEN	WO	OD C	OLLE	GE	

Employer identification number

43-0652649

Рa	rt I	Reas	nn for Pu	blic Charity Sta	tus (All or	nanization	s must com	nlete this	nart) See i		:	
				e foundation becaus						nau actions	· .	
1				on of churches, or as	· ·			•	•			
2	<u>.</u>		*	in section 170(b)(1					(-)(-)(-)			
3	Ĺ.			perative hospital se			•	on 170(b)(1)(A)(iii).			
4	,	•		n organization operat	=					(1)(A)(iii).	Enter the	
•	'			ty, and state	ica ili conjui	recion with	a mospital ac.	ocribed iii oc		(-)(/-)()-	Lincor circ	
5	\sqcap			erated for the benefi	t of a college	e or univers	ity owned or	operated by	a governmer	ntal unit des	cribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Г	A federa	al, state, or	local government or	governmen	tal unit des	cribed in sec	tion 170(b)(1)(A)(v).			
7	Γ	An orga	nization tha	at normally receives	a substanti	al part of its	s support fror	n a governm	ental unit or	from the ger	eral publ	ıc
	_			n 170(b)(1)(A)(vi).	•	•						
8	<u> </u>		•	described in section			•	•				
9		_		at normally receives	-		* *		•	-	-	SS
				ities related to its ex								
			_	oss investment inco				•		tax) from b	usinesses	5
	_			janization after June								
10				ganized and operated ganized and operated								
		one or r the box a	nore public that descri Type I	y supported organız bes the type of supp b Type II c	ations desci orting organ Type II	ribed in sec nization and II - Functio	tion 509(a)(1 complete lin nally integrat	l) or sectior es 11e thro ed d	n 509(a)(2) S ugh 11h Type III - N	See section ! on-function	509(a)(3) ally integ	.Check rated
е	Γ	other th		ox, I certify that the on managers and otl								
f				received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III support	ing organ	ıızatıon,
		check t										Г
g				2006, has the organi	zation acce	pted any gi	ft or contribut	tion from an	y of the			
			g persons? erson who di	rectly or indirectly o	ontrols eith	ner alone or	together wit	n nersons de	escribed in (ii)	Yes	No
				governing body of th			_	. po. 50. 15 a.			g(i)	
			·	er of a person descri		_					y(ii)	+
			*	lled entity of a perso			above?				(iii)	+
h				ng information about						119	()	
••		1 10 1140	the followin	ig illiorillation about	the support	ca organiza	icion(3)					
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A	mount of
	suppo		,	organization	organizat		the organ		organiza			netary
0	rganiz	ation		(described on	col (i) lıs		ın col (i)	•	col (i) or	-	su	oport
				lines 1 - 9 above	your gove	_	suppo	ort?	in the U	JS?		
				or IRC section (see	docume	entr						
				instructions))		T	+	1	+	1	-	
				,,	Yes	No	Yes	No	Yes	No		
						1		1			-	
Tota	•	1			i		1	1		1		

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	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						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493321103274

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

ime o	nue Service and its instruct				Inspect	
	f the organization OOD COLLEGE		Emp	loyer identifica	ation numbe	r
ID EIVI			43-	0652649		
rt I			unds	or Accounts	. Complet	e if th
	organization answered "Yes" to Form 990		1	(1) = 1 1		
T - L		(a) Donor advised funds		(b) Funds and	otner accou	nts
	al number at end of year					
	gregate contributions to (during year)					
	gregate grants from (during year)					
	gregate value at end of year		<u> </u>			
fun	I the organization inform all donors and donor advisors do are the organization's property, subject to the or	ganızatıon's exclusive legal control?			☐ Yes	┌ No
use	I the organization inform all grantees, donors, and do ed only for charitable purposes and not for the benef nferring impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part I	V, line 7.	
	rpose(s) of conservation easements held by the organisms. Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space mplete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic struc	ture	
	sement on the last day of the tax year	•				
				Held at the	End of the	Year
Tot	tal number of conservation easements		2a			
Tot	tal acreage restricted by conservation easements		2b			
Nur	mber of conservation easements on a certified histo	ric structure included in (a)	2c			
	mber of conservation easements included in (c) acq toric structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	mber of conservation easements modified, transferr tax year 🗠	ed, released, extinguished, or terminat	ed by th	ne organization	during	
Nur	mber of states where property subject to conservati	on easement is located 🕨				
Doe	es the organization have a written policy regarding to			violations, and	☐ Yes	┌ No
Sta ►	aff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
A m	nount of expenses incurred in monitoring inspecting					
▶ \$, and enforcing conservation easement	s durin	g the year		
		•			┌ Yes	┌ No
Doe and In I	es each conservation easement reported on line 2(c	i) above satisfy the requirements of sec nservation easements in its revenue an e footnote to the organization's financia	ction 17	70(h)(4)(B)(ı)	and	∏ No
Doe and In I	es each conservation easement reported on line 2(of section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports cor ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	d) above satisfy the requirements of second servation easements in its revenue and a footnote to the organization's financiants s of Art, Historical Treasures,	ction 17 id expei il stater	70(h)(4)(B)(ı) nse statement, nents that desc	and cribes	┌ No
In F bala the t II	es each conservation easement reported on line 2(of section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Organizations Maintaining Collection Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asse	a) above satisfy the requirements of second and a footnote to the organization's financiants sof Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revets held for public exhibition, education,	or Ot	70(h)(4)(B)(I) This is statement, whents that described by the state of the state	and cribes Assets.	
In F ball the If the Vor ser If the	es each conservation easement reported on line 2(of section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme Torganizations Maintaining Collection Complete if the organization answered "Y the organization elected, as permitted under SFAS 1	nservation easements in its revenue and footnote to the organization's financial nts s of Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revenue ts held for public exhibition, education, o its financial statements that describe 16 (ASC 958), to report in its revenue ts held for public exhibition, education, the sheld for public exhibition, education,	or Ot	70(h)(4)(B)(i) Inse statement, ments that described by the statement and bacarch in further actions and balance and balance and balance and balance.	Assets. lance sheet ance of publice sheet	IC
In F ball the If the wor ser If the	es each conservation easement reported on line 2 (or disection 170 (h)(4)(B)(II)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easemed. Organizations Maintaining Collection Complete if the organization answered "Y the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservices.	nservation easements in its revenue and footnote to the organization's financial nts s of Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revenue ts held for public exhibition, education, o its financial statements that describe 16 (ASC 958), to report in its revenue ts held for public exhibition, education, the sheld for public exhibition, education,	or Ot	70(h)(4)(B)(i) nse statement, ments that described and balance entered and balance earch in furthers earch in furthers earch in furthers	Assets. lance sheet ance of publice sheet	ıc
In I balk the III work ser If the work ser (i)	es each conservation easement reported on line 2 (of section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation reports conservation and include, if applicable, the text of the organization's accounting for conservation easemed. I Organizations Maintaining Collection Complete if the organization answered "You the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide the following amounts relating to these revice, provide the following amounts relating to these reviews included in Form 990, Part VIII, line 1	nservation easements in its revenue and footnote to the organization's financial nts s of Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revenue ts held for public exhibition, education, o its financial statements that describe 16 (ASC 958), to report in its revenue ts held for public exhibition, education, the sheld for public exhibition, education,	or Ot	nse statement, ments that described and baserch in furtherse items earch in furtherse items earch in furtherse items	and cribes Assets. lance sheet ance of public e sheet e s	ıc ıc 24,64
Doe and In I ball the ball work ser If the work ser (i) (ii) If the ball th	es each conservation easement reported on line 2 (of section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation ance sheet, and include, if applicable, the text of the organization's accounting for conservation easemed. Organizations Maintaining Collection Complete if the organization answered "Yellow the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide the following amounts relating to these revice, provide the following amounts relating to these	asservation easements in its revenue and footnote to the organization's financial nts sof Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revets held for public exhibition, education, o its financial statements that described 16 (ASC 958), to report in its revenue ts held for public exhibition, education, e items	or Ot nue sta or rese es these statem or rese	nse statement, ments that described by the statement and baserch in furthers extend and balance arch in furthers extend the statement architecture.	Assets. lance sheet ance of public e sheet ance of public 2 4,11	ıc ıc 24,64
Doe and In F ball the If the Work ser (i) (ii) If the following the Internal Interna	es each conservation easement reported on line 2 (or disection 170 (h)(4)(B)(II)? Part XIII, describe how the organization reports con ance sheet, and include, if applicable, the text of the organization's accounting for conservation easemed. Organizations Maintaining Collection Complete if the organization answered "Yithe organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote to the organization elected, as permitted under SFAS 1 rks of art, historical treasures, or other similar asservice, provide the following amounts relating to these revice, provide the following amounts relating to these revices included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	asservation easements in its revenue and footnote to the organization's financial nts sof Art, Historical Treasures, es" to Form 990, Part IV, line 8. 16 (ASC 958), not to report in its revets held for public exhibition, education, o its financial statements that described 16 (ASC 958), to report in its revenue ts held for public exhibition, education, e items	or Ot nue sta or rese es these statem or rese	nse statement, ments that described in furthers entered and balance arch in furthers earch	Assets. lance sheet ance of public e sheet ance of public 2 4,11	ic ic 24,64

Part	Organizations Maintaining Co	llections of Art,	, Hist	orical T	reas	ures, or Ot	the	Similar As	sets (c	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	eck any of	the fol	llowing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	☐ Loan	orex	change progra	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explai	ın how	they furth	er the	organızatıon'	s ex	empt purpose	n	
5	During the year, did the organization solicit									
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang								Yes	✓ No
Fai	Part IV, line 9, or reported an ar					iii aliswelet	1 1'	נו רטוווו פ	790,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follow	ng table		_				
								An	nount	
С	Beginning balance					-	1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					 	1e			
f	Ending balance	000 5 1 7 1				L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	□ No
ь	If "Yes," explain the arrangement in Part XI									
Pa	rt V Endowment Funds. Complete	if the organization (a)Current year		vered "Ye nor year				t IV, line 10. Three years back	(e)Four	years back
1a	Beginning of year balance	122,153,740		108,945,562		113,331,832	(4)	86,486,542	(C) our	68,591,943
b	Contributions	1,542,797		1,143,433	3	1,123,484		5,800,042		11,725,373
c	Net investment earnings, gains, and losses	20,305,808		12,367,933	3	-5,099,281		21,368,184		6,654,442
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses	594,698		303,188		410,473		322,936		485,216
g	End of year balance	143,407,647		122,153,740		108,945,562		113,331,832		86,486,542
2	Provide the estimated percentage of the cur	•	e (line	: 1g, colur	nn (a))	held as				
а	Board designated or quasi-endowment	89 900 %								
b	Permanent endowment ► 8 150 %									
С	Temporarily restricted endowment ► 1 S The percentages in lines 2a, 2b, and 2c sho	950 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	nat are he	ld and	admınıstered	for	the		
	organization by (i) unrelated organizations				_		_	3a(i) Yes	+
	(ii) related organizations						٠.	3a(No
b	If "Yes" to 3a(II), are the related organization		d on Sc	hedule Ra				31	,	
4	Describe in Part XIII the intended uses of the									
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line		he or							
	Description of property			(a) Cost or basis (inves		(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
1a	Land					58,917,	464			58,917,464
b	Buildings		. [4,2	68,865	286,299,	122	81,607,341	2	08,960,646
С	Leasehold improvements		. [14,874,	437	4,674,117	'	10,200,320
	Equipment		.			29,551,	_	19,229,974	1	10,321,964
	Other			nn (D) 1	10/-1	3,193,		ls.		3,193,556
iota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	, colun	uri (B), Ilne	: 1U(C).	<i>)</i>	•			91,593,950
								Schedule [(Form	99U) 2013

provided in Part XIII

	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Fınancıal deri			Cost or end-or-year market value
	equity interests		
Other			
	must equal Form 990, Part X, col (B) line 12)	+	
Part VIII In	vestments—Program Related. Co	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 110
	ee Form 990, Part X, line 13. a) Description of investment	(b) Book value	(c) Method of valuation
		, ,	Cost or end-of-year market value
Total. (Column (b)	must equal Form 990. Part X. col (B) line 13)	b	
	must equal Form 990, Part X, col (B) line 13) ner Assets. Complete if the organizatio		, Part IV, line 11d See Form 990, Part X, line 15
		n answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	
Part IX Oth	ner Assets. Complete if the organizatio	n answered 'Yes' to Form 990	(b) Book value
Total. (Column (E	her Assets. Complete if the organization (a) Described (a)	n answered 'Yes' to Form 990 ription	
Total. (Column (E	b) must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization	n answered 'Yes' to Form 990 ption 5.) anization answered 'Yes' to	(b) Book value
Total. (Column (E	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 the organization of liability. (a) Description of liability	n answered 'Yes' to Form 990 ription	(b) Book value
Total. (Column (E Part X Oth For 1 Federal income t	b) must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization mer Liabilities. Complete if the organization mer Spo, Part X, line 25. (a) Description of liability	5.) anization answered 'Yes' to Form 990 answere	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income to	b) must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization m 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS	n answered 'Yes' to Form 990 ption 5.) anization answered 'Yes' to	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income to the state of the	b) must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization mer Liabilities. Complete if the organization mer Spo, Part X, line 25. (a) Description of liability	5.) anization answered 'Yes' to Form 990 answere	(b) Book value
Total. (Column (E Part X Oth For 1 Federal income to the second of the	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.) (b) Book value 1,118,652 29,462	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value
Total. (Column (E Part X Oth For 1 Federal Income t FUNDS HELD IN OBLIGATIONS AGREEMENTS REFUNDABLE U	her Assets. Complete if the organization (a) Described must equal Form 990, Part X, col.(B) line 1 her Liabilities. Complete if the organization 990, Part X, line 25. (a) Description of liability taxes N CUSTODY FOR OTHERS UNDER SPLIT-INTEREST	5.)	(b) Book value

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

Part	VI Pagangiliation of Pa	evenue per Audited Financial Statements With Revenue per	- D	Street Complete of
Paru		ered 'Yes' to Form 990, Part IV, line 12a.	1 17.0	etui ii Complete ii
1	<u> </u>		1	168,289,930
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12		
а		nents		
ь	Donated services and use of fa	cilities		
С	Recoveries of prior year grants			
d				
e	Add lines 2a through 2d .	<u> </u>	2e	15,419,276
3	Subtract line 2e from line 1 .		3	152,870,654
4		, Part VIII, line 12, but not on line 1		<u> </u>
а		ded on Form 990, Part VIII, line 7b . 4a		
b	•	4b 43,804,427		
c	Add lines 4a and 4b		4c	43,804,427
5			5	196,675,081
		penses per Audited Financial Statements With Expenses p	_	
		wered 'Yes' to Form 990, Part IV, line 12a.		TCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
1	Total expenses and losses per	audited financial statements	1	135,925,396
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	323,890
3	Subtract line 2e from line 1 .		3	135,601,506
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:		
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)			
С			4c	43,871,738
5			5	179,473,244
Part	XIII Supplemental Info			· · ·
Provi	de the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,		
Part '	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pr	rovid	le any additional
ınforr	nation			
	Return Reference	Explanation		
PART	III, LINE 4	PURPOSE FOR LINDENWOOD UNIVERSITY'S COLLECTIONS THE UNIV		
		OVER THE YEARS BY PURCHASE OR DONATION VARIOUS COLLECTION OF THE MISSION OF T		
		TO PRESERVE AND PROTECT THE HISTORIC STRUCTURES, COLLECT:		
		RESOURCES THAT COMPRISE THE FACILITY, TO INTERPRET THE EAF	RLY	AMERICAN
		FRONTIER EXPERIENCE IN MISSOURI AS EXEMPLIFIED BY THE BOON		
		CONTEMPORARIES, AND TO PROVIDE A CENTER FOR FULLY INTEGRAL EDUCATIONAL LEVELS FROM ELEMENTARY THROUGH THE UNIVERSI		
		COLLECTIONS OF THE BOONE HOME EXIST TO PRESERVE THE STOR		
		FAMILY AND ITS PLACE IN AMERICAN HISTORY (SPECIFICALLY WITH	HRE	GARD TO
		WESTWARD EXPANSION) AND TO EDUCATE THE PUBLIC AND UNIVER		
		THE BOONE FAMILY'S STORY AND THE CHARACTER TRAITS OF THE " THE SECONDARY GOAL OF THE COLLECTIONS IS TO PRESERVE AND		
		AND UNIVERSITY STUDENTS ABOUT THE CRAFTS AND TRADES EMPL		
		OF MISSOURI IN THE 1800S THE SITE HAS TWO DISTINCT COLLECT		
		COLLECTION AND THE STUDY AND EDUCATION COLLECTION		
PART	V, LINE 4	THE PERMANENT ENDOWMENT CONSISTS OF DONOR PRINCIPAL RES		
		THE ANNUAL INCOME MUST BE USED FOR GENERAL, SCHOLARSHIPS MAINTENANCE EXPENSES THE QUASI ENDOWMENTS ARE FUNDS TH		
		HAS SET ASIDE OVER THE LAST 183 YEARS TO PROTECT THE PRINC		
		DISTRIBUTIONS OF THE PERMANENTLY RESTRICTED ENDOWMENT F		

INCOME IS USED FOR FUNDING INSTITUTIONAL STUDENT AID

SCHOLARSHIPS 43,871,738

SCHOLARSHIPS 43,871,739 CHANGE IN VALUE OF SPLIT-INTEREST -67,312

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493321103274

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

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

Open to Public Inspection

Name of the organization LINDENWOOD COLLEGE

Employer identification number

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
b	Admissions policies?	5b		No
С	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		-		
c-	Does the augustion received by financial and or possible - financial and a second seco	-	 _{V = =}	
	Does the organization receive any financial aid or assistance from a governmental agency? . Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No.
,	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

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

Schedule E (Form 990 or 990-EZ) 2013

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DLN: 93493321103274

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization LINDENWOOD COLLEGE				Employer ident	ification number
INDENWOOD COLLEGE				43-0652649	
Part I General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1 For grantmakers. Does the o other assistance, the grante to award the grants or assist	es' eligibility fo	r the grants o	r assistance, and the	selection criteria used	nd Yes No
2 For grantmakers. Describe it assistance outside the Unite		ganızatıon's p	rocedures for monitor	ing the use of its grant	ts and other
3 Activites per Region (The follow	wing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA	0	2	PROGRAM SERVICES	RECRUITING	53,460
(2) EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD TUITION	26,333
(3) NEW ZEALAND	0	0	PROGRAM SERVICES	STUDY ABROAD TUITION	3,250
(4)					
(5)					
3a Sub-total	0	2			83,043
b Total from continuation sheets to Part I	0	0			C
c Totals (add lines 3a and 3b)	0	2			83,043

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

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

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>ح</u> ا	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	LINDENWOOD HAS CONTRACTED WITH TWO ALUMNI IN PANAMA TO BE PART-TIME INDEPENDENT CONTRACTOR S TO HELP THE UNIVERSITY RECRUIT STUDENTS IN THE CENTRAL AMERICA REGION TOTAL FEES AND AL LOTMENT FOR OFFICE EXPENSES FOR 2013-2014 FISCAL YEAR WAS ALUMNI ONE \$31,531 ALUMNI TWO \$21,929 TOTAL \$53,460 LINDENWOOD PAID THE CENTRO DE LENGUAS MODERNAS (LOCATED IN SPAIN) \$6,535 FOR FOREIGN STUDIES TUITION FOR ONE STUDENT THAT STUDIED ABROAD DURING THE YEAR LI NDENWOOD PAID THE UNIVERSITY OF CAEN (LOCATED IN FRANCE) \$11,148 FOR FOREIGN STUDIES TUITI ON FOR TWO STUDENTS THAT STUDIED ABROAD DURING THE YEAR LINDENWOOD PAID YORK ST JOHN UNIVERSITY (LOCATED IN THE UNITED KINGDOM) \$8,650 FOR FOREIGN STUDIES TUITION FOR ONE STUDENT S THAT STUDIED DURING THE YEAR LINDENWOOD PAID EDUCATORS ABROAD, LTD \$3,250 FOR FOREIGN STUDIES FEES FOR ONE STUDENT THAT STUDIED ABROAD IN NEW ZEALAND DURING THE YEAR

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DLN: 93493321103274

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

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

Open to Public Inspection

Name of the organization _INDENWOOD COLLEGE						Employer iden	tification number
INDENWOOD COLLEGE						43-0652649	
Part I Fundraising Acti Form 990-EZ filers				on answered "Yes" i part.	to Form	1 990, Part IV	, line 17.
1 Indicate whether the organi:	zatıon raısed funds t	through a	ny of the f	following activities Che	eck all ti	nat apply	
a Mail solicitations			e	Solicitation of nor	n-govern	ment grants	
b Internet and email solic	ıtatıons		f	☐ Solicitation of gov	ernmen	t grants	
c Phone solicitations			g	Special fundraisin	g event	5	
d In-person solicitations							
2a Did the organization have a or key employees listed in F							Γ Yes Γ No
b If "Yes," list the ten highest to be compensated at least			fundraise	rs) pursuant to agreem	ents und	der which the fui	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
			>				
3 List all states in which the o registration or licensing	rganızatıon ıs regis	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
		3 1 3	(a) Event #1 GOLF OUTING	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
Φ			(event type)	(event type)	(total number)	207.005
Revenue	1	Gross receipts	207,00			207,005
æ	3	Less Contributions Gross income (line 1	187,05	5		187,055
	<u> </u>	minus line 2)	19,95	0		19,950
	4	Cash prizes				
မွာ	5	Noncash prizes	2,26	7		2,267
euse euse	6	Rent/facility costs	13,06	0		13,060
Expenses	7	Food and beverages .	6,91	0		6,910
Direct	8	Entertainment				
à	9	Other direct expenses .	6,85	В		6,858
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(29,095)
	11	Net income summary Subtract lii	ne 10 from line 3, columi	n (d)		-9,145
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	•
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
s Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes	│ Yes	
		Direct expense summary Add lines				
9 a b	Ist	er the state(s) in which the organization licensed to operate No," explain	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	the tax year?	

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	E mployee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

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

Schedule I

(Form 990)

Department of the Treasury

LINDENWOOD COLLEGE

Internal Revenue Service Name of the organization

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

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

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

43-0652649

DLN: 93493321103274

Open to Public Inspection

Schedule I (Form 990) 2013

Part I General Information	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as	sıstance [?]					▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin	ssistance to Go e 21, for any recip	vernments and O	rganizations in the more than \$5,000. Pa	United States. Cor ort II can be duplicate	mplete if the orgai ed if additional spa	nization answered "Y ace is needed.	es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50	1 (c)(3) and govern	ment organizations list	ed in the line 1 table			<u> </u>	
2 Enter total number of other organ			ea in the fine I table I				

Cat No 50055P

PART III

1001	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.

(a)Type of grant or assistance	(b) Number recipients		mount of sh grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) SCHOLARSHIPS	8	855	43,871,738						
Part IV Supplemental Info	ormation. Provide	the information r	equired in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference E	Return Reference Explanation								

ACADEMIC USAGE BOTH THE BUSINESS OFFICE AND THE FINANCIAL AID OFFICE MONITOR THESE FUNDS

ALL STUDENT AID AWARD LETTERS ARE PREPARED BY LINDENWOOD COLLEGE'S FINANCIAL AID OFFICE EACH AWARD LETTER HAS A
STATEMENT OF CONDITIONS AND IS SIGNED BY THE STUDENT THE BUSINESS OFFICE POSTS ALL AID TO THE STUDENT'S ACCOUNT FOR

Schedule I (Form 990) 2013

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DLN: 93493321103274

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Name of the organization LINDENWOOD COLLEGE

Employer identification number

43-0652649

Pai	t I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	▼ Tax idemnification and gross-up payments						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes				
_							
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	✓ Compensation committee ✓ Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		No			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		Νo			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νο			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III						
_		8		N o			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9					

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)		
See Additional Data Table								

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 43-0652649

Name: LINDENWOOD COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
) 384,689 0	0	0	12,750 0	22,298 0	419,737	0
) 167,219) 0	0	0	8,117 0	6,274 0	181,610	0 0
) 179,272) 0	0	0	8,828 0	4,103	192,203	0
) 279,714) 0	0	0	12,750 0	7,190 0	299,654	0 0
) 198,287) 0	0	0	9,914 0	551 0	208,752	0
) 163,017) 0	0	0	8,396 0	12,630	184,043	0 0
) 137,275) 0	0	0	7,144 0	12,559 0	156,978 0	0 0
) 141,314)	0	0	6,875 0	4,850 0	153,039	0 0
) 132,094) 0	0	0	6,807 0	11,409 0	150,310	0 0
) 157,097) 0	0	0	2,400	17,760 0	177,257 0	0 0
) 133,533) 0	0	0	6,782 0	17,694 0	158,009	0 0
) 196,323) 0	0	0	9,816 0	546 0	206,685 0	0
)	(i) Base Compensation 384,689 0 167,219 0 179,272 0 279,714 0 198,287 0 163,017 0 137,275 0 137,275 0 137,275 0 157,097 0 133,533 0 196,323	(ii) Base Compensation (ii) Base Incentive compensation 384,689 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Compensation	(i) Base Compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation 384,689 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base Compensation (ii) Other compensation compensation benefits 0 384,689 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base Compensation (iii) Other compensation compensation benefits (B)(i)-(D) 384,689

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493321103274

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	of the org VOOD COL	ganization LEGE							'	Employ	er ident	tificatio	n numbe	er	
ширент	1000 000	LLGL								4	43-06	52649			
Part I								3) and section							
								0, Part IV, line disqualified	25a or 25b, (c) Des						
1 ((a) Nam	e of disqual	mea	person	(0	-	n and organiz		(c) Des	cription	iortra	nsaction	" -	(d) Corr	No No
						P								res	NO
								disqualified pe			r unde	rsection	n		
												F \$	-		
3 EII	ter the a	imount of ta	х, п	any, on in	ne z	z, above, re	eimbursed by	the organizat				*			
Part I							d Persons								
								990-EZ, Part V		Form 9	90, P	art IV , li	ıne 26,	or ıf the	
(a) Na		(b)	port	ed an amo	oun' T	(d) Loan ((e)Original	(f)Balance	(g) In	1	(h)		(i)\//r	itten
intere		Relationship Purpose with loan		Purpose	e of or from the principal		1	due	`-'			Approved by		(i)Written agreement?	
pers	on			loan			amount				1. '				
		organızat	ion									board or			
					L		_	_				commi	ttee?		_
						То	From			Yes	No	Yes	No	Yes	No
					_					<u> </u>				_	
												1		_	
					-			<u> </u>				1	-	_	
					\dashv							1		_	
					\dashv									_	
 Total				 \$			<u> </u>	<u> </u>					I	7	
Part II	II Gra	nts or A	ssis	tance E	Ben	efitting	Intereste	d Persons.				1		_	
	Cor	nplete if t	he o	rganızat	ion	n answere	_	Form 990, P		27.					
(a) Na		iterested				p between		nt of assistanc	e (d) Typ	e of ass	sistand	:e (e	e) Purpo	se of ass	istance
	perso	n	Inte	erested p organ		on and the									
												<u> </u>			
									_						

Part IV Business Transactions Complete if the organizat			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
(1) BLANTON CONSTRUCTION	OWNER IS A DIRECTOR	2,750,650	CONSTRUCTION		No
(2) MIDWEST SERVICE GROUP	OWNER'S FATHER IS A DIRECTOR	55,595	ASBESTOS REMOVAL		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493321103274

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

Part I Types of Property

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

Name of the organization **Employer identification number** LINDENWOOD COLLEGE 43-0652649

		Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o		_	nts
1	Art—Works of art	Х	3	94,309	FAIR MARKET V	ALUE		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	X		7,845	FAIR MARKET V	ALUE		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures Q ualified conservation							
1-7	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
CLE	Other►(ANING EQPT)	X	1	·	FAIR MARKET V			
	Other► (INING EQPT)	X	1	·	FAIR MARKET V			
LIO	Other►(NHEAD LOGO)	X	1		FAIR MARKET V			
28 BRI	Other►(CK)	X	1	·	FAIR MARKET V			
<u>CH</u>	Other►(AIRLIFT)	X	1		FAIR MARKET V			
SHI	Other▶(PMODEL)	X	1	·	FAIR MARKET V			
<u>BO V</u>	Other►(VLING BALLS)	X	1	·	FAIR MARKET V			
BRC	Other►(NZE STAGEC)	X	1	·	FAIR MARKET V			
<u>FUR</u>	Other▶(NITURE)	X	1	5,000	FAIR MARKET V	ALUE		
29	Number of Forms 8283 received by th							4
	for which the organization completed F	Form 8283,	Part IV, Donee Acknowle	dgement 2	9	- 1	1	1
20-	During the year did the eventuation	raaawa bu		ranautad in Daut I. linas 1	+h		Yes	No
30a	During the year, did the organization							
	it must hold for at least three years for				to be used			l
	for exempt purposes for the entire ho					30a		No
ь	o If "Yes," describe the arrangement in	ı Part II						
31	Does the organization have a gift acc					31	Yes	
<i>32</i> a	Does the organization hire or use thir contributions?	u parties 0	related organizations to s	· · · · · · · · ·		32a		No
ь	If "Yes," describe in Part II							_
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

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.

Return Reference Explanation

Schedule M (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization LINDENWOOD COLLEGE

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

DLN: 93493321103274

Employer identification number

43-0652649

2013

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990 Schedule O, Supplementa Return Reference	Explanation
	Дранацон
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	LINDENWOOD UNIVERSITY'S CONFLICT OF INTEREST PROCEDURES ARE AS FOLLOWS PRIOR TO A
	BOARD O R COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECT
	OR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE
	MEETI NG SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST A DIRECTOR OR
	COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE
	BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SH
	ALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. A
	PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO
	HEAR TH E BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO
	RESPOND TO QUESTIONS A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT
	OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE
	PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE
FORM 990, PART VI, SECTION B, LINE 15	
	AN ANN UAL PERCENTAGE INCREASE OVER THE THREE YEAR TERM NO ADDITIONAL BONUSES, INCENTIVE DAY MENT
	PAYMENT S, OR OTHER COMPENSATION IS PAID IN ADDITIONAL TO THE CONTRACTUAL SUM THE AMOUNT OF COMPE
	NSATION IS DETERMINED BY A COMPENSATION COMMITTEE, APPOINTED BY THE CHAIRMAN OF THE BOARD
	THIS COMMITTEE CONSISTED OF BOARD MEMBERS WITH VARIOUS PROFESSIONAL, LEGAL, AND BUSINESS
	BACKGROUNDS THE COMPENSATION COMMITTEE DETERMINES THE SALARY PARAMETERS BASED ON AN EXTEN
	SIVE REVIEW OF SALARIES AND COMPENSATION PAID PRESIDENTS OF OTHER SIMILARLY SIZED UNIVERSI
	TIES, INCLUDING DATA FROM THE CARNEGIE CLASSIFICATIONS PUBLISHED IN THE CHRONICLE OF HIGHE
	R EDUCATION NEGOTIATIONS BETWEEN THE COMMITTEE AND THE PRESIDENT LEAD TO A DRAFT CONTRACT
	THAT IS SUBMITTED TO THE LINDERWOOD UNIVERSITY BOARD OF DIRECTORS EXECUTIVE COMMITTEE FOR
	REVIEW, COMMENT, AND OVERSIGHT INSTRUCTION CHANGES, MODIFICATIONS, AND RECOMMENDATIONS F
	ROM THE EXECUTIVE COMMITTEE LEAD TO FURTHER NEGOTIATIONS WITH THE PRESIDENT IN ORDER TO IM
	PLEMENT THEIR RECOMMENDATIONS THE FINAL CONTRACT DRAFT IS THEN SUBMITTED TO THE FULL LIND
	ENWOOD UNIVERSITY BOARD OF DIRECTORS FOR APPROVAL THE LINDENWOOD UNIVERSITY PRESIDENT REV
	IEWS BENCHMARK COMPENSATION DATA RELATIVE TO INTERNAL AND EXTERNAL PEERS THOSE FINDINGS,
	COUPLED WITH AN EVALUATION OF OVERALL WORK PERFORMANCE ARE USED TO DETERMINE ANNUAL SALARI
	ES OF KEY EMPLOYEES WITHIN THE UNIVERSITY
FORM 990, PART VI, SECTION C, LINE 19	· ·
	STATEMEN TS ARE NOT MADE AVAILABLE TO THE PUBLIC AT THIS TIME. THE UNIVERSITY WILL PROVIDE A COPY O
	F THE IRS FORM 990 UPON WRITTEN REQUEST TO THE UNIVERSITY
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT-INTEREST AGREEMENT 67,315