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SCANNEC DEC 0 7 2016

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service

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

<u>A</u> _	For the	2015 cale	ndar year, or tax year beginning	July 1	, 2015, a	nd ending	June	30	, 20 16	
В	Check if	applicable	C Name of organization Lewis-Clar	k State College Found	dation, Inc.			Employ	er identification ni	ımber
	Address	change	Doing business as						82-0396878	
	Name ch	nange i	Number and street (or P O box if mag	ail is not delivered to stree	t address)	Room/suite	E	Telepho	ne number	
	Initial ret	_	500 8th Avenue						208-792-2335	
		m∕terminated		ntry, and ZIP or foreign po	stal code	'				
$\overline{\Box}$	Amende		Lewiston, ID 83501				1	Gross re	eceints \$	975,189
$\overline{\Box}$			F Name and address of principal office	er Brad Cannon					subordinates? Yes	
	пррисас	ion pending	500 8th Avenue, lewiston, ID 83						s included? Tes	
_	Toy over	mpt status	501(c)(3) 501(c) (1047(-)(1) - "				a list (see instruction	
<u>'</u>	Website) ◀ (insert no) L	4947(a)(1) or	<u> </u>	4		,	,
			w.lcsc.edu/giving/ Corporation Trust Associa	ation ☐ Other ▶	1. 7.		H(c) Group e			
	art I			ation Other P	L Yea	er of formation	1984	M State	of legal domicile	<u>ID</u>
		Summ							 	
40	1		escribe the organization's miss							
ဋ			rough donations to fund schola	rships and other supp	ort of Lewis-	Clark State	College, a	year p	ublic institution	in
Та	l _	Lewiston								.
ĕ	2		ns box ▶ ☐ if the organization					25¦% of	its net assets.	
Ĝ	3		of voting members of the gove					3		28
భ	4		of independent voting member					4	<u> </u>	28
Ę	5	Total nur	mber of individuals employed i	n calendar year 2015	5 (Part V, line	2a) .		5_		0
Activities & Governance	6	Total nur	mber of volunteers (estimate if	necessary)				6		0
	7a	Total unr	related business revenue from	Part VIII, column (C)	, line 12 .			7a	1	0
	b	Net unre	lated business taxable income	from Form 990-T, li	ne 34			7b		0
Revenue	1						Prior Yea	r	Current Y	ear
	8	Contribu	itions and grants (Part VIII, line		0		0			
	9		service revenue (Part VIII, line					678,336	 	967,321
ě	10	-	ent income (Part VIII, column (A	-				2,688		7,868
æ	11		venue (Part VIII, column (A), line		<u>2,000</u> 0		7,000			
	12		enue – add lines 8 through 11 (r		•	_		681,024		
	13		ind similar amounts paid (Part I							975,189
	14		paid to or for members (Part I)					616,198	 	871,878
	15								 	
Expenses	1		other compensation, employee			3 ⁻¹⁰⁾ -			 	
ē	16a		onal fundraising fees (Part IX, o			· ·				
X	b		idraising expenses (Part IX, col						ļ	
_	17		penses (Part IX, column (A), lin		•	· ·		64,921		70,148
	18		penses. Add lines 13–17 (must			⁶⁾ ·		<u>681,119</u>		942,026
	19	Revenue	e less expenses. Subtract line	8 from tine 12 17			- ,	(95)		33,163
Assets or Balances			«			Be	ginning of Cur	rent Year	End of Ye	ar
sset	20		sets (Part X, line 16) 🧗	S NUN O O SU	. 00	· · _	8,	<u> 291,854</u>		8,344,16 <u>5</u>
Net A. Fund E	21	Total liab	oilities (Part X, line 26) 👝 . 🖫	\$ NOA 3 2 50		· ·		625,348		593,869
			ets or fund balances. Subtract I	line 21 from line 20		<u> </u>	7,	666,506	<u> </u>	7,750,296
P	art II	Signa	ture Block	<u>UGDEN I</u>						
Un	ider pena	lties of perju	ury, I declare that I have examined this	return, including accompa	nying schedules	s and stateme	ents, and to th	e best of	my knowledge and	belief, it is
tru	e, correc	t, and comp	plete Declaration of preparer (other than	n officer) is based on all inf	formation of which	ch preparer h	as any knowle	dge		
		1/	Soulder H un	· · ·				//-/	5-16	
Sig	gn	Sign	nature of officer	0			Dat	е	· ·	
He	re	17	SEMOLEY A. (ANI	con PRE.	TWENT					
		Тур	e or print name and title							
Pa	id.	Print/Ty	ype preparer's name	Preparer's signature		Date	,	Check	PTIN	
		_				1		self-em		
	epare		name >				Firm	's EIN ▶		
US	e Oni	'y	address >							
Ma	v the IF		s this return with the preparer	shown above? (see	instructions)		I Phor	ne no		e C No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y

Form **990** (2015)

Form 99	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Lewis-Clark State College Foundation raises money through donations to fund scholarships and other support of Lewis-Clark
	State College, a 4 year public institution in Lewiston, Idaho.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code: 611710) (Expenses \$ 435,056 including grants of \$) (Revenue \$ 673,938)
	The primary program of the Lewis-Clark State College Foundation is to raise funds for student scholarships at the College.
	Donors give either undesignated or designated gifts for annual scholarships, and donors fund endowed scholarships for which
	the earnings are distributed as scholarships.
	(Code: 044740) (Funesce the cooperate of the cooperate o
4b	(Code: 611710) (Expenses \$ 436,822 including grants of \$) (Revenue \$ 293,383) A secondary but also important program of the Lewis-Clark State College Foundation is the acceptance and distribution of
	donations intended for specific non-scholarship, academic use by College departments and programs.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	Other pregram conjuges (Decembe in Schedule C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program canuca expanses 871.878

Form 99	0 (2015)		P	age 3
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	√	
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		√
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
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	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			Y
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? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	√	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ť	1
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		1
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		1
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		V
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		√

Form 99			F	age 4
Part	V Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
- 22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	_	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 "Yes," complete Schedule L, Part II	26		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			1
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.	37	1	
		For	m 99 () (2015)

Form **990** (2015)

ь с 2а	Check if Schedule O contains a response or note to any line in this Part V	1c	Yes	No
ь с 2а	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		163	No
ь с 2а	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
_с 2а	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
2a	reportable gaming (gambling) winnings to prize winners?			,
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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2h		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a lf at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2h		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Hote: If the sum of fines the and ze is greater than zee, you may be required to e me (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
	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		/
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	gifts were not tax deductible?	6b		Ļ
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			ļ.—J
L	and services provided to the payor?	7a		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1.0	ļ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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	L	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┼
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		+-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	1	1	
· .	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	i	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		1
C	Enter the amount of reserves on hand	44	-	+,-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	+

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.			
Section	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						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b						
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		✓			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		√			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .						
6	Did the organization have members or stockholders?	6		✓			
7a	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?						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_			
	stockholders, or persons other than the governing body?	7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.						
а	The governing body?	8a 8b	✓				
р	, , , , , , , , , , , , , , , , , , , ,						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes				
10-	Did the arganization have local chapters, branches, or affiliates?	10a		No /			
10a b	Did the organization have local chapters, branches, or affiliates?	10a	_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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 rise to conflicts?	12b	\				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓				
13	Did the organization have a written whistleblower policy?	13		/			
14	Did the organization have a written document retention and destruction policy?	14		✓			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	ļ	<u> </u>			
b	Other officers or key employees of the organization	15b					
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 similar arrangement						
_	with a taxable entity during the year?	16a	<u> </u>	/			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>			
	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)			
	☐ 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 infinancial statements available to the public during the tax year.	terest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Teresa Cole, 500 8th Avenue, Lewiston, ID 83501 208-792-2335	cords	;►				

Enrm	$\alpha \alpha \alpha$	12015	Λ.

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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 noi	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, dırectoı	r, or trustee.
				((
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an			Reportable	Reportable	Estimated			
Name and Title	hours per					ıs botr or/trust			compensation from	amount of
	week (list any		$\overline{}$	_				from	related	other
	hours for	걸로	nst	Officer	ê	결절	🖞	the	organizations	compensation
	related	re s	\$	cer	en	S G	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	학환	밁	, 1	힣	8 8		(W-2/1099-MISC)		organization and related
	line)	Ę	4		Key employee	킁	l	ļ		organizations
	[" - '	Individual trustee or director	Institutional trustee		"	ens.				
	l i		æ			Highest compensated employee		1		
	 		-	-		 "	-	 		
(1) See attached schedule										l I
(1) See attached schedule		}								
(2)	 	 -					-	 	 	
(2)	}]		1		
(3)					-	 	-	 		
						1	1)		
(4)			-	-			-			
(4)		}	1		1	1		}	'	
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(5)	}				1	}	1	}		
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_(7)					ļ			,		
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(12)			 	┢	-		<u> </u>	 		
(12)	- 	1	1	[1		Ì		}	
(13)	 		-	<u> </u>	 	 - 	├-	 	 	
(13)		1		1		}		}	}	
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(14)		1	1	[1			}	1	
	1	1	1	l	ĺ	1	ı	1	I	

Part	Section A. Officers, Directors, Trust	ees, Key E	mpio	/ees		<u>na r</u> C)	iignes	ST C	ompensated E	mployees (cont	nuea)			
	(A)	(B)	/	-4 -1-		ition			(D)	(E)		((F)	
	Name and title	Average							Reportable	Reportable			nated	
		hours per week (list any		_	_	_	or/trust	r—-	compensation from	compensation from related	1		unt of her	
		hours for	Individual trustee or director	Inst	Officer	Se Se	함. F	Former	the	organizations .		compe	ensatio	n —
		related organizations	l rec	Institutional trustee	Cer	Key employee	Highest compensated employee	₽	organization (W-2/1099-MISC)	(W-2/1099-MISC)			n the nzation	,
		below dotted	o	onal	ł	망	1 g S	}	1(14-2/1099-101130)		Ì		related	
		line)	l ste	겵		ee	per	ļ	4		'	organ	ization	s
		Į.	ď	tee	ļ	ļ	sate	ı			-			
(4.5)			<u> </u>	_	<u> </u>	<u> </u>	_ <u>a</u>	<u> </u>			 			
(15)		ļ	ł				1		ĺ		ļ			
(16)		 	ļ	 	-		├	-	 	 	┼──			
1101			ł											
(17)		 	 	 	├	├-	 	├	 	<u> </u>	╅──			
3222		}	1		1	1]		})]			
(18)				┢╾	-	-	 	-		 	+			
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(19)					一		<u> </u>	f			+			
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(20)					!						1			
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(21)					\Box						1			
														_
(22)											T			
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(23)				l										
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(24)			ļ		1]		}]	}	}			
		ļ		<u> </u>	<u> </u>	L		<u> </u>	<u> </u>		 			
(25)			ļ	1	•		1	Ì						
	0.1.1.1.1	<u> </u>	L	<u>i</u>	<u> </u>	<u></u>	<u> </u>	Ļ	 	 	┿			
1b	Sub-total	 .///. 	· ·	•	٠	•	•							
c	Total from continuation sheets to Part	•		•	•	•			ļ		╅—			
<u>d</u>	Total (add lines 1b and 1c)							-	<u> </u>					
2	Total number of individuals (including bur reportable compensation from the organi		to tr	ose	e lis	tea	above	e) w	no received m	ore than \$100,0	JUU OT			
	reportable compensation from the organi	Zation		_										T
3	Did the organization list any former of	ficer, direc	tor.	or ti	rust	ee	kev (emr	olovee or bigh	nest compensa	ted [Yes	No
•	employee on line 1a? If "Yes," complete							۰۲				3		1
4	For any individual listed on line 1a, is the							าก ล	and other comm	pensation from	the			
•	organization and related organizations													ł
	ındıvidual	<i></i>										4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y ur	related organi	zation or individ	lual			
	for services rendered to the organization	? If "Yes," c	comp	lete	Sci	hed	ule J	for s	such person	<u></u>		5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	ensati	on f	or t	he c	alenc	dar y	year ending wi	th or within the	organ	ızatı	on's t	ax
	year.													
	(A)	Iroce							(B)	congress	Con	(C)	atıa-	
	Name and business add							↓ _	Description of s	odi VICES		npens	аноп	
								\vdash						
	· 							┼-						
								\vdash						
	Total number of independent contractor	ors (includi	na hi	ıt n	not	limi	ted to		nose listed ah	ove) who				
-	received more than \$100,000 of compens							J 11	וכטכ ווטוכם מט	,				
	and a violate of compone			<i>⊸</i> ,										

	90 (2019 VIII	Statement of Revenue				7	Page 9
		Check if Schedule O contains a resp	oonse or note to	any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
its its	1a	Federated campaigns 1a			function revenue	revenue	under sections 512-514
Grants	b	Membership dues 1b		1	-		
tributions, Gifts, Grants Other Similar Amounts	С	Fundraising events 1c					
Gifts, ilar An	d	Related organizations 1d					
ns,	е	Government grants (contributions) 1e					
atio er S	f	All other contributions, gifts, grants,					
rib Off	ļ	and similar amounts not included above 1f	L				į
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f \$. }		
	<u> </u>	Total. Add lines 1a-1f	Business Code				
nue '	20	Scholarchia rayonya					
Program Service Revenue	2a b	Scholarship revenue Donations to benefit LCSC	611710	673,938	673,938		
	C	Donations to benefit ECSC	611710	293,383	293,383	 	
er	d						
S	e	***************************************					
gra	f	All other program service revenue.					
Pro	g	Total. Add lines 2a–2f		967,321		 	
	3	Investment income (including divide		0077021			
		and other similar amounts)	•	7,868			7,868
	4	Income from investment of tax-exempt bo	ond proceeds ▶				
j	5	Royalties	•				
		(ı) Real	(II) Personal			-	
	6a	Gross rents					
	b	Less: rental expenses	<u> </u>				
	С	Rental income or (loss)					
	_d	Net rental income or (loss)	.				
	7a	Gross amount from sales of (i) Securities	(II) Other				i
	_	assets other than inventory					
	b	Less: cost or other basis and sales expenses .					•
		Gain or (loss)					
	ď	Net gain or (loss)	. •	/			
	"	Net gan or (1033)	` 				
Other Revenue	8a	Gross income from fundraising		,			
/en		events (not including \$					
Re		of contributions reported on line 1c).					
er		See Part IV, line 18 a					!
된	ь	Less: direct expenses b					
	С	Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	l 		•		
	b	Less: direct expenses b				_ ~~ ~~~	
	С	Net income or (loss) from gaming acti	vities ▶				
	10a	Gross sales of inventory, less					
	١.	returns and allowances a		Į			
	,	Less: cost of goods sold b				~~~~	
	<u>c</u> _	Net income or (loss) from sales of inve	entory Dusiness Code				
	44-	Miscellaneous Revenue	Business Code				
	11a	•••••					
	b		}				
	d	All other revenue					
	e	Total. Add lines 11a-11d		 			
	12	Total revenue. See instructions.		075 400	007 224		7.000
	 -	The second secon	 	975,189	967,321	<u> </u>	7.868 Form 990 (2015)

	0 (2015) IX Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must con			s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	436,822	436,822		-
2	Grants and other assistance to domestic individuals. See Part IV, line 22	435,056	435,056		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				l
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,528		1,528	
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	Gift annuities expense	51,426		51,426	
b	Bank charges	394		394	
С	Use taxes	2,535		2,535	
d	Loss on dispostion of land	14,265		14,265	
е	All ather avacace				
25	Total functional expenses. Add lines 1 through 24e	942,026	871,878	70,148	
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) if				

	990 (20				Page 11
	art X		<u> </u>		
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	833,240	2	804,503
_=	3		3,000	3	1,500
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or]
	}	other basis. Complete Part VI of Schedule D 10a			
	ь	Less, accumulated depreciation 10b	57,000	10c	0
	11	Investments—publicly traded securities	7,398,614	11	7,538,162
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,291,854	16	8,344,165
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	- 	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		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	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	625,348		593,869
	26	Total liabilities. Add lines 17 through 25	625,348	26	593,869
S	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	07	Unrestricted net assets	700 004	27	
ala	27 28	Temporarily restricted net assets	703,884	28	646,278
80	29	Permanently restricted net assets	6,962,622		7,104.018
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	0,302,022		7,104.010
S S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
é	33	Total net assets or fund balances	7,666,506	 	7,750,296
~	34	Total liabilities and net assets/fund balances	8,291,854	T	8,344,165
_					Form 990 (2015)

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

Form **990** (2015)

2c

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.

2015

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

Name of the organization					Employer identification	number
Lewis-Clark State College Foundation, Inc					82-039	
Part I Reason for Public Char						ns.
 The organization is not a private founda 1 A church, convention of church 2 A school described in section 	nes, or association	on of churches descri	bed in se	ction 170	D(b)(1)(A)(i).	
3 A hospital or a cooperative hos		·			• •	
4 A medical research organization hospital's name, city, and state	n operated in co					iii). Enter the
5 An organization operated for to section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
 A federal, state, or local govern An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its supp				the general public
8			· •			
9 ☐ An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business t	certain taxable ii	exceptior acome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).					
one or more publicly supported	1 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g					
the supported organization(s	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.					
control or management of th	Type II . A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C .					
c Type III functionally integra its supported organization(s)						y integrated with,
d Type III non-functionally in that is not functionally integral requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
e Check this box if the organiz functionally integrated, or Ty					* * * * * * * * * * * * * * * * * * * *	I, Type III
f Enter the number of supported of	organizations .					[]
g Provide the following information	about the supp	orted organization(s).			<u>, </u>	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in your governing support (see other support (see			
	1		Yes	No	,	
(A)						
(B)						
(C)						
(D)						
(E)						
_						

schedule A (F	orm 990 or 990-E2) 2015 Page
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)
Section A	. Public Support

Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
1	Gifts, grants, contributions, and			_				
	membership fees received. (Do not-							
	include any "unusual grants.")	544,998	759,746	769,549	678,336	967	,321	3,719,950
2	Tax revenues levied for the						[
	organization's benefit and either paid	1					l	
	to or expended on its behalf							
3	The value of services or facilities						ł	
	furnished by a governmental unit to the							
_	organization without charge							
4	Total. Add lines 1 through 3	544,998	759,746	769,549	678,336	96	7321	3,719,950
5	The portion of total contributions by	j]			ì	
	each person (other than a	Ì	Ì]	
	governmental unit or publicly	1	ì				1	
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	j					İ	
^								1,130,925
6 Sooti	Public support. Subtract line 5 from line 4.							2,589,025
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 201	E T	(f) Total
7	Amounts from line 4		(b) 2012	(c) 2013	(d) 2014	(e) 201		(f) Total
8	Gross income from interest, dividends,	544,998	759,746	769,549	678,336	90/	,321	3,719,950
0	payments received on securities loans,		,				- 1	
	rents, royalties and income from similar	1					1	
	sources	1,186	1,130	1,054	2,688	,	,868	13,926
9	Net income from unrelated business	1,100	1,150	1,054	2,000		,000	10,020
•	activities, whether or not the business		i					
	is regularly carried on	ŀ					1	
10	Other income. Do not include gain or							
	loss from the sale of capital assets	1						
	(Explain in Part VI.)			i			- 1	
11	Total support. Add lines 7 through 10							3,733,876
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the		's first, secon-	d, third, fourth	, or fifth tax y	ear as a s	ection	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u></u>			> 🖂
Secti	on C. Computation of Public Suppor	t Percentage	9					
14	Public support percentage for 2015 (line 6		•	1, column (f))		14		69.3 %
15	Public support percentage from 2014 Sch					15		65.0 %
16a	33 ¹ / ₃ % support test—2015. If the organization							
	box and stop here. The organization qua			_				
b	331/3% support test—2014. If the organ							
	check this box and stop here. The organ	ization qualifies	s as a publicly	supported org	janization .			. ▶ □
17a	10%-facts-and-circumstances test-20							
	10% or more, and if the organization me							
	Part VI how the organization meets the "f			_	•	•	_	
	organization							. ▶ ⊔
b	10%-facts-and-circumstances test—2							
	15 is 10% or more, and if the organization of							
	Explain in Part VI how the organization mesupported organization							
10	Private foundation. If the organization di							
18	instructions							
		<u> </u>	· · · · ·	<u> </u>	<u> </u>			<u> </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

2015 Open to Public Inspection

82-0396878

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Lewis-Clark State College Foundation, Inc.

Name of the organization Employer identification number

Par	=: 0		
	Complete if the organization answered '		
4	Total number at and of ver-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	 	
3	Aggregate value of grants from (during year)	<u> </u>	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		· · · · · · ·
Par	Conservation Easements.	**************************************	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	_ Freservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	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 easement	ts	2b
C	Number of conservation easements on a certified I	, ,	
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/17/06, and not	, <u> </u>
3	Number of conservation easements modified, trans		
3	tax year ►	sierred, released, extiliguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$ \begin{align*} \text{*} &	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of	f section 170(h)(4)(R)(i)
Ü		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Parl	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	•	
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •	
	public service, provide the following amounts relat	The state of the s	
	(i) Revenue included on Form 990, Part VIII, line 1	_	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these r	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
h	Assets included in Form 990, Part X		• •

Part	Organizations Maintaining	Collections of	Art, Historical T	reasures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oti	ner records, chec	k any of the follo	wing that are a sig	inificant use of its
а	Public exhibition		d 🔲 Loan	or exchange prog	rams	
b	☐ Scholarly research					
С	☐ Preservation for future generations	;				
_4	Provide a description of the organizat XIII.	on's collections a	and explain how the	hey further the or	ganization's exem	pt purpose in Part
5	During the year, did the organization	solicit or receive	donations of art,	historical treasure	es, or other similar	•
	assets to be sold to raise funds rather	than to be mainta	ned as part of the	e organizatıon's c	ollection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.				
	Complete if the organization 990, Part X, line 21.				·	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intermediary fo	or contributions of	r other assets not	
b	If "Yes," explain the arrangement in Pa					∐ Yes ∐ No
D	ii res, explain the alrangement ii ra	art Ailt aild Comple	ste the following to	able.	An	nount
С	Beginning balance			1		
ď	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amoun					Yes No
b	If "Yes," explain the arrangement in Pa	•			•	
Par						
	Complete if the organization	answered "Yes'	' on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,878,553	5,704,531	4,657,867	3,966,687	3,979,456
b	Contributions	417,968	134,873	264,894	370,579	97,510
C	Net investment earnings, gains, and					
	losses	43,700	189,112	919,847	438,714	(4,242)
d	Grants or scholarships	(154,912)	(149,963)	(138,077)	(118,113)	(106,037)
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance		5,878,553			3,966,687
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	g, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	0%			
b		100%				
C	Temporarily restricted endowment	%				
_	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of th	e organization the	at are held and a	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related o					3b
4	Describe in Part XIII the intended uses		on s endowment i	ungs.		
Part			" on Form 000 I	Dowt IV June 11a	Coo Form 000	Dort V line 10
	Complete if the organization Description of property					
	Description of property	(a) Cost or ot (investm			Accumulated depreciation	(d) Book value
	Land	·				
b	Buildings	·				
C	Leasehold improvements	·				
d	Equipment	·				
ее	Other			_ <u>_</u>		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columi	n (B), line 10c.) .	<u> ▶ </u>	

Part VII	Investments - Other Securities.		~ 000	Dort IV lin	a 11h Saa Far	m 000 Part V line 10
	Complete if the organization answ					
	(a) Description of security or category (including name of security)		(b) B	ook value		Method of valuation nd-of-year market value
(1) Financial	derivatives					
•	neld equity interests	[
(3) Other						
(A)						
(B)						
(C)						
(D)	**					
(E)						
(F)						
(G)						
(H)						·
	b) must equal Form 990, Part X, col. (B) line 12.)				<u> </u>	
Part VIII	Investments—Program Related					
	Complete if the organization answ	wered "Yes" on For				
	(a) Description of investment		(b) E	Book value		Method of valuation end-of-year market value
(1)						
_(2)						
_(3)						
(4)						
<u>(5)</u>						
(6)						
					ļ	
(8)						
(9)	(I) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S				 	
	b) must equal Form 990, Part X, col (B) line 13)				<u> </u>	
Part IX	Other Assets.			D . D . E	44.1.0. 5.	000 D-1V " - 45
	Complete if the organization ansi		m 990,	Part IV, III	e 11a. See Fo	(b) Book value
) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
<u>(8)</u> (9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				>
Part X	Other Liabilities.		` 	<u> </u>		
	Complete if the organization ansuline 25.	wered "Yes" on For	m 990,	Part IV, lir	ne 11e or 11f. S	See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	т-			
(1) Federal ır						
151	uities payable	50	3,869			
(3)	unies payable	59	3,003			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 25.)	59	3,869			
	r uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to th			
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here	if the text of	the footnote has	been provided in Part XIII

SCHEDULEI (Form 990)

Department of the Treasury 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" on 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.

Employer identification number

82-0396878

OMB No 1545-0047

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Support of programs ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance . . (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 (d) Amount of cash 436,822 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 82-6000935 (b) EIN ewis-Clark State College Foundation, Inc. 500 8th Avenue, Lewiston, ID 83501 1 (a) Name and address of organization (1) Lewis-Clark State College or government PartII Part (2) N ල **£** 9 8 <u></u> 5 (12) S

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	I mestic Individua l I space is needed.	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.	
	(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	256	435,056				
2							
ဗ							
4							
5							
9							_
7							
Part IV Part I, Line 2	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional 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	the information re enefit of Lewis-Clark	equired in Part I, line	2, Part III, column the corporation relies	nation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information. es of LCSC. If the grant funds	
re donor-re	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.	cies and procedures	the corporation received	ves annual reports fro	n LCSC on the use of these f	nds.	
or grant fu	or grant funds provided as scholarships to students attending LCSC, these funds are used to pay student tuition and fees and distributed in accordance with 1) Foundation-defined	ending LCSC, these	unds are used to pay	student tuition and fee	s and distributed in accordan	ce with 1) Foundation-defined	
ligibility, 2)	oligibility, 2) Federal financial aid policies, and 3) LCSC institutional policies.	stitutional policies.				— -	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
				; ; ; ; ;		Schedule I (Form 990) (2015)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Lewis-Clark State College Foundation, Inc.

Employer identification number

82-0396878

<u>Part</u>	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art-Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
6	Cars and other vehicles		 					
7	Boats and planes							
8	Intellectual property	<u> </u>			 			
9	Securities—Publicly traded	-	4	0	High/Low stoc	k price	on	
10	Securities—Closely held stock .	- '			date received	- price		
11	Securities—Partnership, LLC,				Gate received			
• •	or trust interests				1			
12	Securities—Miscellaneous							
13	Qualified conservation		 		 			
10	contribution—Historic				Į.			
	structures				l			
14	Qualified conservation							
17	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19				 				
20	Food inventory	\						
21	Drugs and medical supplies Taxidermy							
22	Taxidermy							
23				 	 			
	Scientific specimens							
24		ļ		 	ļ. —			
25	Other ► ()		ļ		 			
26 27	Other ► ()							
28	Other ► () Other ► ()	<u> </u>		 	 			
<u> 28</u> 29	Number of Forms 8283 received	L by the or	ganization during the tay v	vear for contributions for	 			
	which the organization completed				29			
			,,	-9			Yes	No
30a	During the year, did the organiza	tion receive	hy contribution any prope	arty reported in Part I line	a 1 through			
004	28, that it must hold for at least the					i i		
	to be used for exempt purposes					30a		
b	If "Yes," describe the arrangemen		onding police		•	Jua		
31	Does the organization have a		stance policy that require	se the review of any oc	n-standard			
٠.			nance policy that require	os the review of arry fic		31	1	
32a	Does the organization hire or us		· · · · · · · · · · · · · · · · · · ·	ne to enlicit process or s	all noncach	-31		
vza	- .	-	ties of related organization		on Horicasii	220	,	
h	If "Yes," describe in Part II					32a	✓	
ъ 33	If the organization did not report a	n amount in	column (c) for a type of pro	operty for which column (a)	ie checked			ĺ
	describe in Part II.	amount II	. Josanni (o, for a type of pit	opolity for willout column (a)	io oriconco,			

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.
Part I, Line 9	b - The number of contributions and number of items are both 4 Four separate donors each contributed one stock gift.
Part I, Line 3	2b - Gifts of stock and other securities are transferred directly to the Foundation's investment advisor, who immediately liquidates the security
and places t	he proceeds into the Foundation investment portfolio or sends the proceeds to the Foundation depending on the nature and designation of
the gift As :	such, the Foundation treats these transactions as cash gifts since the securities are not held as investments
•	

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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.

20**15**

Department of the Treasury Internal Revenue Service Name of the organization ► 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

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 (I	
Secretary) prior to signature and filing. The completed Form 990 and all schedules are available to all	directors for their review.
Part VI, Line 12c - The Secretary of the corporation reviews the annual conflict of interest disclosures	to determine any potential issues.
While the potential for conflicts of interest are extremely limited due to the activities and processes of	the corporation, which is primarily
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 final	nncial statements are available to the
public upon request.	
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