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Form **990** 

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

OMB No 1545-0047

2013

Department of the Treasury

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

► Do not enter Social Security numbers on this form as it may be made public.

Open to Public

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<u>A</u> _		2013 calendar year, or tax year beginning July 1 , 2013, and	ending	June		, 20 14	
В		applicable. C Name of organization Lewis-Clark State College Foundation, Inc.		Employe	er identification n	umber	
닏	Address of		oom/suite			82-0396878	
片	Name cha		<b>!</b> '	E Telephor	ne number		
님	Initial retu				- 1	208-792-2335	
닏	Terminate	City or town, state or province, country, and ZIP or foreign postal code					
닏	Amended				G Gross re	<del></del>	770603
ш	Application	n pending F Name and address of principal officer		H(a) Is this a gro	up return for s	subordinates? 🔲 Yes	✓ No
		Marsha Creason , 500 8th Avenue, Lewiston, ID 83501				s included? 🔲 Yes	
	Tax-exem	pt status	527	If "No	," attach a	list (see instruction	ns)
<u>J</u>	Website:			H(c) Group e	xemption	number ▶	
K		<del></del>	f formation	1984	M State	of legal domicile	ld
P	art I	Summary					
	1 1	Briefly describe the organization's mission or most significant activities:	The Lewis	s-Clark Stat	e Colleg	e Foundation ra	aises
92	<u> </u>	money through donations to fund scholarships and other support of Lewis-Cla	rk State	College, a 4	year pu	ıblic institutıon	in
Activities & Governance	1 1	Lewiston, Idaho.					
Je J	2 (	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or dispo	osed of r	nore than 2	25% of i	its net assets.	
ő		Number of voting members of the governing body (Part VI, line 1a)			3		27
જ	4 1	Number of independent voting members of the governing body (Part VI, lin	ne 1b) .		4		27
ties		Total number of individuals employed in calendar year 2013 (Part V, line 2a			5	·	0
ΞΞ		Fotal number of volunteers (estimate if necessary)			6		0
Ac					7a		0
		Net unrelated business taxable income from Form 990-T, line 34			7b		0
				Prior Yea		Current Ye	
Revenue	8 (	Contributions and grants (Part VIII, line 1h)			6167		0
		Program service revenue (Part VIII, line 2g)					
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	· <del>-</del>	759745		769549
Æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	<del></del>	1130		1054
		Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		707040		770000	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12)		767042		770603
	1		·		586185		511115
			<del> </del>		0		
SeS		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1			0		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·		0		
쫎		Fotal fundraising expenses (Part IX, column (D), line 25)	}				
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		-16599	<del></del>	47732
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·		569586		558847
		Revenue less expenses. Subtract line 18 from line 12	•		197456		211756
s or		NOV \$ 2 ZUIA	Beg	inning of Curr	ent Year	End of Ye	ar 
ssets or Balances	20	Total assets (Part X, line 16)	٠	6	647174		8013675
Net As Fund B	21	Total liabilities (Part X, line 26)	·		622128		589415
		Net assets or fund balances. Subtract line 21_from-line 20	.	6	025046		7424260
	art II	Signature Block					
Un	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and	d statemen	its, and to the	best of m	ny knowledge and	belief, it is
	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which p	reparer nas	s any knowled	ige		
٥.		Marka Creason Translast		1:		2014	
Sign Here		Signature of officer		Date			
		Marsha Creason, President					
		Type or print name and title					
Pa	id	Print/Type preparer's name Preparer's signature	Date		Check	ıf PTiN	
	eparer				self-emp		
	e Only			Firm's	EIN ►		
		Firm's address ▶		Phone	e no		
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions) .				· · 🗌 Yes	☐ No
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form 9	90 (2013)

3/12

art	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Brief	ly describe the organization's mission:
	The	ewis-Clark State College Foundation raises money through donations to fund scholarships and other support of Lewis-Clark. College, a 4 year public institution in Lewiston, Idaho.
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?
3	If "Y Did	es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program
	serv	ces?
4	Desc expe	eribe the organization's program service accomplishments for each of its three largest program services, as measured buses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other otal expenses, and revenue, if any, for each program service reported
4a	(Coc	e: 611710 ) (Expenses \$ 359661 including grants of \$ ) (Revenue \$ 584838)
	or de	primary program of the LCSCF is the raising of funds for student scholarships at the College. Donors give either undesignated signated gifts for annual scholarships, and donors also fund endowed scholarships for which the earnings are distributed as larships.
4b	A se	e: 611710 ) (Expenses \$ 151454 including grants of \$ ) (Revenue \$ 184711) condary but also important program of the LCSCF is the acceptance and distribution of donations that are intended for specific scholarship, academic use by College departments and programs.
4c	(Coc	e:) (Expenses \$ including grants of \$) (Revenue \$)
4d		r program services (Describe in Schedule O.) enses \$ including grants of \$ ) (Revenue \$ )
4e		program service expenses 511115

Form 990 (2013)

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Part	V Checklist of Required Schedules			
			Yes	No
1	, Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, 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	1	
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	12a		✓
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	✓	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		·
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		<b>√</b>
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		1
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	<u> </u>	<b>√</b>
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		<b>√</b>
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<b>V</b> ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
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	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓_
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	:	1
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		1
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		<b>√</b>
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		1
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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		For	m <b>99</b> 0	(2013

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		$\Box$
	· ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
<b>L</b>	If "Yes," enter the name of the foreign country: ▶	70		Ė
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	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		
0	Sponsoring organizations maintaining donor advised funds.	۳-		
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		]	
	against amounts due or received from them.)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			1
b	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			
_		1		
C 140	Enter the amount of reserves on hand	1/10	-	
14a	Did the organization receive any payments for indoor fanning services during the tax year?	14a	<del> </del>	<del>  *                                   </del>

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Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
Cook	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · ·	• •	<u>···</u>	
Secti	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27	(		
'a	If there are material differences in voting rights among members of the governing body, or	14 21	ĺ		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business in the contraction of the	1b 27 relationship with			
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3_		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization		5		<b>√</b>
6 7a	Did the organization have members or stockholders?		6		✓_
' a	one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:				
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	<b>V</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	L	✓_
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Reven	ue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization of the or		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done	oolicy? If "Yes,"	12c	✓	
13	Did the organization have a written whistleblower policy?		13		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	ond approval by	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		ļ
b	Other officers or key employees of the organization		15b		ļ,
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement			
. 00	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b		]
Secti	on C. Disclosure		1.50	I	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	า 501(	c)(3)s	only)
_	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the b	noke and records	of the	2	
20	organization: ► Jeff Phelps 500 8th Avenue, Lewiston, ID 83501 208-792-2335	Jona and records	J1 1116	•	
	2011 1 10 Po 444 441 1110 INC. PONICION ID 40001 POO 104 PONIC				

Door	. 7
Page	9 <i>1</i>

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(C)										
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation from					
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) See Attached Schedule					:					
(2)										_
(3)										
(4)										
(5)										
(6)										
(7)										
(8)		-								
(9)										
(10)										
(11)										
(12)						-				<u> </u>
(13)										<u> </u>
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (	continue	ed)		
					•	C)			1					
	` (A)	(B)	do n	ot ch		ition more	e than o	one	(D)	(E)			(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportabl compensation			mated ount of	
		week (list any		_			or/trust	τ	from	related	""		ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the	organizatio			ensatio	n
		related organizations	red du	Ę	ğ	emi	est	ner	organization (W-2/1099-MISC)	(W-2/1099-M	1150)		m the nization	1
		below dotted	[학교	nal		형	e con		,		ŀ	and	related	l
		line)	l ste	trus		8	pen					organ	ization:	S
			"	tee			Highest compensated employee							
(4.5)			ļ	-			<u> </u>		<del> </del>					
(15)								l	]		- [			
							ļ							
(16)														
(47)				-		-		-			-+			
(17)			ł					Ì			ł			
(10)								$\vdash$	<del> </del>					
(18)														
(19)		ļ <u>-</u> .	<del> </del>		-			$\vdash$	ļ					
(19)			ŀ			1								
(20)								$\vdash$						
1201									İ					
(21)								$\vdash$						
32.11			i								}			
(22)														
3									ļ					
(23)						_								
3==2			İ					l	ļ					
(24)										-				
321.12								1						
(25)		- ···												
3/					İ				]					
1b	Sub-total		·	•	•			<b>▶</b>	0		0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>•</b>	0		0			0
d	Total (add lines 1b and 1c)							<b>•</b>	0		0			0
2	Total number of individuals (including but							e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi							•						
					·								Yes	No
3	Did the organization list any former of									est compe	nsated			
	employee on line 1a? If "Yes," complete 3	Schedule J	for s	uch	ındı	ıvidı	ıal					3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	000	)? <i>I</i> :	f "Ye	s,"	complete Sch	edule J fo	r such			
	individual											4		✓
5	Did any person listed on line 1a receive of										lividual			
	for services rendered to the organization	? If "Yes," c	compi	ete	Scr	nedu	ile J 1	tor s	such person	<u> </u>	<u> </u>	5	l	✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or tr	те с	alend	ıar y	ear ending wit	n or within i	ine orga	anızatı	on's ta	ax
	year.							<del>,</del>		<del>"  </del>				
	(A) Name and business add	rass							(B) Description of s	enuces	(	(C) Compens	ation	
	Name and business add							-	Description of a	CIVICOS				
								⊢				-		
		<del></del>			—			+						
			<del></del>					$\vdash$						
								1						
2	Total number of independent contractor	rs (includi	na bi	ıt n	ot I	lımıf	ed to	1 1 th	nose listed sh	ove) who				
4	received more than \$100,000 of compens							, u	ioso nateu ab	0.0, WIIO				
	. TTT. TO THE THE TOTAL OF COMPONE			- J										

Pari	VIII	Statement of Revenue	<del>-</del>				
		Check if Schedule O contains a res	ponse or note to			· · · · · · · ·	<u> </u>
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		]			
s, G Am	С	Fundraising events 1c			1		
Sift lar,	d	Related organizations 1d					
is, (	е	Government grants (contributions) 1e		,			
tior ≥r S	f	All other contributions, gifts, grants,					
ibu At		and similar amounts not included above 1f		Ì			
onti of C	g	Noncash contributions included in lines 1a-1f: \$					
	<u>h</u>	Total. Add lines 1a–1f	<b>&gt;</b>				
nue			Business Code				
eve	2a	Scholarship Revenue	611710	584838	584838		<u> </u>
9	b	Donations to Benefit LCSC	611710	184711	184711	<u> </u>	
Ž	C				-	· · · · · · · · · · · · · · · · · · ·	
n Se	d					-	
Jran	e f	All other program service revenue				<del></del>	<del> </del>
Program Service Revenue	g	Total. Add lines 2a–2f		769549			
	3	Investment income (including divid	ends, interest.	703343		=,,-	·
		and other similar amounts)		1054			1054
	4	Income from investment of tax-exempt be	ond proceeds ▶				
	5	Royalties	▶				
		Royalties	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
1	C	Gain or (loss)	L				
	d	Net gain or (loss)	<u> ▶</u>			· <del></del>	
<u>o</u>	0-						
enne	8a	Gross income from fundraising events (not including \$		[	·		
		of contributions reported on line 1c).					
Ē	1	See Part IV, line 18 a					
Other Rev	b	Less direct expenses b					
0		Net income or (loss) from fundraising	<u> </u>				
		Gross income from gaming activities.	CVOING . P			<del>-</del>	
		See Part IV, line 19 a					
	ь	Less: direct expenses b		<b>i</b> !			
		Net income or (loss) from gaming acti					
	10a	Gross sales of inventory, less					
		returns and allowances a	ļ				
	b	Less: cost of goods sold b		] <u>•</u>			
	c	Net income or (loss) from sales of inv	entory ▶				
		Miscellaneous Revenue	Business Code				
	11a						
	b				—.		
	С						
	d	All other revenue	L			<del>-</del>	
	e	Total Add lines 11a-11d	🟲			<del></del>	
	12	Total revenue. See instructions .	<u> P</u>	770603	769549		1054

	0 (2013)				Page 10
	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	anlete all columns Al	I other organization	e must complete co	lumn (A)
Sectio	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			3	
	organizations in the United States. See Part IV, line 21	151454	151454		
2	Grants and other assistance to individuals in				·
	the United States. See Part IV, line 22	359661	359661		
3	Grants and other assistance to governments, organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	1678		1678	
C	Accounting				
d	Lobbying				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	470		470	
13	Office expenses				
14	Information technology				····
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	, , , , , , , , , , , , , , , , , , , ,				
19 20	Conferences, conventions, and meetings . Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1392	-	1392	
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.)				
a	Gift Annuities Expense	42592		42592	
b	Bank Charges	772		772	
c	Property Taxes on Donated Land	828		828	
d	All other evigences	-			
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	558847	511115	47732	
26	Joint costs. Complete this line only if the	330047	311113	41132	
	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 Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . . . . . 1 2 2 Savings and temporary cash investments . . . . . . . . . 645424 869145 3 7610 3 63500 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . . . . . . . . . . **Assets** 7 Notes and loans receivable, net 7 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 57000 Less: accumulated depreciation . . . . 10b 10c b 57000 57000 11 5936504 11 7023394 12 Investments—other securities. See Part IV, line 11 . . . . . . . . 12 Investments—program-related. See Part IV, line 11 . . . 13 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 15 636 636 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 16 6647174 8013675 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 18 18 Deferred revenue . . . . . . . . . . . . . 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 622128 589415 26 Total liabilities. Add lines 17 through 25 26 622128 589415 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . 27 27 548980 691789 Temporarily restricted net assets . . . 28 28 Permanently restricted net assets . . . 29 29 5476066 6732471 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 6025046 7424260 34 Total liabilities and net assets/fund balances . . . . . 6647174 8013675 Form **990** (2013)

Form 9	90 (2013)			Ps	age 12
	t XI Reconciliation of Net Assets				igo i Z
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	:	<del></del>	70603
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>70603</u> 58847
3	Revenue less expenses. Subtract line 2 from line 1	3			<del>36647</del> 11756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			25046
5	Net unrealized gains (losses) on investments	5			<del>23046</del> 87458
6	Donated services and use of facilities	6			0/430
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		74	24260
Par	XII Financial Statements and Reporting	1.0			<u> 24200</u>
	Check if Schedule O contains a response or note to any line in this Part XII				
	enesting estimated a responde of note to any mile in the factorial.	<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	Yes	No.
1	Accounting method used to prepare the Form 990. ☐ Cash ☑ Accrual ☐ Other			163	
_	If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain in	1		
	Schedule O.	piani iii			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		- <b>-</b> -
	If "Yes," check a box below to indicate whether the financial statements for the year were com	· · ·	20	$\vdash$	_
	reviewed on a separate basis, consolidated basis, or both:	plied of			İ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	od on a	20	<b>V</b>	
	separate basis, consolidated basis, or both.	su on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				+
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	.orolobt			
C	of the audit, review, or compilation of its financial statements and selection of an independent account		_	,	
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	<b>✓</b>	<del></del> -
	Schedule O	piain in			1

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

За

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						1	Employer ic	lentification	n number		
Lewis-Clark State College Foundation, Inc  82-0396878  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
								nstructio	ons.		
2 A school describ 3 A hospital or a co	ntion of church oed in <b>section</b> ooperative hos	tion because it is: (Fo nes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schede ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170( 170(b)(1)(	(b)(1)(A)(i A)(iii).		(iii). Ente	er the	
hospital's name,	city, and state	e:									
5 An organization section 170(b)(1		the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit d	lescrib	ed in
7 An organization	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
		n section 170(b)(1)(A)									
receipts from ac support from gr acquired by the	9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
		operated exclusively									
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
e 🗌 By checking this	<ul> <li>a ☐ Type I</li> <li>b ☐ Type III C</li> <li>Type III—Functionally integrated</li> <li>e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> </ul>										
organization, che											
g Since August 17 following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the				
		ndirectly controls, eith			her with	persons	describe	d in (ii) aı	nd	Yes	No
• •		ody of the supported	_						11g(i)		
		on described in (i) abo					•		11g(ii	_	
		a person described in on about the supporte					•		11g(iu	)	<del></del>
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(v) Did you notify the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?			nization in of your			(vii) Amount of monet support		onetary
			Yes	No	Yes	No	Yes	No			
(A)											
(B)											
(C)											
(D)											
(E)											
į		1	1	1	1	l	I	I	l		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2009 Calendar year (or fiscal year beginning in) ▶ (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 448515 544998 759746 769549 3359090 836282 revenues levied 2 for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 836282 448515 544998 759746 769549 3359090 5 The portion of total contributions by (other than person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 1110847 Public support. Subtract line 5 from line 4. 2248243 Section B. Total Support **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 Amounts from line 4 . . . . . . 836282 448515 544998 759746 769549 3359090 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . 7133 1136 1186 1130 1054 11639 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.) . . . . . . . Total support. Add lines 7 through 10 11 3370729 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . 14 669% 15 61.4 % 16a 331/3% support test -2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\overline{\mathbf{V}}$ b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

### 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		ľ				
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	•						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		-				
-	line 6.)						
Secti	on B. Total Support		L		·	•	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		<u> </u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		<u> </u>				<u> </u>
11	Net income from unrelated business	ŀ					
	activities not included in line 10b, whether						
	or not the business is regularly carried on		<u> </u>				<del></del>
12	Other income. Do not include gain or						
	loss from the sale of capital assets						}
40	(Explain in Part IV.)		-				-
13	and 12.)						
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	d. third. fourth	n, or fifth tax v	Lear as a sectio	on 501(c)(3)
17	organization, check this box and <b>stop he</b>						
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2013 (line			13, column (f))		15	%
16	Public support percentage from 2012 Sc						%
Secti	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2013					17	%
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17	' <u>.</u>		18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/8%, check this box						
b	331/3% support tests—2012. If the organi						
	line 18 is not more than 331/3%, check this  Private foundation. If the organization d						
20	Povate foundation. If the organization of	na mor check a	1 DOX OH IIIC 14	t. 13a. UI 13D.	しいせした いいろ ひひろ	. ฉะเน จะะ แเร่นใ	10110113 F

schedule A (F	orm 990 or 990-E2) 2013 Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
•	

### **SCHEDULE D** (Form 990) ·

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	if the organization	Employer identification number
Lewis-	Clark State College Foundation, Inc	82-0396878
Par		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	),
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that g only for charitable purposes and not for the benefit of the donor or donor advisor, o	rant funds can be used r for any other purpose
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.	_
	Complete if the organization answered "Yes" to Form 990, Part IV, line	<u>'.                                    </u>
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	- ·
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Register	· · 2d
3	Number of conservation easements modified, transferred, released, extinguished, or to	erminated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, i violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements during the vear
-	<b>▶</b> \$	3
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its reven	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	
	works of art, historical treasures, or other similar assets held for public exhibition,	
	public service, provide, in Part XIII, the text of the footnote to its financial statements t	nat describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other simi	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	• .
а	Revenues included in Form 990, Part VIII, line 1	
h	Assets included in Form 900 Part Y	<b>&gt;</b> \$

c	2200	2

Ochicada	C B (1 G/111 000) 2010	0 11 11 6	A . 11:		· · · · · · · · · · · · · · · · · · ·	-1- ( 1'1)
	Organizations Maintaining	Collections of	Art, Historical	reasures, or O	tner Similar Ass	ets (continuea)
3	Using the organization's acquisition, collection items (check all that apply):		her records, che	ck any of the follo	wing that are a sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loai	n or exchange prog	ırams	
b	☐ Scholarly research		e 🗌 Othe	er		
С	☐ Preservation for future generations	S				
4	Provide a description of the organiza		and explain how	they further the or	ganization's exemp	ot purpose in Part
	XIII.		·	·		
5	During the year, did the organization	solicit or receive	donations of art,	, historical treasure	es, or other simılar	
	assets to be sold to raise funds rather	r than to be mainta	lined as part of th	ne organization's c	ollection?	☐ Yes ☐ No
Part	V Escrow and Custodial Arra	angements.				
	Complete if the organization	answered "Yes	" to Form 990,	Part IV, line 9, or	reported an amo	unt on Form
	990, Part X, line 21.				•	
1a	Is the organization an agent, trustee	, custodian or oth	er intermediary	for contributions o	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	table:		
	, .	·	-		Am	ount
С	Beginning balance			10	c	
d	Additions during the year				d	
e	Distributions during the year				e	
f	Ending balance			<del></del>		,
2a	Did the organization include an amount					☐ Yes ☐ No
	If "Yes," explain the arrangement in P					
Pari						
	Complete if the organization	answered "Yes	" to Form 990.	Part IV. line 10.		
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4657867		<del>                                     </del>		2581068
_	Contributions	264894			1	420334
b	Net investment earnings, gains, and	204894	37057	9/510	300351	420334
U	losses	040047	40074	4040	C4 4022	100000
		919847	43871		1	198666
d	Grants or scholarships	-138077	-11811	3 -106037	-103539	-38347
е	Other expenditures for facilities and	İ				
	programs		<u> </u>		<u> </u>	
f	Administrative expenses	<u> </u>		ļ		
g	End of year balance	5704531			<del></del>	3161721
2	Provide the estimated percentage of			g, column (a)) nela	as:	
a	Board designated or quasi-endowme		%			
b		100%				
С	Temporarily restricted endowment ▶					
_	The percentages in lines 2a, 2b, and 2	•				
3a	Are there endowment funds not in th	e possession of the	ne organization th	nat are held and ad	dministered for the	[ <del></del>
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organ					3b
4	Describe in Part XIII the intended use		on's endowment	funds.		
Part						
	Complete if the organization	n answered "Yes			See Form 990, P	art X, line 10.
	Description of property	(a) Cost or of			Accumulated	(d) Book value
		(investm	ient)		depreciation	<del></del> -
1a	Land		57000			57000
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other	·				
Total.	Add lines 1a through 1e. (Column (d) r	must equal Form 9	90, Part X, colum	nn (B), line 10(c).)	>	57000

Part VII	Investments—Other Securities Complete if the organization ans		m 990	Part IV line	a 11h See Fori	m 990 Part X line 12
	(a) Description of security or category			Book value	(c) N	lethod of valuation
	(including name of security)			<u> </u>	Cost or e	nd-of-year market value
(1) Financial						
	eld equity interests					
(3) Other						
(A)						<del></del>
(B) (C)					<del> </del>	<del></del>
(O) (D)				-	<del> </del>	
(E)			ļ		<del> </del>	
<u>(E)</u> (F)					<del> </del>	
(G)						
<u>`</u> (H)						<u></u>
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12)					
Part VIII	Investments-Program Related	d.				
	Complete if the organization ans	wered "Yes" to For	m 990	, Part IV, line	e 11c. See Fori	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value	, , ,	Method of valuation nd-of-year market value
(1)						
(2)						
_(3)						
_(4)						
_(5)						<del></del>
_(6)						
_(7)						
_(8)					-	
<u>(9)</u>	15				ļ	
	b) must equal Form 990, Part X, col (B) line 13.)					
Part IX	Other Assets.	warad "Vaa" ta Ear	~ 000	Dort IV line	a 11d Coa For	m 000 Port V line 15
	Complete if the organization ans	a) Description	111 990	, Fart IV, min	e Hu. See Fon	(b) Book value
(4)		ay bescription				(b) Dook Value
_(1) _(2)					<del></del>	<del></del>
_(3)				-		
_(4)						
_(5)						· · · · · · · · · · · · · · · · · · ·
_(6)						
_(7)			_			
(8)			_			
_(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			<u>.</u>	
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" to For	m 990	, Part IV, line	e 11e or 11f. S	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
(2) Gift Ann	nuities Payable	5	89415			
(3)						
(4)						
(5)						
(6)		.,				
(7)	4-,					
(8)						
(9)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	b) must equal Form 990, Part X, col. (B) line 25.)		89415	ha ar-a-!1'-	nla financial state	
	r uncertain tax positions. In Part XIII, prov s liability for uncertain tax positions unde					
oryanization	a mapinity for universally tax positions unde	1 114 40 (AGO 140). OIR	JON HEI	O IL THE TEXT OF I	TIC TOURINGE HAS D	CON PROVIDED IN FAIL AIII

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

ed "Yes" to Form 990. Part IV. line 21 or 22 Complete if the organi

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answered Tres to round 330, Faltiv, inic 21 of 25.	Attach to Form 990
<u></u>	4
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20 <b>1</b> 3	Open to Public

OMB No 1545-0047

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

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance support of programs Employer identification number . Yes 82-0396878 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . . (f) Method of valuation (book, FMV, appraisal, other) . Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 150155 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)(3) 82-6000935 (p) EIN Lewis-Clark State College Foundation, Inc. (1) Lewis-Clark State College 1 (a) Name and address of organization 500 8th Avenue Lewiston, ID 83501 or government Name of the organization Part II Part I N 5 25 N <u>N</u> 4 9 E 8 9 (3) Ð.

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. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Schola	1 Scholarships to students attending LCSC	148	359961			
81						
ဗ						
4						
S.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lın	e 2, Part III, column	(b), and any other addition	onal information.

Part I, Line 2 - For grant funds that are provided for the benefit of Lewis-Clark State College (LCSC), the corporation relies on the policies and procedures of LCSC. If the grant funds are donor-restricted, in addition to reliance on LCSC policies and procedures, the corporation receives annual reports from LCSC on the use of these funds. For grant funds provided as scholarships to students attending Lewis-Clark State College (LCSC), these funds are used to pay student tuition and fees and distributed in accordance with 1) Foundation defined eligibility, 2) Federal financial aid policies, and 3) LCSC institutional policies.

### **SCHEDULE M** (Form 990)·

Department of the Treasury Internal Revenue Service

Name of the organization

### **Noncash Contributions**

OMB No 1545-0047

2013

Employer identification number

► Attach to Form 990.

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

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

Open To Public Inspection

	Clark State College Foundation, Inc	<del></del>				82-03968	78		
Part	Types of Property	T 7.		(c)		<u></u>	<u> </u>		
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash cont amounts repo Form 990, Part \	rted on	Method on noncash con			
1 2 3	Art—Works of art Art—Historical treasures Art—Fractional interests								
<b>4</b> 5	Books and publications Clothing and household goods								
6 7 8	Cars and other vehicles Boats and planes Intellectual property								
9 10 11	Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC, or trust interests	<b>✓</b>	2		0	High/Low St date receive		ice on	·
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other		_						
15 16 17 18 19	Real estate—Residential Real estate—Commercial Real estate—Other								
20 21 22 23 24	Drugs and medical supplies Taxidermy								
25 26 27 28	Other ► ( ) Other ► ( ) Other ► ( ) Other ► ( )								
29	Number of Forms 8283 received which the organization completed					29			
30a	During the year, did the organizatit must hold for at least three year used for exempt purposes for the	ars from the	e date of the initial contribu	ution, and which	is not req	uired to be	30a	Yes	No ✓
b 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep	otance policy that require		-		31	1	
32a	Does the organization hire or us contributions?	e third part		is to solicit, pro	cess, or se	ell noncash	32a	· /	
ь 33	If "Yes," describe in Part II.  If the organization did not report a describe in Part II.	n amount ir	o column (c) for a type of pro	perty for which	column (a)	ıs checked,			

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
r art II	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.
	of a combination of both rise complete the part for any additional mormation.
Part I, line 9	b - the number of items and number of contributions are both 2. A contribution of one stock gift by each of two donors.
Part I, line 3	2b - Gifts of stock and other securities are transferred directly to the Foundation's investment advisor, who immediately
liquidates t	ne security and places the proceeds into the Foundation investment portfolio or send the proceeds to the Foundation
denendina	on the nature and designation of the gift.
depending	on the nature and designation of the gift.
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Lewis-Clark State College Foundation, Inc	82-0396878
Part VI, Line 11b - Form 990 is completed by the Treasurer and reviewed by the officers of the Board	President, Vice President and
Secretary) prior to signature and filing. The completed Form 990 and all schedules are available to al	directors for their review
Secretary prior to signature and ming. The completed Form 330 and an 30 leading the available to an	unectors for their review.
Part VI, Line 12c - The Secretary of the corporation reviews the annual conflict of interest disclosures	to determine any potential issues.
While the potential for conflicts of interest are extremely limited due to the activities and processes of	f the corporation which is primarily
Willie the potential for commets of interest are exactlely minica and to the activities and processes o	the corporation, which is printed by
granting scholarships to students attending Lewis-Clark State College, resolution is immediate with o	n-going monitoring provided by the
Secretary, as needed.	
Part VI, Line 19 - Copies of the corporation's governing documents, conflict of interest policy, and fin	ancial statements are available to the
Bublic upon Populaci	
public upon request.	
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# LEWIS-CLARK STATE COLLEGE FOUNDATION INC. EIN # 82 - 0396878

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

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

_	(A)			(B)	(C)						(D)	(E)	(F)
			Position (check all that apply)										
_	ast Name	First Name	Title	Average hours per week	Invdividual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from organization and related organizations
	Creason Cannon	Marsha	President	5 00	Х		Х				0	0	0
	_	Brad	Vice President	5 00	Х		Х				0	0	0
	Chavez	Liz	Secretary	5 00	Х		Х				0	0	0
	\lva \lva	Trudy	Treasurer	10.00			Х				0	0	0
	Alford	A. L.	Director	0 25	Х						0	0	0
	\usman	Lynn	Director	0 25	Х						0	0	0
	Clifford	Robert	Director	0 25	Х						0	0	0
	Coleman	Justin	Director	0 25	X						0	0	0
	łayes	Howard	Director	0 25	Х						0	0	0
10 K		Julie	Director	0 25	X						0	0	0
	Coenen	Carl	Director	0.25	Х						0	0	0
	Mahoney	Colleen	Director	0 25	Х						0	0	0
	Mannschreck	William	Director	0.25	Х						0	0	0
	/litchell	Mıke	Director	0 25	Х						0	0	0
15 N		Larry	Director	0 25	Х						0	0	0
16 P	-	Don	Director	0 25	Х						0	0	0
17 P	•	Janet	Director	0.25	Х						0	0	0
	Ripley	Mike	Director	0.25	Х						0	0	0
	Romesburg	Dave	Director	0.25	Χ						0	0	0
	Saxton	Eadie	Director	0 25	Х						0	0	0
	Sayler	Tım	Director	0 25	X						0	0	0
	Schmidt	Brian	Director	0 25	Х						0	0	0
23 S	eehafer	William	Director	0.25	Х						0	0	0
	Skinner	Garry	Director	0 25	Χ						0	0	0
25 S	pencer	Craig	Director	0.25	Χ						0	0	0
	tedman	Kirk	Director	0 25	Χ						0	0	Ō
27 T	atko	Mıke	Director	0 25	Х						0	0	0