# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

DLN: 93493196034560 OMB No. 1545-0047

> Open to Public Inspection

Department of the

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable: LIMESTONE COLLEGE ☐ Address change 57-0314402 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1115 COLLEGE DRIVE □ Application pending (800) 795-7151 City or town, state or province, country, and ZIP or foreign postal code GAFFNEY, SC  $\,$  29340  $\,$ G Gross receipts \$ 58,101,163 Name and address of principal officer: H(a) Is this a group return for DR DARRELL PARKER □Yes ☑No subordinates? 1115 COLLEGE DRIVE H(b) Are all subordinates GAFFNEY, SC 29340 ☐ Yes ☐No included? Tax-exempt status: **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.LIMESTONE.EDU L Year of formation: 1845 M State of legal domicile: SC K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: LIMESTONE COLLEGE IS A FOUR-YEAR, LIBERAL ARTS INSTITUTION IN GAFFNEY, SC. ESTABLISHED IN 1845, LIMESTONE OFFERS MASTERS, BACHELOR AND ASSOCIATE DEGREES THROUGH TRADITIONAL AND NON-TRADITIONAL EDUCATIONAL OPPORTUNITIES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 41 4 Number of independent voting members of the governing body (Part VI, line 1b) 41 \_\_\_ 875 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 75 Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 5,284,407 3,916,434 **8** Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 47,059,211 43,966,264 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,297,648 1,315,965 149,545 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,567 49,294,230 53,790,811 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13,585,277 13,914,695 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,070,949 17,257,523 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶1,296,997 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,135,501 17,203,952 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 49,791,727 48,376,170 19 Revenue less expenses. Subtract line 18 from line 12 . 3,999,084 918,060 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 59,349,237 71,841,088 19,816,707 21 Total liabilities (Part X, line 26) . 9,670,066 22 Net assets or fund balances. Subtract line 21 from line 20 . 49,679,171 52,024,381 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-13 Signature of officer Sign Here REGGIE BROWNING VP OF FINANCE & ADMINISTRATION Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | if P00748038 Paid self-employed Firm's EIN ▶ 56-0574444 Preparer Use Only Firm's address ► 110 EAST COURT STREET SUITE 500 Phone no. (864) 233-3981

GREENVILLE, SC 29601

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

☑ Yes ☐ No

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Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III .		🗸
1		organization's mission:				
PROF COLL	ESSIONAL DISCIPLIN	IES. BY PROVIDING DE	GREE PROGRAM	S THROUGHOUT SOUTH	GROUNDS IN THE LIBERAL ARTS CAROLINA AND BY WAY OF THE DIVIDUALS WHO MAY FIND ACCE	INTERNET, LIMESTONE
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	nich were not listed on	
	_	or 990-EZ?		_ ,		☐ Yes ☑ No
	,	ese new services on Sc				
3	•			changes in how it condu	icts any program	
•	services?			-	· · · · · · ·	☐ Yes ☑ No
4	Section 501(c)(3) ar		ons are required	to report the amount o	largest program services, as mea f grants and allocations to others	
4a	(Code: See Additional Data	) (Expenses \$	41,328,120	including grants of \$	13,914,695 ) (Revenue \$	43,966,264 )
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program serv	ices (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses >	41,328,1	20		

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Par	tiv 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?			No
	If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No
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	Yes	

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🗳	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   34		Yes	No

**b** Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
ь	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
c	If "Yes " to line 5a or 5b, did the organization file Form 8886-T?							

4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		

b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
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 required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

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10a

10b

11a

11b

12b

13b

13c

Nο

No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

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

Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . 

Enter the amount of reserves the organization is required to maintain by the states in

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

a Gross income from members or shareholders . . . . . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines 🗹
_Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 41		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	<u>SC</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
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 interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶JEREMY WHITAKER 1115 COLLEGE DRIVE GAFFNEY, SC 29340 (864) 488-4574			
		<del></del>	OO	n (2010)

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	e in t	his	Part VI	١.			$\square$
Section	A. Officers, Directors, Tru	stees, Key E	mploy	rees	, an	d F	lighe	st C	Compensated En	nployees	
<b>1a</b> Complete year.	e this table for all persons require	ed to be listed.	Report	comp	ensa	tion	for th	е са	lendar year ending	with or within the o	rganization's tax
<ul> <li>List all</li> </ul>	of the organization's <b>current</b> off ation. Enter -0- in columns (D), (							als o	or organizations), re	gardless of amount	
• List all o	of the organization's <b>current</b> key	employees, if	any. Se	e inst	ructi	ons	for de	finit	ion of "key employe	e."	
who receive	organization's five <b>current</b> high d reportable compensation (Box and any related organizations.										)
	of the organization's <b>former</b> office e compensation from the organiz							ed e	employees who rece	ived more than \$10	0,000
	of the organization's <b>former dire</b> n, more than \$10,000 of reportab										e
	in the following order: individua d employees; and former such p		ectors;	instit	utior	nal t	rustee	s; of	ficers; key employe	es; highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.	
	(A) Name and Title Average hours per week (list any hours for related					inles ficer rust	<u> </u>	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table										
-											

Form 990 (2018)													Page <b>8</b>
Part VII Section A. Officers, Director  (A)  Name and Title	(B) Average hours per week (list any hours	Positic than o	on (do	(C) o not ox, u an off	c) ot che unles	eck moss ss pers	ore	(I Repo compe from organiza	( <b>D)</b> ortable ensation m the eation (W	(E) Reportable compensation from related /- organizations (W-		(F) Estimated amount of othe compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	9-MISC)	2/1099-MISC	1099-MI3C)		ion and ed ations
See Additional Data Table													
				$\Box'$			<u> </u>						
		<u></u> '	<u> </u> '	<u> </u> _'	<u> </u>	<u> </u>	<u>  '</u>	<u> </u>			1		
		<u>'</u>	<u> </u> '	<u> </u> -'	<u> </u> -	<del> </del>	<u>                                     </u>	<del>                                     </del>		_	+		
		<u></u> '	-	<u> </u>	<del> </del>	<del> </del>		<del> </del>			+		
			-	$\vdash$	+	<del> </del>	+	-			+		
			$\vdash$	$\vdash$	+	+	$\vdash$				+		
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		(		$\Box$	$\vdash$						$\top$		
1b Sub-Total	t VII, Section A	to those				re) who	 o rec		568,739 re than \$	\$100,000	0		80,882
от герогтавие соптрепрацоп полт оте от	ganization	<u>-</u>										Yes	No
3 Did the organization list any <b>former</b> off line 1a? <i>If "Yes," complete Schedule J fo</i>			ee, k	ey e	mpl	oyee,	or hi	ghest con	npensate	ed employee on	3		No
For any individual listed on line 1a, is the organization and related organizations of individual	ne sum of repo greater than \$	rtable o 150,000	comp 0? <i>If</i>	ensa <i>"Yes</i> •	ation 5," C	ı and c omplei •	ther te Sc	compens chedule J	sation fro for such	om the	4	Yes	
<b>5</b> Did any person listed on line 1a receive services rendered to the organization? <i>It</i>									tion or in	idividual for	5		No
Section B. Independent Contractor  Complete this table for your five highes		- :nden	de	-+ ((		tors	-hat	ived		*100 000 of co	nen	tion	
from the organization. Report compensation											hipe	sation (C	
Name and	(A) d business addre	:SS							De. FOOD SEF	scription of services		Compen	
1115 COLLEGE DRIVE									1	(VICE			,51,,
GAFFNEY, SC 29340 CHA TECH SERVICES LLC				—	—		—	+	CONSTRU	ICTION CONTRACTOR		4	,294,596
3 WINNERS CIRCLE ALBANY, NY 12205									l				
CAMPUS WORKS INC 1767 LAKEWOOD RANCH BLVD 305								1	IT SERVIC	CE CONTRACT			883,388
BRADENTON, FL 34211 CRAIG GAULDEN DAVIS INC									ARCHITEC	CT FIRM			469,938
19 WASHINGTON PARK GREENVILLE, SC 29601													
CLARK COMMUNICATIONS								F	PRINTING	& PUBLICATIONS			414,438
2 WESTSIDE DRIVE ASHEVILLE, NC 28806	The second second	· 1:m	·			** ** al				** *100.0	- 4		
2 Total number of independent contractors compensation from the organization ▶ 13		not IIIII	Itea i	.0 tris	ose	listeu	abuv	/e) wno re	eceiveu i	more than \$100,0	00 01	Form <b>99</b>	2 (2010)

3,916,434

39,111,514

3,622,550

957,632

259,633

14,935

769,135

95.567

546,830

39,111,514

3,622,550

957,632

259,633

14,935

3,916,434

**Business Code** 

611310

611310

611310

611310

43,966,264

(ii) Personal

(ii) Other

48,059

48,059

c Fundraising events . d Related organizations

in lines 1a - 1f:\$ \_

**b** AUXILIARY - ROOM AND BOARD

2a TUITION AND FEES

c AUXILIARY - OTHER

e SUMMER CAMPS

d AUXILIARY - BOOKSTORE

**gTotal.** Add lines 2a-2f .

similar amounts) .

**b** Less: rental expenses

Rental income or

d Net rental income or (loss) .

 $\boldsymbol{d}$  Net gain or (loss) . . . . .

8a Gross income from fundraising events

contributions reported on line 1c).

9a Gross income from gaming activities. See Part IV, line 19 . .

c Net income or (loss) from fundraising events .

 $\ensuremath{\mathbf{c}}$  Net income or (loss) from gaming activities

 ${f c}$  Net income or (loss) from sales of inventory . Miscellaneous Revenue

**5** Royalties .

6a Gross rents

(loss)

7a Gross amount

from sales of assets other

b Less: cost or other basis and

C Gain or (loss)

Other Revenue

11a

sales expenses

(not including \$

See Part IV, line 18 . **b** Less: direct expenses . . .

 ${f b}$  Less: direct expenses .

**10a**Gross sales of inventory, less returns and allowances

 ${f b}$  Less: cost of goods sold . .

d All other revenue .

e Total. Add lines 11a-11d .

**12 Total revenue.** See Instructions. . . .

Program Service Revenue

e Government grants (contributions)

All other contributions, gifts, grants, and similar amounts not included

g Noncash contributions included

h Total. Add lines 1a-1f . . .

f All other program service revenue.

 ${\bf 3}$  Investment income (including dividends, interest, and other

(i) Real

(i) Securities

111,975

16,408

95,567

9,289,296

8,790,525

of

b

b

**Business Code** 

•

49,294,230

4 Income from investment of tax-exempt bond proceeds

**1**d

1e

1f

32,874

. .

769,135

95,567

Part IX Statement of Functional Expenses				Page <b>10</b>
Section 501(c)(3) and 501(c)(4) organizations must complete all co			olete column (A).	
Check if Schedule O contains a response or note to any  Do not include amounts reported on lines 6b,  7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,914,695	13,914,695		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	504,128	413,577	75,619	14,932
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	13,636,341	12,928,669	170,196	537,476
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	323,846	309,010	1,929	12,907
9 Other employee benefits	1,742,978	1,650,299	23,845	68,834
10 Payroll taxes	1,050,230	991,538	17,599	41,093
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	93,151		93,151	
c Accounting	67,525		67,525	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,657		92,657	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	739,505	120,515	618,990	
12 Advertising and promotion	454,115	12,102		442,013
L3 Office expenses	1,529,719	1,184,651	292,782	52,286
L4 Information technology	2,332,332		2,332,332	<u> </u>
15 Royalties	_,,		_,,	
16 Occupancy	2,058,737	2,042,571	16,166	
17 Travel	597,838	564,853	24,618	8,367
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	397,030	304,633	24,018	8,307
· · · · · · · · · · · · · · · · · · ·	98,087	38,309	59,778	
19 Conferences, conventions, and meetings	397,070	395,089	·	
20 Interest	397,070	393,069	1,981	
21 Payments to affiliates	1 602 054	1 (12 262	F0 702	
22 Depreciation, depletion, and amortization	1,693,054	1,642,262	50,792	
23 Insurance	516,280	254,026	262,254	
a AUXILIARY EXPENSES	2,604,092	2,531,371	72,721	
<b>b</b> CAPITAL EXPENDITURES	1,215,339	290,635	923,661	1,043
c ATHLETICS	682,468	682,468		
d BOOKSTORE EXPENSES	229,879	229,879		
e All other expenses	1,802,104	1,131,601	552,457	118,046
25 Total functional expenses. Add lines 1 through 24e	48,376,170	41,328,120	5,751,053	1,296,997
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).				

Form 990 (2018)

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Net Assets or Fund Balances

Part 2	Χ	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,270	1	34,463
	2	Savings and temporary cash investments .		[	10,435,009	2	2,834,058
:	3	Pledges and grants receivable, net		,	3,982,610	3	2,977,102
.	4	Accounts receivable, net			393,646	4	506,336
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ated en	nployees. Complete		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	S(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
Assets	7	Notes and loans receivable, net			2,716	7	109,796
ši i	8	Inventories for sale or use		179,937	8	272,173	
۱	9	Prepaid expenses and deferred charges	. •		412,237	9	155,513
10	0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	63,928,917			
	b	Less: accumulated depreciation	10b	26,190,759	25,118,121	<b>10</b> c	37,738,158
1:	1	Investments—publicly traded securities .			18,369,403	11	26,766,410
12	2	Investments—other securities. See Part IV, line	11 .			12	
13	3	Investments—program-related. See Part IV, line	e 11 .			13	
14	4	Intangible assets		[		14	
15	5	Other assets. See Part IV, line 11		[	449,288	15	447,079
10	6	Total assets.Add lines 1 through 15 (must equ	ıal line	34)	59,349,237	16	71,841,088
17	7	Accounts payable and accrued expenses			1,146,973	17	1,745,473
18	8	Grants payable			18		
19	9	Deferred revenue		1,054,039	19	791,481	
20	0	Tax-exempt bond liabilities			20		
رم <u>2</u> :	1	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se 21	2	Loans and other payables to current and former	office	rs directors trustees			

Liabilit key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . .

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

7,201,426

267,628

9.670.066

18,184,192

20,408,810

11,086,169

49,679,171

59,349,237

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27

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31 32

33

34

16,390,112

889.641

19.816.707

21,749,594

17,067,118

13,207,669

52,024,381

71,841,088

Form **990** (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

#### **Additional Data**

Software ID: Software Version:

**EIN:** 57-0314402

Name: LIMESTONE COLLEGE

Form 990 (2018)

AND AUXILIARY SERVICES.

Form 990, Part III, Line 4a:

LIMESTONE COLLEGE PROVIDES POST-SECONDARY EDUCATION FOR APPROXIMATELY 2.800 FTE DEGREE-SEEKING STUDENTS, INCLUDING ACADEMIC/STUDENT SUPPORT

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	and	a dir	recto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RANDY HINES CHAIR	1.00	Х		х				0	0	0	
DAVID RIGGINS VICE CHAIR	1.00	х		x				0	0	0	
EUGENE MOORHEAD SECRETARY	0.25	Х		х				0	0	0	
TOMMY MARTIN	1.00	Х		x				0	0	0	

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EUGENE MOORHEAD
SECRETARY
TOMMY MARTIN
TREASURER
RICHARD BAINES

BOARD MEMBER

ASHBY BLAKELY

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

STEPHEN BRYANT

**BOARD MEMBER** 

SAMUEL BURNS

BOARD MEMBER

CAROLYN BORDERS

WHEELER BRYAN JR

.......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

and Independent Contractors

RICHARD DISNEY

DAVID DORMAN

BOARD MEMBER

**BOARD MEMBER** 

FAYE EDWARDS

BOARD MEMBER

SARA EDDINS

........ BOARD MEMBER

	any hours	and	a dir	recto	or/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NANCY CARLISLE BOARD MEMBER	0.25	х						0	0	0
KAREN CHANNELL BOARD MEMBER	0.25	х						0	0	0
FRANCES CHILDERS	0.25	×						0	0	0

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BOARD MEMBER		,			, and the second		
FRANCES CHILDERS	0.25	¥			0	0	
BOARD MEMBER		^				Ü	
BETTY CLARK	0.25	~			0	0	
BOARD MEMBER		^			0	0	
CROSLAND COX	0.25						

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BOARD MEMBER						9	
CROSLAND COX	0.25	×			0	C	
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BOARD MEMBER		Α			7	)	
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BOARD MEMBER							
BETTY CLARK	0.25	v			0	0	0
BOARD MEMBER		^			0	0	0
CROSLAND COX	0.25	v			0	0	0
BOARD MEMBER		^			0	0	0
MICHAEL DANIEL	0.25	_			0	0	0
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		X			1 0	l al	0
BOARD MEMBER		**			,	,	
BETTY CLARK	0.25	Х			0	0	0
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CROSLAND COX	0.25	~				0	
BOARD MEMBER		Х			J v	U	U
MICHAEL DANIEL	0.25						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
FRANKLIN FOSTER BOARD MEMBER	0.25	Х						0	0	0	
LYMAN HAMRICK BOARD MEMBER	0.25	х						0	0	0	
WARDLAW HAMRICK BOARD MEMBER	1.00	х						0	0	0	
MICHAEL HOENIG	1.00	х						0	0	0	

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**BOARD MEMBER** CAMILLE HUNTER

BOARD MEMBER

RICHARD JIRAN

**BOARD MEMBER** 

MICHELLE JOLLY

**BOARD MEMBER** 

BOARD MEMBER

**BOARD MEMBER** 

VERA MITCHELL

BOARD MEMBER

REVEREND ROY MATHIS

JULIE LOWRY

.......

and Independent Contractors

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	l a dir	recto	or/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HAROLD MOORE BOARD MEMBER	0.25	Х						0	0	0	
CHARLES PATTON BOARD MEMBER	1.00	Х						0	0	0	
GRADY RANDOLPH	0.25	Х						0	0	0	

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CHARLES PATTON	1.00
BOARD MEMBER	
GRADY RANDOLPH	0.25
BOARD MEMBER	
DR BARBARA SMITH	0.25
BOARD MEMBER	

......

JOSEPH SULLIVAN

BOARD MEMBER

**GREGORY TATE** 

**BOARD MEMBER** 

JOHN TRAVERS

BOARD MEMBER

PATRICIA WILLIS

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

DOUGLAS WILSON

TOMMY WINDOR JR

.......

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

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

and Independent Contractors

VP OF ACADEMIC AFFAIRS

	any hours		l a dir	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DONALD YAGER BOARD MEMBER	0.25	Х						0	0	0
DR DARRELL PARKER PRESIDENT	40.00			x				264,032	0	34,614
	40.00									

34,614 13,741

PRESIDENT							
LAWRENCE DAWSON	40.00		X		89,223	0	
VP FINANCIAL AFFAIRS					03,223	Ŭ	
JEREMY WHITAKER	40.00						

LAWRENCE DAWSON	40.00		\ \		89,223		
VP FINANCIAL AFFAIRS			^		69,223	o o	
JEREMY WHITAKER	40.00		v		84 365	0	

VP FINANCIAL AFFAIRS			Х		89,223	0	
JEREMY WHITAKER	40.00						
			Х		84,365	ol	

18,153 40.00

INTERIM VP FINANCIAL AFFAIRS

REGGIE BROWNING VP FINANCE & ADMIN AS OF 4/1/19

40.00

DR KAREN GAINEY 131,119 14,374

erne Gi	KAPHIC Pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493196034560
CHE	DULE A	Public (	Charity Statu	s and Pul	olic Supp	ort ⊢	OMB No. 1545-0047
'orm 9 0E <b>Z</b> )	90 or		ganization is a sect 4947(a)(1) nonexe Attach to Form !	ion 501(c)(3) c mpt charitable	organization or trust.	I	2018
	of the Treasury	► Go to	www.irs.gov/Forms				Open to Public Inspection
me of	enue Service the organiza COLLEGE	tion				Employer identific	<u> </u>
			(11)			57-0314402	
art I		for Public Charity State a private foundation because				see instructions.	
		onvention of churches, or as	•	,	,	(A)(i).	
	A school de	scribed in section 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
	A hospital o	or a cooperative hospital serv	/ice organization desci	ibed in <b>section</b>	170(b)(1)(A)(	iii).	
· 🗆	A medical r	esearch organization operate and state:	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
		ation operated for the benefit (iv). (Complete Part II.)	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
	A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
		ation that normally receives a <b>(0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	nit or from the gener	al public described in
· 🗆	A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
		ural research organization de ant college of agriculture. S					ege or university or
	from activit investment	ation that normally receives: ies related to its exempt fun income and unrelated busin iee section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
		ation organized and operated		r public safety. S	ee section 509	(a)(4).	
	more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
	<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the san				
		unctionally integrated. A sorganization(s) (see instructi					ted with, its
	Type III n functionally	on-function(s) (see instruction on-functionally integrated integrated. The organization (). You must complete Par	<b>d.</b> A supporting organi n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	
	Check this	box if the organization received or Type III non-functionally	ed a written determir	ation from the II		pe I, Type II, Type II	I functionally
Ent		of supported organizations		-		<u> </u>	
		ing information about the su					
(i)	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
tal							
	rwork Reduc	tion Act Notice, see the Ir	structions for	Cat. No. 11285	F :	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grant.") .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from						
	line 4.						
9	ection B. Total Support						1
	Calendar year						
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	(d)2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
٠	dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources	1					
9	Net income from unrelated business						
-	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and <b>stop here</b>	_		, ,	,	` ' ' ' '	,
	check this box and stop here	C D					
	ection C. Computation of Public						
	Public support percentage for 2018 (line					14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16a	<b>33 1/3% support test—2018.</b> If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box
	and stop here. The organization qualif						
b	33 1/3% support test—2017. If the						ck this
17a	box and <b>stop here.</b> The organization of <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets t	<b>–2018.</b> If the org meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and <b>stop he</b>	, and line 14 •re. Explain	▶⊔
b	organization	: <b>—2017.</b> If the or	acts-and-circumst	ances" test, check	this box and <b>sto</b>	p here.	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(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. Add lines 10a and 10b.						
С 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 loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of 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 Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

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). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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.

9a 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.

9b

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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	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?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	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.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	a 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>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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		
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		
6	<b>Distributable Amount.</b> 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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6** 

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 57-0314402

Name: LIMESTONE COLLEGE

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).

instructions).

Facts And Circumstances Test

**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.

DLN: 93493196034560 OMB No. 1545-0047

ern	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for	the la	test information.		I	nspection
۱a	me of the organi	ization				Emp	oloyer identificatio	n number
.IM	ESTONE COLLEGE					57-0	0314402	
Pa	rt I Organiz	zations Maintaining Donor Advi	sed Funds or O	ther	Similar Funds o	r Acc	counts.	
	Complet	te if the organization answered "Ye						
			(a) Dono	r advi	sed funds		(b)Funds and other	accounts
		end of year						
	55 5	of contributions to (during year)						
	33 3	of grants from (during year)						
		at end of year						
		ation inform all donors and donor adviso roperty, subject to the organization's ex					_	Yes 🗌 No
	charitable purpo	ition inform all grantees, donors, and do ses and not for the benefit of the donor 	or donor advisor,	or for	any other purpose o			<b>.</b>
)	•	vation Easements. Complete if th				- 000	L Dart IV line 7	」Yes □ No
'e1		vation Easements. Complete if the organiser various easements held by the organiser of the				n 990	, Part IV, line 7.	
			-	unata)		1		
		on of land for public use (e.g., recreation	n or education)				ically important land	area
	☐ Protection	of natural habitat		Ш	Preservation of a d	ertifie	d historic structure	
	☐ Preservatio	on of open space						
		2a through 2d if the organization held a e last day of the tax year.	qualified conservat	ion co	ntribution in the for	m of a	a conservation  Held at the End	of the Year
а	Total number of	conservation easements				2a		
b	Total acreage res	stricted by conservation easements				2b		
C	Number of conse	ervation easements on a certified histori	c structure include	d in (a	)	2c		
d		ervation easements included in (c) acqui n the National Register	ired after 7/25/06,	and n	ot on a historic	2d		
	Number of conse tax year ►	ervation easements modified, transferre	d, released, exting	uished	d, or terminated by	the or	ganization during the	<del>)</del>
	Number of state	s where property subject to conservation	on easement is loca	ted ►			_	
		zation have a written policy regarding th t of the conservation easements it holds				of viola	ations,	□ No
	Staff and volunte	eer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enforcing co	nserv	ation easements dur	ing the year
	Amount of exper	nses incurred in monitoring, inspecting,	handling of violation	ons, a	nd enforcing conser	vation	easements during th	ne year
		ervation easement reported on line 2(d) (h)(4)(B)(ii)?				70(h)(	4)(B)(i) ☐ <b>Y</b> es	□ No
	balance sheet, a	cribe how the organization reports cons and include, if applicable, the text of the 's accounting for conservation easemen	footnote to the or	s in its ganiza	s revenue and expertion's financial state	nse sta ements	atement, and s that describes	
ar		zations Maintaining Collections te if the organization answered "Ye				er Si	milar Assets.	
а	If the organization	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	.6 (ASC 958), not t public exhibition, e	o repo	ort in its revenue sta ion, or research in f			
b	historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items:						
(	_	ed on Form 990, Part VIII, line 1					<b>▶</b> \$	
		in Form 990, Part X						3,002,003
١,		on received or held works of art, historic					·	
		its required to be reported under SFAS:				y	,, provide the	

Par	1111	Organizations M	aintaining Col	ections o	f Art, His	storic	cal Tı	reası	ıres, o	r Other	Similar A	<b>Assets</b> (con	tinued)	
3		g the organization's acq s (check all that apply):		, and other	records, ch	neck a	any of	the fo	llowing	that are a	significant	use of its co	llection	
а	✓	Public exhibition				d		Loan	or exch	ange prog	ırams			
b	<b>✓</b>	Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII.	organization's coll	ections and	explain ho	w the	y furth	ner the	e organi	zation's ex	kempt purp	ose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Pa	rt <b>IV</b>													
		Complete if the or X, line 21.	ganization answ	ered "Yes'	' on Form	990,	, Part	IV, li	ne 9, c	r reporte	ed an amo	ount on For	n 990,	Part
<b>1</b> a		e organization an agent										_	_	
	meiu	ded on Form 990, Part	^f									∐ Yes	∐ N	lo
b	τε "∨.	es," explain the arrange	ement in Part VIII	and comple	te the follo	wing	table:					Amount		_
c		nning balance		· ·		_				1c		Amount		_
d	_	tions during the year .								1d				_
e		ibutions during the year								1e				_
f		ng balance								1f				_
		-												_
2a		the organization include												lo
b	If "Ye	es," explain the arrange												
Pa	rt V	Endowment Fun	<b>ds.</b> Complete if	the organi	zation an	swere	ed "Ye							
				(a)Current		<b>(b)</b> Pr	ior yea				(d)Three y		Four yea	
<b>1</b> a	Beginr	ning of year balance .		20,	519,810		19,187			17,044,517		6,963,805	-	075,592
b	Contri	butions			710,256			7,956		74,336		71,052		441,323
С	Net in	vestment earnings, gair	ns, and losses	2,	.335,440		1,700	),793		2,437,724		545,851		947,245
d	Grants	s or scholarships	•		768,967		566	5,918		368,598		536,191		500,355
е		expenditures for faciliting	es											
f	Admin	nistrative expenses .												
g	End of	f year balance		24,	796,539		20,519	,810		19,187,979	1	7,044,517	16,	963,805
2 a		ide the estimated perce d designated or quasi-e		nt year end 0 %	balance (li	ne 1g	ı, colu	mn (a	)) held a	as:		·		
b	Perm	nanent endowment 🟲	53.260 %											
c	Tem	porarily restricted endo	wment <b>►</b> 46.7	40 %										
		percentages on lines 2a		•										
3а		there endowment funds nization by:	not in the posses	sion of the c	organization	n that	are h	eld an	d admir	nistered fo	r the		Yes	No
	-	inrelated organizations					_					3a(i)		No
		related organizations						•				3a(ii		No
b		es" on 3a(ii), are the re		s listed as r	equired on	Sche	dule R	?				. 3b	,	
4		cribe in Part XIII the inte	-		•								1	<u> </u>
Pai	rt VI	Land, Buildings,	and Equipmer	ıt.										
		Complete if the or	ganization answ	ered "Yes'								· · · · · · · · · · · · · · · · · · ·		
	Descr	ription of property	(a) Cost or oth (investme		(b) Cost or	other	basis (d	other)	(c) Ac	cumulated o	depreciation	(d)	Book valu	е
1a	Land			79,477			20	02,112						281,589
		ngs		,				07,689			20,122,962		25	5,084,727
		hold improvements												• •
		ment					6.83	33,096			5,262,164			1,570,932
								06,543			805,633			0,800,910
_				I			,	, -			,			. , -

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

<b>Investments—Other Securities.</b> Complete if the of See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method ( Cost or end-of-ye	
) Financial derivatives	· ·		
) Closely-held equity interests	· ·		
)			
)			
ral. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Int VIIII  Investments—Program Related.	<b>▶</b>		
Complete if the organization answered 'Yes' on Form  (a) Description of investment	n 990, Part IV, line (b) Book value	11c. See Form 990, Pa	
	(1,200.1000)	Cost or end-of-ye	
)			
	+		
3)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	es' on Form 990. Part	IV. line 11d. See Form 990	D. Part X. line 15.
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	), Part X, line 15. <b>(b)</b> Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye (a) Description	s' on Form 990, Part	IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Yee  (a) Description	es' on Form 990, Part	IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Yee  (a) Description  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX  Other Assets. Complete if the organization answered 'Yee  (a) Description  below:  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X  Other Liabilities. Complete if the organization answered in the organization and the organiza	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Yee  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered in See Form 990, Part X, line 25.  (a) Description of liability			(b) Book value
cal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Ye  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Ye'  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES	vered 'Yes' on Form	n 990, Part IV, line 11e	(b) Book value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Ye  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  art X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES  PITAL LEASES PAYABLE  FERRED ANNUITY PAYABLE	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  There is a complete if the organization answered 'Ye (a) Description  The image of the complete if the organization answered 'Ye (a) Description  The image of the complete if the organization answered is a complete if the organization and complete is a complete if the organization and complete is a complete in the organization and complete is a complete in the organization and complete is a complete in the organization and comple	vered 'Yes' on Form		(b) Book value
cal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Cart IX Other Assets. Complete if the organization answered 'Ye (a) Description  (a) Description  Call (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Cart X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES  PITAL LEASES PAYABLE  FERRED ANNUITY PAYABLE	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Ye  (a) Description  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES  PITAL LEASES PAYABLE  FERRED ANNUITY PAYABLE	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  art IX Other Assets. Complete if the organization answered 'Ye (a) Description  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES  PITAL LEASES PAYABLE  FERRED ANNUITY PAYABLE	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Yee  (a) Description  ) ) ) ) ) ) ) otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X  Other Liabilities. Complete if the organization answered 'Yee (a) Description  Other Liabilities. Complete if the organization answered 'Yee (a) Description	vered 'Yes' on Form		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Ye  (a) Description  by  tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Ye'  (a) Description of liability  Federal income taxes  FUNDABLE ADVANCES  PITAL LEASES PAYABLE  FERRED ANNUITY PAYABLE	vered 'Yes' on Form		(b) Book value

Schedule D (Form 990) 2018

3

4

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Page 4

38.506.319

1,464,308

37,042,011

12,252,219

49,294,230

36,161,109

37,158

36,123,951

12,252,219

48.376.170

Schedule D (Form 990) 2018

С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	

Donated services and use of facilities .

Net unrealized gains (losses) on investments . . .

Subtract line **2e** from line **1** . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

а Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Investment expenses not included on Form 990, Part VIII, line 7b . 

C Part XII 1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4b

2a

2b

2c

2d

4a

4b

Explanation

4a

2a

2b

2c 2d

20,750

1,220,811

20.750

222,747

92,657

16,408

92,657

12,159,562

12,159,562

2e

3

4c

2e 3

4c

5

	Page <b>5</b>
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

#### Additional Data

Software ID: Software Version:

**EIN:** 57-0314402

Name: LIMESTONE COLLEGE

### **Supplemental Information**

	Evolunation

Return Reference Explanation

PART III, LINE 4:

THE COLLEGE'S COLLECTIONS ARE MADE UP OF LIBRARY BOOKS, ARTIFACTS OF HISTORICAL SIGNIFICAN CE AND ART OBJECTS. IF PURCHASED, ITEMS ACCESSIONED INTO THE COLLECTION ARE CAPITALIZED AT COST, AND IF DONATED, THEY ARE CAPITALIZED AT THEIR APPRAISED VALUE OR FAIR VALUE AS OF THE DATES ON WHICH THE ITEMS ARE ACCEPTED BY THE COLLEGE.

Supplemental Information		
Return Reference	Explanation	
PART V, LINE 4:	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 179 INDIVIDUAL FUNDS ESTABLISHED FOR A V ARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. ENDOWMENT FUNDS ARE AVAILABLE FOR SCHOLA RSHIPS, BUILDING MAINTENANCE AND OTHER OPERATIONAL NEEDS OF THE COLLEGE DEPENDING ON THE S PECIFIC FUND.	

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY U.S. GAAP ON ACCOUNTING FO R UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE COLLEGE CONTINUES TO SATISFY T HE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT JUNE 30, 2019 AND 2018. MANAGEMENT HAS EVA LUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATE MENTS AND DETERMINED THE COLLEGE HAD NO SIGNIFICANT UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2019 AND 2018.

Supplemental Information

Supplemental Information		
Return Reference	Explanation	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED NET AGAINST RENTAL INCOME 16,408. CHANGE IN FAIR VALUE OF SPLIT-INTEREST AGREEMENTS 206,339.	

Supplemental Information		
Return Reference	Explanation	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS (FUNDED/UNFUNDED) 12,159,562.	

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES REPORTED NET AGAINST RENTAL INCOME 16,408.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS (FUNDED/UNFUNDED) 12,159,562.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493196034560 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** LIMESTONE COLLEGE 57-0314402 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . . . . . . . . . . . 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>
Part II Supplemental Information. Provide the expla any other additional information (see instructions).	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide
Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	LIMESTONE COLLEGE REAFFIRMS ITS COMPLIANCE WITH TITLE IX AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONALITY, ORIGIN, HANDICAP, OR SEX IN ADMISSIONS, EMPLOYMENT OR EDUCATIONAL PROGRAMS. LIMESTONE PUBLISHES ITS NONDISCRIMINATORY POLICY IN THE STUDENT CATALOG AND EMPLOYEE HANDBOOK. THIS INFORMATION IS ALSO AVAILABLE ON THE COLLEGE'S WEBSITE.
SCHEDULE E, PART I, LINE 6	THE COLLEGE ACTS AS AN AGENT BETWEEN THE US DEPARTMENT OF EDUCATION, THE SOUTH CAROLINA DEPARTMENT OF REVENUE, AND LIMESTONE STUDENTS. THE COLLEGE RECEIVES FUNDS FROM THE GOVERNMENT AGENCIES AND APPLIES THE FUNDS DIRECTLY TO THE APPLICABLE STUDENT'S ACCOUNT.

Schedule F (Form 990 or 990-F7) (2018)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

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

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

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

OMB No. 1545-0047

DLN: 93493196034560

Open to Public

Schedule I (Form 990) 2018

Department of the Treasury Internal Revenue Service		► Go to <u>w</u> u	► Attach to Forn ww.irs.gov/Form990 for		on.		Inspection
Name of the organization LIMESTONE COLLEGE						Employer identified 57-0314402	cation number
Part I General Info	rmation on Grants	and Assistance				1	
the selection criteria us	sed to award the grants organization's procedu	s or assistance? res for monitoring the u	se of grant funds in the U	nited States.			✓ Yes
that received me	ore than \$5,000. Part I	I can be duplicated if ad	ditional space is needed.	The o	rganization answered res	OH FORM 990, Part IV, Mile	z z z z , ror arry recipient
(a) Name and address of organization or government	f (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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		-					

Cat. No. 50055P

## (6) (7)

Part IV Return Reference

PART I, LINE 2 - PROCEDURES

FOR MONITORING THE USE OF

Explanation

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FINANCIAL AID GUIDELINES ARE UTILIZED TO DETERMINE THE QUALIFICATIONS OF EACH RECIPIENT. THE GUIDELINES ARE PUBLISHED IN LIMESTONE COLLEGE'S

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9319	6034	560
Schedule J (Form 990)		Compensation Information						0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest  Compensated Employees					1 (	
		► Complete if the org	anization answ	ered "Yes" on Form 990, Part IV,	line 23.	<b>Z</b> U	18	5
Depar	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inform	ation.	pen i	o Pul	blic
	al Revenue Service				- 1 '1 '6' 1		ectio	
	ne of the organiza ESTONE COLLEGE	ation			Employer identificat	ion nu	ımber	
	- Overeti	Bassadias Comusada	LE		57-0314402			
Pa	rt I Questi	ons Regarding Compensat	tion				Yes	No
1a				the following to or for a person listed y relevant information regarding these			103	
	First-class	s or charter travel	$\checkmark$	Housing allowance or residence for pe	ersonal use			
	_	companions		Payments for business use of persona				
		nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	nary spending account	✓	Personal services (e.g., maid, chauffe	eur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payme plete Part III to explain	ent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	1 - 2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked in line	Idf			
3				d to establish the compensation of the not check any boxes for methods	e			
	_	•	'''	not check any boxes for methods CEO/Executive Director, but explain in	Part III.			
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				
	_ '	ent compensation consultant	<b>☑</b>	Compensation survey or study				1
		of other organizations	<b>✓</b>	Approval by the board or compensati	on committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fili	ng organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b				ified retirement plan?		4b		No
c					4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	licable amounts for each item in Part l	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b		anization?				5b		No
6	For persons liste	,		the organization pay or accrue any				
а	The organization	1?				6a		No
b	-					6b		No
		6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des		_		
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in R	egulations section	8		No
For F		ction Act Notice, see the Ins			0053T Schedule J		9901	2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D) (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 DR DARRELL PARKER 264,032 (i) 0 15.842 18,772 298,646 0 PRESIDENT 0 (ii)

Schedule J (Form 990) 2018

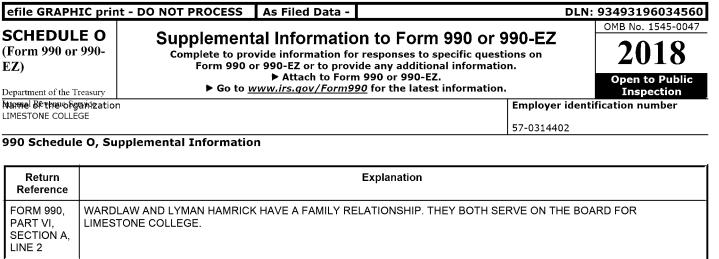
Schedule J (Form 990) 2018 Page <b>3</b>				
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference	Explanation			
PART I, LINE 1A	THE COLLEGE PROVIDES HOUSING AND WEEKLY HOUSEKEEPING SERVICES TO THE PRESIDENT FOR THE CONVENIENCE OF THE EMPLOYER SO THAT THE			

PRESIDENT CAN PERFORM ESSENTIAL COLLEGE BUSINESS AND ACTIVITIES AT THE HOME. THESE BENEFITS ARE NONTAXABLE.

I (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493196034560 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** LIMESTONE COLLEGE 57-0314402 Types of Property (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 26,988 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 5,886 FMV Χ 6 Other ► ( EQUIPMENT, SUPPLIES ) Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat. No. 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>			
Part III Supplemental Info				
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part				
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete				
this part for any add	itional information.			
Return Reference	Explanation			
	Schedule M (Form 990) (2018)			



Return Explanation
Reference

FORM 990, A COPY OF THE 990 AND 990T WERE PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW. A COPY OF THE RETURNS WERE MADE ACCESSIBLE TO BOARD MEMBERS. FOLLOWING PRESENTATION AND APPROVAL, THE R SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, ANNUALLY, A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY MEMBERS OF THE BOARD OF TRU
PART VI, STEES AND REVIEWED FOR ANY NOTED CONFLICTS. TRUSTEES WHO HAVE NOTED A CONFLICT OF INTEREST
SECTION B, RECUSE THEMSELVES FROM ALL DISCUSSION AND/OR VOTE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF TRUSTEES REVIEWS THE PRESIDENT'S CONTRA CT AND SETS THE COMPENSATION PACKAGE. AN ASSESSMENT OF THE PRESIDENT'S COMPENSATION PACKAGE IS MADE ANNUALLY BY THE PERSONNEL COMMITTEE. THE ASSESSMENT IS BASED UPON DATA COLLECTED FROM COLLEGES OF SIMILAR SIZE AND DEMOGRAPHICS. THE DISCUSSIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. COMPENSATION PROCESS FOR TOP OFFICERS THE FINANCE COMMITTEE DISCUSSES WITH MANAGEMENT EXECUTIVE-LEVEL MANAGEMENT HIRES. THE SETTING OF COMPENSATION AMOUNTS IS MADE BY MANAGEMENT AND IS BASED UPON COMPARABLE POSITIONS AT INSTITUTIONS OF SIMILAR SIZE AND D EMOGRAPHICS. THE DISCUSSIONS ARE RECORDED IN THE COMMITTEE MINUTES.

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

Return Explanation
Reference

LINE 9:

Reference
FORM 990, CHANGE IN FAIR VALUE OF SPLIT-INTEREST AGREEMENTS 206,339.
PART XI.