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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

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

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 2016, and ending 20 C Name of organization Linn-Benton Community College Foundation D Employer identification number Check if applicable Address change Doing business as 23-7212073 Number and street (or P.O box if mail is not delivered to street address) E Telerphone number Name change Initial return 6500 Pacific Blvd SW 541-917-4209 City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Albany, OR 97321 Amended return G Gross receipts \$ 1,623,185 F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No Dale Stowell. Same as C above. If "No," attach a list, (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) Tax-exempt status http://www.linnbenton.edu/friends-and-alumni/lbcc-foundation H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: M State of legal domicile: OR Part I Briefly describe the organization's mission or most significant activities: The Foundation exists for the express purpose of advancing and promoting the interest and development of Linn-Benton Community College and the students, faculty, and Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . 3 19 Revenue TAN AR Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII-column (C)_line 12 7a 0 Net unrelated business taxable income from Form 990 F, line 34 / [... 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 8 Š 847,091 1,123,313 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 294,320 367,597 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11el 11 78,893 60,654 z 🖒 2017 səsuədx Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line-12) 12 1,220,304 1,551,564 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 13 1,128,778 1,189,531 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 367.978 474,476 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,496,756 1,664,007 19 Revenue less expenses. Subtract line 18 from line 12 . (276, 452)(112,443)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,223,440 8,423,441 21 Total liabilities (Part X, line 26) . 63,758 117,415 22 Net assets or fund balances. Subtract line 21 from line 20 8,159,682 8,306,026 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign Here Type or print name and title Print/Type preparer's name Dat Check Paid 51 16 lzsi self-employed Scott A. Muller P01420972 Preparer ► Kenneth Kuhns & Co., 570 Liberty St SE, Suite 210, Salem, OR 97301 Firm's EIN ▶ Firm's name 93-0421802 Use Only 503-585-2550 --- Taxpayer Data Not Audited---

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

√ Yes
☐ No

3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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 by 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.
4a	(Code:) (Expenses \$311,357 including grants of \$311,357) (Revenue \$) Scholarships and grants to students of Linn-Benton Community College.
4b	(Code:) (Expenses \$ 984,434 including grants of \$ 878,174) (Revenue \$)
	Donations of monies and materials to support Linn-Benton Community College programs.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,295,791
	Form 990 (2016)

Part I	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	✓	
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ļ		
	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			,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		/
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	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.			
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			
الد	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	✓
a	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	444	ļ	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	1	✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	_	 -
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	1	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	✓	<u> </u>
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	<u> </u>	✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	}		1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	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)		<u> </u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	 	1
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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	L	1
		For	m 99 (0 (2016)

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		✓_
þ	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	✓	
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		<u> </u>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ		
	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			/
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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), 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	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	250	 	
20	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			
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27	V##248	V
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			36 A 3
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-
ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	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			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	 	/
	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	<u> </u>	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			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	├──	-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
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	<u> </u>	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07	1	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	┼	 •
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2016)

Part				_
	. Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	,	<u>, D</u>
_		(was	Yes	No
1ą	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	√	1 (200 - 100 - 100
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>;</u>		3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	ļ —	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	(e) (ii)	
20	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	┼──	1
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 authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?			1
L	·	4a	76	V
þ	If "Yes," enter the name of the foreign country:		JF.	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).	.s	*	
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?	5a 5b	+	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	+	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		┼	+-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	}	1
b	If "Yes," did the organization include with eyery solicitation an express statement that such contributions of		 	+
	gifts were not tax deductible?	6Ь		i
7	Organizations that may receive deductible contributions under section 170(c).	7707		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s	-	E,
	and services provided to the payor?	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs		
	required to file Form 8282?	_7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? 7e	<u> </u>	1
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	<u> </u>		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ie	31	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		3.0	
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		A Linear Act
10	Section 501(c)(7) organizations. Enter:	()	الد المسموعة	- (E
a	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	1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)	37		
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 12b	- 26	JAN 1	7:
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		-
-	Note. See the instructions for additional information the organization must report on Schedule O.		V.	
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	.		
С	Enter the amount of reserves on hand		, in a like	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	144		1-

Part \	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 inst	or a ructi	ons.
Section	on A. Governing Body and Management			
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
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 relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		> > > >
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
	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 Co	de.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	√	
14 15	Did the organization have a written document retention and destruction policy?	14	Ĭ	
а	The organization's CEO, Executive Director, or top management official	15a	√	
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		√
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	- ' -	
Secti	on C. Disclosure	11		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon 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)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 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 Dale Stowell, Executive Director. 6500 Pacific Blvd SW, Albany, OR 97321. 541-917-4209	cords:	>	

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
		(C)								
(A)	(B)	verage box, unless person is both an					ne	(D)	(E)	(F)
Name and Title	Average						an	Reportable	Reportable	Estimated
	hours per week (list any							compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Carolyn Gardner	2	 			ŀ					
President	<u> </u>	✓		_				0	0	0
(2) Charlie Eads	11									
Vice President		✓		_	<u></u>		L.	0	0	0
(3) Rosemary Bennett	11									
Treasurer		✓	<u></u>	L	_		L.	0	0	0
(4) Linda Modrell	11				1					
Secretary		✓	L					0	0	0
(5) Dan Bedore	11		ļ	ļ	ļ		ļ			
Board Member		✓	<u> </u>		<u> </u>		<u> </u>	0	0	0
(6) Marty Cahill	11	1								
Board Member	<u> </u>	/	<u> </u>	ᆫ	<u> </u>		_	0	0	0
(7) Randy Camp	1						i			
Board Member	<u> </u>	/	lacksquare	L		ļ		O	0	0
(8) Phil Doud		j		1	1		1			
Board Member	ļ	✓	_	<u> </u>		<u> </u>		0	0	0
(9) Nancy Ferguson	1									
Board Member		1	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	0
(10) Keith Frome	1									
Board Member		1			_	<u> </u>	L	0	0	0
(11) Nancy Goode	11	1						ì		
Board Member		/		L.		<u> </u>		0	0	0
(12) Doris Johnston	1									
Board Member		1		<u>L</u> _		<u> </u>			0	0
(13) Bob Lowry	11									
Board Member	<u> </u>	✓	1_	$oxed{oxed}$	<u> </u>	<u> </u>	<u> </u>	0	0	0
(14) Jo Ann McQueary	1					1	1			
Board Member		✓	1	<u></u>		<u> </u>	\perp	<u> </u>	0	0

	(B) Average hours per week (list any hours for	Position (do not check more than of box, unless person is both officer and a director/trusty Or In Institut Officer and a director/trust					(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om	(F) Estimated amount of other compensation		
		related organizations below dotted line)		Institutional trustee	icer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	0)	from the organization and related organizations
	n Merryman	1										
	Member ane Merten	1	✓			-		-	0	 	0	
Board I	Member		1						0		0	
	orge Pugh Member	11	1				Ì		0		0	
	an Reukauf	1	\ <u> </u>			-		 	<u>-</u>		-	_ '
Board	Member		1					_	0	ļ	0	<u> </u>
	n Segal Member	11	1						0		0	ı
	acie Wyss-Schoenborn	1			_			_			<u> </u>	
	Member		✓	-		_			0	 	0	
	le Stowell ive Director	15 25			1				0	112,4	69	33,80
(22)												00,00
(23)								-				
(24)												······································
(25)		 			-	-		-	 -	<u> </u>		
			<u> </u>		<u>_</u>	<u></u>	L		ļ			
1b c d	Sub-total	VII, Section	n A					> > >	0			33,80
2	Total (add lines to and te) Total number of individuals (including bur reportable compensation from the organization).	t not limited						<u> </u>	ho received m			33,80
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											5 1
Section	on B. Independent Contractors							_				
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	iress							(B) Description of s	services	(C) Compensation	

Part	VIII	Statement of Reve			 				
		Check if Schedule O	contains a	a resp	onse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b			Ì		1
A ts	C	Fundraising events .		1c			1		
ig ig	d	Related organizations		1d					
Si Si	e	Government grants (con		1e					
e iti	f	All other contributions, gi and similar amounts not inc		4.0					
출동	_			1f	1,123,313				
o E	g	Noncash contributions include Total. Add lines 1a-1			230,508		į.		
9		Total. Add lines Ta-1	<u>' · · · · · · · · · · · · · · · · · · ·</u>	` 	Business Code	1,123,313		·	
Program Service Revenue	2a								
æ	b								
ဥ	C								
ē	d								
E	е						****	· · · · · · · · · · · · · · · · · · ·	
50	f	All other program sen		ie.					
ď	g	Total. Add lines 2a-2	f	<u> '</u>	🕨		,		
	3	Investment income							
		and other similar amo	•		•	357,267			357,267
1	4	Income from investmen	t of tax-exer	npt bo	ond proceeds ►				
	5	Royalties	(ı) Real	<u> </u>	· · · · •				ļ
	_		}		(ii) Personal		}		
	6a	Gross rents		8,529		·]		
	b	Less: rental expenses		9,128			1		
	C	Rental income or (loss) Net rental income or (9,401		0.404			
	d 7a	Gross amount from sales of	(i) Securiti	es ·	(II) Other	9,401			9,401
		assets other than inventory		0,000	0				
	ь	Less: cost or other basis	} <u>-</u>	0,000		:			
		and sales expenses .	4	8,670	1,000				
	С	Gain or (loss)		1,330					
	d	Net gain or (loss) .			🕨	10,330	10,330		
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported		 					
Œ]	See Part IV, line 18 .			20.020				
the	h	Less: direct expenses			00,002				
0	1	Net income or (loss) f				26,809	,		26,809
		Gross income from gas See Part IV, line 19	aming activi	ties.		20,000			20,005
		Less: direct expenses						··	
		Net income or (loss) f			vities ▶				
	l	Gross sales of in returns and allowance	es	· a					
		Less: cost of goods s Net income or (loss) t							-
	<u>c</u>	Miscellaneous F		OF ILLY	Business Code				
	11a	TVIISCONDITIOUS T			Dusiness code				·
	b				 	 	 		
	C				ļ				+
	d	All other revenue .			900099	24,444	24,444		
	e	Total. Add lines 11a-				24,444			
	12	Total revenue. See i	nstructions		<u> ▶</u>	1,551,564			393,477
									Form 990 (2016)

·					
	0 (2016)		·	·	Page 10
	X Statement of Functional Expenses	-1-4111 A1	(- 46		74
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				umn (A).
	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	878,174	878.174	ļ	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	311,357	311,357		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5117957	311,307		
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 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees): Management				
a b	Legal				
С	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	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				
15 16	Royalties				
17	Occupancy	4,868	4,868		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,000	4,000		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	7,016		7,016	
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.)	,3			
а	Materials and supplies	66,289	64,482	1,807	
b	Contracted services	45,552	35,402	10,150	
C	Administrative support	201,294		201,294	
d	Bad debts expense	76,372	4 500	76,372	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	73,085 1,664,007	1,508 1,295,791	71,577 368,216	······
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)	1/004/00/	1,633,131	300,210	

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 112,274 128,830 2 2 6,490 2,447,529 3 3 676,998 111,836 4 34,179 4 48,431 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ol Assets 0 7 150 150 8 9 Prepaid expenses and deferred charges 9 6,942 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 788,106 10b Less: accumulated depreciation 23,498 769,881 10c 764,608 11 Investments—publicly traded securities 6,392,407 11 4,689,855 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments -- program-related. See Part IV, line 11 13 14 14 15 224,119 15 232,202 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 8,223,440 16 8,423,441 Accounts payable and accrued expenses 17 9,124 17 63,207 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 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 54,634 54,208 Total liabilities. Add lines 17 through 25 . . . 63,758 26 26 117,415 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 1,804,847 27 1,983,652 28 3,613,692 3,300,517 29 2,741,143 29 3,021,857 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 8,159,682 8,306,026 34 Total liabilities and net assets/fund balances . . . 8,223,440 8,423,441

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				7
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,564
2.	Total expenses (must equal Part IX, column (A), line 25)	2		1,66	4,007
3	Revenue less expenses. Subtract line 2 from line 1	3		(112	2,443)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,15	9,682
5	Net unrealized gains (losses) on investments	5		25	8,787
6	Donated services and use of facilities	6		14	4,438
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(144	<u>1,438)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		8,30	<u>6,026</u>
Part	•				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	 -		_ <u>_</u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compireviewed on a separate basis, consolidated basis, or both:		2a		√
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 1 on a	2b	1	
	separate basis, consolidated basis, or both:	2 On a			
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rojaht			
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	1
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fithe Single Audit Act and OMB Circular A-133?	orth in	3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
			Forn	990	(2016)

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. ► Attach to Form 990 or Form 990-EZ.

2016 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number Linn-Benton Community College Foundation 23-7212073 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked the						alify under
Casti	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(=) 0010	(h) 0040	(-) 0044	(-1) 0045	(1)0040	
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
ı	membership fees received. (Do not						
	include any "unusual grants.")	644,414	1,170,331	511,798	847,091	1 122 21 2	4 200 047
2	Tax revenues levied for the	044,414	1,170,331	311,790	647,091	1,123,313	4,296,947
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	296,617	258,956	205,697	142,034	144,438	1,047,742
4	Total. Add lines 1 through 3	941,031	1,429,287	717,495	989,125	1,267,75 1	5,344,689
5	The portion of total contributions by					,	
	each person (other than a					:	
	governmental unit or publicly	!				i	
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)					i	
6	Public support. Subtract line 5 from line 4			<u> </u>		<u> </u>	397,881
_	on B. Total Support						4,946,808
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	941,031	1,429,287	717,495	989,125	1,267,751	5,344,689
8	Gross income from interest, dividends,		.,,	,	333,.25	1,231,753	0,011,000
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	153,733	195,933	322,654	294,320	367,597	1,334,237
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on				···-·		
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	74 400					
11	Total support. Add lines 7 through 10	71,186	57,542	89,347	78,893	60,654	357,622
12	Gross receipts from related activities, etc	(see instruction	ons)	l		12	7,036,548
13	First five years. If the Form 990 is for the	•	•	d. third. fourth	or fifth tax v		357,622 n 501(c)(3)
	organization, check this box and stop he				•		
Secti	on C. Computation of Public Support						
14	Public support percentage for 2016 (line	6, column (f) di	vided by line 1	1, column (f))		14	70.30 %
15	Public support percentage from 2015 Sci					15	75.87 %
16a	331/3% support test—2016. If the organ						
_	box and stop here. The organization qua			*			
b	33 ¹ /3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization me						
	Part VI how the organization meets the 'organization						··
	-						▶ ⊔
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r						
	supported organization						
18	Private foundation. If the organization d						
-	instructions						▶ □

	9 A (FOITH 990 OF 990-LZ) 2010						Page 3
Part							
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	
	on A. Public Support	7	— • • • • • • • • • • • • • • • • • • •				
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	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			ļ		Į Į	
_							
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			Ì			
-	The value of services or facilities						 _
5	furnished by a governmental unit to the			ļ			
	organization without charge						
6	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3		<u> </u>				
7 a	received from disqualified persons .						
L	Amounts included on lines 2 and 3						
b	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				<u> </u>		
	line 6.)						
Secti	on B. Total Support	·		<u></u>			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business			[
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1	1		
	loss from the sale of capital assets			1		1	
	(Explain in Part VI.)		<u> </u>	ļ	ļ	 	
13	Total support. (Add lines 9, 10c, 11,						-
	and 12.)		1. 6	1 11 1 1 6 1	- 669-4-	<u> </u>	504/ \/2\
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	•		•		, ,, ,
Cook				· · · · · · · · · · · · · · · · · · · 	· · · · ·	<u> </u>	· · • □
	on C. Computation of Public Suppo			12 och mn (6)	 	45	
15 16	Public support percentage for 2016 (line Public support percentage from 2015 Sc						<u>%</u> %
16 Secti	on D. Computation of Investment In			· · · · ·	· · · · ·	10	
17	Investment income percentage for 2016			v line 13 colu	mn (fl)	17	%
17	Investment income percentage for 2016 Investment income percentage from 201						
19a	331/3% support tests—2016. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organi	·	-	•		-	
J	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		•	· ·	-	- · ·	_

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			<u> </u>	ugo e
Part	Supporting Organizations (continued)			
	The state of the second of the		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	10		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	!		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	i , i		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		!	
•	Did the expenientian exercts for the handit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		i	2
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		F. = -	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			8
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			į.
Socti	on D. All Type III Supporting Organizations	1 1		<u> </u>
Secu	on b. All Type in Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			!
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		}I	i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			<u> </u>
•	By reason of the relationship described in (2), did the organization's supported organizations have a	2))	
3	significant voice in the organization's investment policies and in directing the use of the organization's		H H	ì
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1)	ļļ
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	(2)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		•	٠.,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions).
_	Activities Test. Answer (a) and (b) helaw	•	V	,
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ì		
	how the organization was responsive to those supported organizations, and how the organization determined	i		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ή · · ·	٠ ا
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .		1	1.
84	· · · · · ·	За		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pair V Type III Non-Functionally integrated 509(a)(3) Supporting Org			
1 . Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	ıızat	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		T
3 Other gross income (see instructions)	3		T
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year);		4 (1)	
a Average monthly value of securities	1a	 	
b Average monthly cash balances	1b	 	<u> </u>
c Fair market value of other non-exempt-use assets	1c	 	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	NAME OF TAXABLE PARTY.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		7
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	lly in	tegrated Type III supportin	g organization (see

Part	7) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.		. =	
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount	,		
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	,		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:		****	
a				
b	Excess from 2013			
c	Excess from 2014			
<u>d</u>	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Explanation	n for Part II, line 1, columns (a) & (f):
Excludes "	unusual grant" of \$1,858,549 recorded in June 2012.
Explanation	n for Part II, line 10, columns (a) through (e):
2012: Other	r income - \$71,186
2013: Other	r income - \$57,542
2014: Other	r income - \$89,347
2015: Othe	r income - \$78,893
2016: Othe	r income - \$60,654

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	me organization		Employer identification number
Part	enton Community College Foundation Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	23-7212073
	Complete if the organization answered		
	Complete it the organization and the	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year		
	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 the		
	Did the organization inform all grantees, donors, a	_	
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Part	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	·
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	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 easemen	ts	2b
C	Number of conservation easements on a certified	• •	
d	Number of conservation easements included in		I I
	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	isferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		,
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
•	•		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng handling of violations, and enforcing	conservation easements during the year
'	► \$	ng, nariding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(II)?	1,	
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	•
1a			
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line	1	· · · · > 5
_	(ii) Assets included in Form 990, Part X	A (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	> \$
2	If the organization received or held works of ar		
	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		
b_	Assets included in Form 990, Part X	<u> </u>	<u> F \$</u>

Part		ations Maintaining								
3		zation's acquisition, a (check all that apply):	accession, and oth	ner record	ds, check	any of the	followi	ing that are a sig	nificant ι	use of its
а	☐ Public exhibi	tion		d [] Loan d	or exchange	e progra	ams		
b	☐ Scholarly res	search		е [Other					
¢	Preservation	for future generations	1			•••••				
4	Provide a descri XIII.	iption of the organizat	ion's collections a	nd explai	in how th	ey further t	he orga	nization's exem	ot purpos	e in Part
5		did the organization								
		d to raise funds rather		ined as p	art of the	organizatio	n's coll	ection?	☐ Yes	□ No
Part		and Custodial Arra								
	990, Pari	e if the organization t X, line 21.								-orm
1a		ion an agent, trustee, m 990, Part X?								i □ No
b	If "Yes," explain	the arrangement in Pa	art XIII and comple	te the fol	lowing tal	ble:		Am	ount	
С	Beginning balan	ce					1c			
d		the year					1d			
е	-	ring the year					1e			
f							1f	1		
2a	Did the organiza	ition include an amour	nt on Form 990, Pa	art X, line	21, for es	crow or cu	stodial	account liability?	☐ Yes	□ No
b		the arrangement in Pa								
Par	V Endown	nent Funds.								
	Complet	e if the organization	answered "Yes"	on Forr	n 990, P					
			(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year	ar balance	7,300,229	7	,721,961	8,00	09,160	7,863,639		5,618,211
b	Contributions	[1,048,504		746,116	45	51,748	1,078,442		2,296,441
С		earnings, gains, and	518,247	- -	49,365	36	66,104	417,165		581,087
d		arships	310,576		217,649		04,594	137,294		209,476
e		res for facilities and			211,010		-1,001	1017201		200,470
	-		964,502		999,564	90	00,457	1,212,792		422,624
f	Administrative e	xpenses			200,000	-	10,101	.,,,,,,,,		122,021
g		ince	7,591,902		,300,229	7.72	21,961	8,009,160		7,863,639
2	•	mated percentage of t								-10001000
а		ed or quasi-endowmer					,			
b	Permanent endo	_	40%							
C		tricted endowment	43%							
-		s on lines 2a, 2b, and		00%.						
3a		vment funds not in the			zation tha	t are held a	and adn	ninistered for the		
	organization by:		•	-					\(\bar{\gamma}\)	es No
	(i) unrelated or	ganizations							3a(i)	1
	• •	nizations							3a(ii)	1
b	If "Yes" on line	3a(ii), are the related o	rganizations listed	as requir	red on Sc	hedule R?			3b	
4	Describe in Part	XIII the intended uses	of the organization	n's endo	wment fu	ınds.			<u> </u>	
Par	VI Land, B	uildings, and Equip	ment.							
		te if the organization		" on Fori	m 990, P	art IV, line	11a. S	See Form 990, F	art X, li	ne 10.
		cription of property	(a) Cost or ot	her basis	(b) Cost of	r other basis her)	(c) A	occumulated preciation	(d) Book	
1a	Land		.	139,800		477,636	7.5	The second second		617,436
b				128,170				23,498		104,672
c	_	ovements		,,,,						104,01E
ď	•									
e						42,500				42,500
Total		ough 1e. (Column (d) n	nust equal Form 9	90, Part)	k, column		c.)	>		764,608

Part VII	Investments — Other Securities. Complete if the organization answer	ered "Ves" on Form	2000 Bort IV	line 11h Cae Form	200 Part V line 12
	(a) Description of security or category (including name of security)	ered res orrrorr	(b) Book value	(c) Me	thod of valuation:
(1) Financial	derivatives				
	neld equity interests				·
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (β) line 12.) ▶				
Part VIII	Investments—Program Related.		- 000 Dort IV	lina 11a Caa Farm	1000 David V lima 40
	Complete if the organization answ	ered tes on Form			
	(a) Description of investment		(b) Book value		thod of valuation
(1)					
_(2)					·
_(3)	· ····································				
(4)					
(5)					
(6)					
					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			- 	
Part IX	Other Assets.				
T di C IX	Complete if the organization answ	ered "Yes" on Form	1 990 Part IV	line 11d See Form	990 Part Y line 15
		Description	1 330, 1 411 14,	iiile 114. Occ 1 0111	(b) Book value
(1)	ii				
(2)	·				
(3)					
(4)		 			
(5)					
(6)					
(7)					
(8)			· · · · · · · · · · · · · · · · · · ·		
(9)					
	ımn (b) must equal Form 990, Part X, col	l. (B) line 15.)	<u> </u>	<u> ▶</u>	<u> </u>
Part X	Other Liabilities.				
	Complete if the organization answ	rered "Yes" on Forn	n 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
	ions under split-interest agreements		,693		
	ts held for others		,515		
(5)					
(6)					•
(7)					
(8)					•
(9)			 		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	E.A.	.208		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	•			Retu	rn.
	Complete if the organization answered "Yes" on Form 990,			4	
1	Total revenue, gains, and other support per audited financial statements			1	1,977,740
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا			
a	Net unrealized gains (losses) on investments		258,787		
b	Donated services and use of facilities		144,438		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		22,951		
е	Add lines 2a through 2d			2e	426,176
3	Subtract line 2e from line 1			3	1,551,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	-		5	1,551,564
Part				r Re	turn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,831,396
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,	
а	Donated services and use of facilities	2a	144,438	i	
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)	2d	22,951		
е	Add lines 2a through 2d			2e	167,389
3	Subtract line 2e from line 1			3	1,664,007
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 18.) .		5	1,664,007
Part	XIII Supplemental Information.				1,001,007
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part	IV. lines 1b and 2b	: Parl	V. line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
Explai	nation for Part V, Line 4:	·	·		
FURIU	dation for the vicino 4.				***************************************
The E	pundation's endowment funds (except for the permanently restricted portion)	ara usad r	orimarily for scholar	chine	to students of Linn
111611	buridation 3 endownierit runds (except for the permanently resulted portion)	aic useu l	ornitality for scriotar	3111b3	to students of Linit-
Rento	n Community College and program services for Linn-Benton Community Coll	000			
Dento	Total daily college and program services for Emiliberton community con	<u>eue.</u>			
•					
Evola	nation for Part Y. Line 2				
Exhiai	nation for Part X, Line 2:				
Linn E	Conton Community Callage Foundation is a not for profit organization that is	avomat fra	m incomo tavos uno	ior So	action E01(a)(2) of the
Linn-c	Benton Community College Foundation is a not-for-profit organization that is	exempt iro	in income taxes und	iei Se	ction 50 I(c)(3) Of the
1-4	al Rayanya Cada. Therefore we provide for income toyon is included in the	financial :		: 46	ha Farradaki116
intern	al Revenue Code. Therefore, no provision for income taxes is included in the	imanciai	statements. In addit	ion, ti	ne roundation qualifies
tor the	charitable contribution deduction under Section 170(b)(1)(A) and has been c	iassiried a	s an organization th	at is i	not a private
	ation and a Booting 500/aV0)				
iound	ation under Section 509(a)(2).				
The F	oundation's tay ayamat status can be revolved by the Internal Devenue Comin		ut of direct wieletie-		ouro and roped-there
ine F	oundation's tax exempt status can be revoked by the Internal Revenue Servic	c as a rest	ar or arrect Atolation	3 UI I	aws and regulations
	wine E01/a\(2) arganizations. It is the Foundations relies therefore to a select	at-i-t -	dhoronoo to thee - 1		mal
gover	ning 501(c)(3) organizations. It is the Foundation's policy, therefore, to maint	ain Strict a	unerence to these la	ws a	no regulations in order
to	intain its tay avampt status and to angree only in activities related to their ter-	. avamat -	urnoco		
เบ ma	intain its tax-exempt status and to engage only in activities related to their tax	cexempt D	ui puse.		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

lame o	f the organization					Employer identific	cation number
	enton Community College Foundate	tion				23-	7212073
Par					ered "Yes" on Fo	m 990, Part IV,	line 17.
	Form 990-EZ filers are n						
1	Indicate whether the organization	n raised funds th			-		
а	Mail solicitations		e [on of non-governme	•	
b	Internet and email solicitation	ns	f 🗀		on of government gr	ants	
C	Phone solicitations		g 🗆	Special f	undraising events		
d	☐ In-person solicitations						
2a	Did the organization have a writ						· — —
	or key employees listed in Form	· · · · · · · · · · · · · · · · · · ·	-		•	•	□ · · · · · · · · · · · · · · · · · · ·
b	If "Yes," list the 10 highest paid			iraisers) pu	irsuant to agreemen	ts under which th	ne fundraiser is to be
	compensated at least \$5,000 by	r the organization	n.				
					,		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount pald to (or retained by) organization
		 	Yes	No	 		
1		ļ.			1		
•		ĺ					
2					1		T
3							
			<u> </u>				
4				ı	1		
		 	<u> </u>		 	· — — — — — — — — — — — — — — — — — — —	
5					1		
		 	 		 		
6		1) [
7		 	 	 	 		
•			ļ	ļ	1		
8		 			 		
			{	}	1		
9							
		L	<u> </u>				
10				ļ			
		<u>}</u>	<u> </u>	<u> </u>	ļ		ļ
Total		 		<u> </u>	<u> </u>	-,,,,	
3	List all states in which the orga	anization is regis	terea or lic	ensed to s	solicit contributions	or has been notif	led it is exempt from
	registration or licensing.						
					·		

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
	•	group rouptu grouter and	(a) Event #1 Golf Tournament (event type)	(b) Event #2 Family Fun Day (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	31,296	5,169	3,167	39,632
æ	2 3	Less: Contributions Gross income (line 1 minus line 2)	31,296	5,169	3,167	39,632
	4	Cash prizes				
	5	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	12,823	0	0	12,823
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answer	olumn (d)	<i>.</i> > [12,823 26,809 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ —	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	a Is		rganization conducts ga onduct gaming activities	ming activities: s in each of these states		🗌 Yes 🗌 No
10		Vere any of the organization's (gaming licenses revoked	d, suspended, or termina		? . 🗌 Yes 🗌 No

Schedu	ıle G (Form 990 or 990-EZ) 2016			Pa	age 3
11 12	Does the organization conduct gaming activities with nonmembers?	ntity		es 🗌	
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility	13a			%
b	An outside facility				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and			
	Name ►				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gar revenue?	_	┌┐╺	es 🗌	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address >		· 		
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ► \$				
	Description of services provided ►				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?		□ Y	′es □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$	ns or			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions				
		.			
					·

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

ame of the organization						Employ	Employer identification number
inn-Benton Community College Foundation	ndation						23-7212073
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	unt of the grants or	r assistance, the g	antees' eligibility f	or the grants or assistance	e, and
the selection critena used to award the grants or assistance?	award the grants	or assistance?					· · · Yes □ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedui	es for monitoring	the use of grant fu	inds in the United	States.		
Part II Grants and Other Assistance to Domestic Org. 990, Part IV, line 21, for any recipient that receive	ssistance to Do for any recipient	mestic Organiz	ations and Don ore than \$5,000.	nestic Governm Part II can be do	ents. Complete i plicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Linn-Benton Community College 500 Pacific Blvd Albany OR 97321	93-0561307	115(1)	557,997	320,177 FMV		Equipment & Other	College Programs
(2)							
(5)							
(4)					_		
(5)							
(9)							
ω							
(8)							
(6)							
(0)							
1)							
2)	i						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organization the line 1 table	lions listed in the li	ine 1 table			- c

Schedule I (Form 990) (2016)

Cat. No. 50055P

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Explanation for Part I, line 2: The Board of Directors of the Foundation has a committee which oversees the awarding and use of scholarships and grants. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 311,357 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 251 (a) Type of grant or assistance 1 Scholarships to college students Part III N 2 ო 4 9

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization Linn-Benton Community College Foundation 23-7212073 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22, (b) Relationship (d) Loan to or (c) Purpose of (g) In default? (h) Approved (a) Name of interested person (e) Original (f) Balance due (i) Written by board or with organization loan from the principal amount agreement? organization? committee? From Yes No Yes Yes No (1) Not-for-profit Disqualified 403,903 Investment 406,372 (2)(3)(4)(5) (6) (7) (8) (9) (10)403,903 Total

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)	<u> </u>			
(5)	<u> </u>			
(6)	<u> </u>		L	
(7)	<u> </u>			
(8)				
(9)	<u> </u>		: 	
(10)				

	Business Transactions Invo Complete if the organization		0,1 4.11, 204,	200, 01 200.		
٠	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's lues?
(1)					Yes	No
(2)						
(3) (4) (5)						
(4)				 		
(6)		- 				
(7)				 		
(8)						
(9)				ļ		<u> </u>
(10) Part V	Supplemental Information			<u> </u>		<u> </u>
	Provide additional informatio	n for responses to questions	on Schedule L (see	instructions).		
orm 990,	Part X, Line 6, Column (B):		·			
oan rece	ivable of \$403,903 (Part II, Column	(f) above) less allowance for	doubtful loan of \$40:	,903 is shown as net \$0 on the ba	lance sh	eet
n Form 9	90, Part X.					
111 01111 01	, r ait x.	***				
	,,,,	,,,,,,,,,,,,,				
	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				*	
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•						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization \blacktriangleright 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.

//form990. Inspection

Employer identification number

	enton Community College Foundatio	1		- 	23-7212073
Part	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	(d) Method of determining noncash contribution amounts
1	Art - Works of art	✓	14	2,350	FMV
2	Art-Historical treasures				
3	Art-Fractional interests	_			
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles	>	6	21,000	FMV
7	Boats and planes				
8	intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock .				
11	Securities - Partnership, LLC,				
	or trust interests		<u> </u>		
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures			 	
14	Qualified conservation				
	contribution—Other			<u> </u>	
15	Real estate—Residential				<u> </u>
16	Real estate—Commercial	<u></u>	·		
17	Real estate—Other				
18	Collectibles				
19	Food inventory		 	 	
20	Drugs and medical supplies	\- 			
21	Taxidermy				
22 23	Scientific specimens	 		 	
23 24	Archeological artifacts	<u> </u>	 	 	
2 5	Other ► (CNG Trailer - 7 tube)	-	1	100,000	FMV
26	Other ► (Truck motors)		2	40,000	
27	Other ► (Transport of loader)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	20,000	
28	Other ► (Miscellaneous)	1	130	47,158	
29	Number of Forms 8283 received	by the or	···		
	which the organization completed				29
					Yes No
30a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I, line	s 1 through
	28, that it must hold for at least t	hree years	from the date of the initial	contribution, and which is	n't required
	to be used for exempt purposes	for the enti	re holding period?	. .	· · · · 30a ✓
b	If "Yes," describe the arrangemen	nt in Part II.			
31	Does the organization have a	gift acce	ptance policy that requir	res the review of any n	onstandard
	contributions?				31 ✓
32a	Does the organization hire or us				ell noncash
	contributions?				· · · · 32a /
b	If "Yes," describe in Part II.				
33	If the organization didn't report ar	amount in	column (c) for a type of pro	operty for which column (a)	is checked,
	describe in Part II.				

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 2016

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

Name of the organization	Employer identification number
Linn-Benton Community College Foundation	23-7212073
Evaluation for Dart VI. Section P.	
Explanation for Part VI, Section B:	
Line 11b - Executive Director and staff responsible for maintaining the accounting records review the	Form 990. Copy of Form 990 is made
available to each Board member to review.	
Line 12c - Board members are required to comply with Board policies during their tenure.	
Line 15a - The Foundation has no paid employees. The Foundation's Executive Director is employed	by Linn-Benton Community College,
and the Executive Director's compensation level at the College is determined in accordance with the college is	ollege's policies and procedures.
Curlingstion for Dort VI. Section C.	
Explanation for Part VI, Section C:	
Line 19 - The Foundation makes its governing documents, conflict of interest policy, and financial star	tements available upon request.
Explanation for Part VII, Section A, Line 1a, Entry 21, Columns (E) & (F):	
Dale Stowell, Executive Director of the Foundation, works for the Foundation, but is paid by Linn-Ben	ton Community College, a related
organization, as an employee of the college. The Foundation reimburses the college for a portion of N	r. Stowell's compensation.
Explanation for Part XI:	
Line 9 - Other changes in net assets consist of \$144,438 of donated services expenses.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Linn-Benton Community College Foundation

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2016	City of the Control

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

23-7212073

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes"	on Form 990, Par	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Рип	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		1					
(2)							
<u>(6)</u>							
(4)							
(2)							
(9)							
Part II	Identification of Related Tax-Exempt Organizatione or more related tax-exempt organizations duri	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ring the tax year.	he organization ar	swered "Yes" or	n Form 990, Part I	V, line 34 becau	ise it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrly status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
(1) Linn-6	(1) Linn-Benton Community College 6500 Pacific Blvd SW, Albany, OR 97321. 93-0561307	Community College	Oregon	115(1)		N/A	1
(2)							
(3)							
(4)							
(5)							
(9)							
Ø							
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

(i) Section 512(b)(13) controlled entity? (k) Percentage Schedule R (Form 990) 2016 ownership Ŷ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? ž Percentage ownership Yes Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (9) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (9) Share of end-of- C year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b)
Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (3) Part IV Part III **4** E 8 9 € 3 9 E 2 ত Ξ 9 E

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	nswered "Yes" on Forn	n 990, Part IV, line	34, 35b, or 36.	,	1
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (il) interest. (iii) annuities. (iii) rovalties. or (iv) rent from a controlled entity	one or more related orgar	rizations listed in Par	ts II–IV?	Yes	Se Se
				1 9	
c Gift, grant, or capital contribution from related organization(s)				0 7	1
			·	5 e	>
f Dividends from related organization(s)					>
g Sale of assets to related organization(s)				1g	>
h Purchase of assets from related organization(s)				두	>
i Exchange of assets with related organization(s)				= ;	>
Lease of facilities, equipment, of other assets to related organization(s)		· · · · · ·			> 2
k Lease of facilities, equipment, or other assets from related organization(s)				羊	>
l Performance of services or membership or fundraising solicitations for related organization(s)	· · · · · · (s)u			=	>
m Performance of services or membership or fundraising solicitations by related organization(s)	(s)u			± F	
				=	
o Sharing of paid employees with related organization(s)				10	>
p Reimbursement paid to related organization(s) for expenses		•		1 ot	
q Reimbursement paid by related organization(s) for expenses				19	
r Other transfer of cash or property to related organization(s)		•	•	<u>;</u>	\
				18	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	st complete this line, inclu	ding covered relation	nships and transact	tion thresh	olds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	1) ing amount in	volved
(1)					
(2)					
(6)					
(4)					
				!	
(9)					
			Schedule	Schedule R (Form 990) 2016	0) 2016

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross reveribe) that was not a related organization. See instructions	iganization. Ser	(5)	(b) (c) (d) (e) (d) (d)	(9)	(c)	(a)	3		6	æ
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners	Share of	Share of	Disproportionate	Code V – UBI	General or	Percentage
		(state or foreign country)		<u>8</u>		assets	200		partner?	
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)	!									
(6)								,		
(4)										
(9)										
(9)										
ω										
(8)										
(6)	1									
(10)										
(11)	<u> </u>									
(12)										
(13)		:					_			
(14)										
(15)										
(16)										
								Sche	Schedule R (Form 990) 2016	n 990) 2016