Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

A	For the 2	2012 calendar year, or tax year beginning JU.	N 1, 2012 and	ending M	AY 31, 2013	
В	Check if	C Name of organization			D Employer identific	cation number
•	applicable:					
Г	Address change	LEWIS & CLARK COLLEGE				
F	Name change	Doing Business As			93-038	6858
	Initial	Number and street (or P.O. box if mail is not deli-	vered to street address)	Room/suite	E Telephone number	r .
F	Termin-	0615 SW PALATINE HILL ROAD	,		503-76	
	Amender return				G Gross receipts \$	254,019,930.
F	Applica-	PORTLAND OR 97219-7899			H(a) Is this a group re	
	pending	F Name and address of principal officer:CARL	B. VANCE		for affiliates?	Yes X No
		SAME AS C ABOVE	•		H(b) Are all affiliates inc	
1	Tax-exer		(insert no.) 4947(a)(1)	or 527	4 ' '	list. (see instructions)
		www.lclark.edu	<u> </u>		H(c) Group exemptio	
			sociation Other	L Year		A State of legal domicile: OR
	************	Summary				District of the second of the
(mana	approximately	riefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O		
ည	'	nelly describe the digarization of mostern of most	organious doubles ======			
ц	2 0	heck this box	tinued its operations or dispo	sed of more	than 25% of its net as	ssets.
Ver	1	umber of voting members of the governing body				38
ගී	1	umber of independent voting members of the gov				37
ళ	1	otal number of individuals employed in calendar y				3043
itie	1	otal number of volunteers (estimate if necessary)				1677
Activities & Governance	1	otal unrelated business revenue from Part VIII, co				-30,446.
Ă		et unrelated business taxable income from Form	• •			-34,570.
	D IV	et differated business taxable income from Form	300 1, 11110 04		Prior Year	Current Year
٠.	8 C	ontributions and grants (Part VIII, line 1h)			16,376,973.	7,407,198.
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		I	137,563,339.	144,041,948.
Ş.	10 1	evestment income (Part VIII, column (A), lines 3, 4,		ſ	4,523,157.	5,788,510.
æ	10 lr	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,234,824.	2,450,184.
	ì	•			160,698,293.	159,687,840.
		otal revenue · add lines 8 through 11 (must equal rants and similar amounts pald (Part IX, column (37,704,385.	40,392,647.
	1	•			0.	0.
	1	enefits paid to or for members (Part IX, column (A alaries, other compensation, employee benefits (F		1	66,320,814.	69,671,509.
Ses	15 S	•		I .	00,520,521.	0.
Expenses	loa P	rofessional fundraising fees (Part IX, column (A), li		,678.	•	
Ä	1 0 1	otal fundraising expenses (Part IX, column (D), line	-	/	50,148,303.	52,245,646.
		other expenses (Part IX, column (A), lines 11a-11d			154,173,502.	162,309,802.
		otal expenses. Add lines 13-17 (must equal Part I			6,524,791.	
<u></u>	19 F	evenue less expenses. Subtract line 18 from line	14		eginning of Current Year	End of Year
Str	§ 00 T	Catalana da (Dart V. Brand O)			405,217,330.	
ASSE Post	20 T	,			147,485,535.	1 "
Net Assets or	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from	lino 20		257,731,795.	
	ant II	Signature Block	IIIIe 20		237,732,732,	
		ies of perjury, I declare that I have examined this return,	including accompanying schedul	les and staten	nents, and to the best of m	ny knowledge and belief, it is
		and complete. Declaration of preparer (other than office				t
uu	e, correct	and complete: Declaration of preparer (office than office	1) 13 based on an intermitation of t	инон риорато	3/19	7/14
et.		Signature of officer			Date	·/ · · · · · · · · · · · · · · · · · ·
Sig	i	CARL B. VANCE, VP BUSINESS & FINA	NCP			
He	ere	Type or print name and title	NCE			
		<u>, , , , , , , , , , , , , , , , , , , </u>	Preparer's signature		Date Check	PTIN
D-	1	Print/Type preparer's name	i iohaioi o sidiiataio		if self-emplo	wed P00448102
Pa	- t	EINDY CAMPOS			Firm's EIN	91-0189318
	·	Firm's name MOSS ADAMS LLP			THIR & LIV	<u> </u>
υS	e Only	Firm's address 805 SW BROADWAY, #1200 PORTLAND, OR 97205			Phone no 5	03-242-1447
		S discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No

Form	990 (2012) LEWIS & CLARK COLLEGE	93-0386858	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	·····	х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on	r	Yes X No
	the prior Form 990 or 990-EZ?	L	Yes LX_NO
_	If "Yes," describe these new services on Schedule O.	Γ	Ves V Ne
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes LAINO
	If "Yes," describe these changes on Schedule O.	manurad by a	vnoncon
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	sis, the total ex	penses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$	¢	124 964 625 \
4a		Te \$	124,504,025.
	ACADEMICS: LEWIS & CLARK COLLEGE SUPPORTS ITS EDUCATIONAL MISSION BY		-
	PREPARING STUDENTS FOR WORLD CITIZENSHIP THROUGH RIGOROUS CURRICULA AND		
	RICH EXPERIENCES BOTH IN AND OUT OF THE CLASSROOM, STUDENTS FROM 48 STATES AND MORE THAN 78 COUNTRIES EXPERIENCE AN ACADEMIC PROGRAM THAT		
	RANKS #15 IN BEST UNDERGRADUATE TEACHING AT LIBERAL ARTS COLLEGES.		
	COLLEGE OF ARTS & SCIENCES OFFERS 29 MAJORS AND 26 MINORS IN THE		
	SCIENCES, ARTS, HUMANITIES AND SOCIAL SCIENCES AND MAINTAINS A STUDENT		
	FACULTY RATIO OF 12 TO 1. RANKED IN THE TOP 31 IN THE NATION, THE		
	OVERSEAS & OFF-CAMPUS PROGRAMS FORM AN INTEGRAL PART OF THE TOTAL		
	EDUCATIONAL EXPERIENCE AT LEWIS & CLARK, THE COLLEGE IS COMMITTED IN		
	HELPING STUDENTS DEVELOP THE SKILLS TO UNDERSTAND, CREATE, AND CONNECT		
	THEIR EDUCATIONAL EXPERIENCE WITH FUTURE GOALS THROUGH PROGRAMS SUCH AS		
4b		ue \$	53,085.)
70	ACADEMIC SUPPORT: LEWIS & CLARK IS COMMITTED TO THE ACADEMIC SUCCESS OF		
	EVERY STUDENT AND CARRIES OUT ITS MISSION THROUGH GIVING EACH STUDENT		
	THE OPPORTUNITY TO DISCOVER THEMSELVES AND THE WORLD THROUGH THE STUDY		
	OF THE ARTS, THE HUMANITIES, AND THE MATHEMATICAL, NATURAL, AND SOCIAL		
	SCIENCES, NINETY-SIX PERCENT OF FULL TIME FACULTY HOLD A PH.D. OR		
	HIGHER DEGREE IN THEIR FIELDS. MANY OF OUR FACULTY ARE ACTIVE IN		
	RESEARCH AND SCHOLARSHIPS AND HAVE BEEN TREMENDOUSLY SUCCESSFUL IN		
	SECURING PRESTIGIOUS AWARDS AND APPOINTMENTS INCLUDING FULBRIGHT ALUMNI		
	AMBASSADOR, COUNCIL FOR THE ADVANCEMENT AND SUPPORT OF EDUCATION (CASE)		
	AND THE CARNEGIE FOUNDATION FOR THE ADVANCEMENT FOR TEACHING FOR		
	TEACHER OF YEAR AWARDS. SEVERAL FACULTY MEMBERS HAVE RECENTLY BEEN		
	RECOGNIZED FOR EXCELLENCE IN TEACHING WITH GRAVES AWARDS IN HUMANITIES		
4c	(Code:) (Expenses \$ 12,324,329. Including grants of \$) (Rever	nue \$	2,697,339.)
	STUDENT SERVICES: STUDENT EXPERIENCE IS CRITICAL TO OUR MISSION AND		
	LEWIS & CLARK IS DEDICATED IN SUPPORTING STUDENTS' TRANSITION TO		
	COLLEGE BY ENCOURAGING PERSONAL DEVELOPMENT, PROMOTING CO-CURRICULAR		
	LEARNING, STIMULATING EDUCATIONAL SUCCESS, AND HELPING PREPARE STUDENTS		
	FOR LIFELONG CAREERS, LEWIS & CLARK IS A RESIDENTIAL CAMPUS, LOCATED ON		
	137 WOODED ACRES IN SOUTHWEST PORTLAND, FIRST AND SECOND YEAR STUDENTS		
	ARE REQUIRED TO LIVE ON CAMPUS AND 70% OF OUR STUDENTS LIVE ON CAMPUS.		
	THE COLLEGE PROVIDES A RANGE OF STUDENT SERVICES AND SUPPORT WITH 100		
	REGISTERED STUDENT-RUN CLUBS AND ORGANIZATIONS, THE DIVISION OF STUDENT		
	LIFE PARTNERS WITH THE UNDERGRADUATE STUDENTS THROUGH THEIR DEVELOPMENT		
	IN ACADEMIC & EXPERIENTIAL LEARNING, CIVIC LEADERSHIP & CAREER		
	DEVELOPMENT, DIVERSITY & INCLUSION, AND WELLNESS. OVER 350		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 20,025,925. Including grants of \$) (Revenue \$	2,551,473	.)
4e	Total program service expenses 138,507,104.	and the same of th	AAA
			Earm QQN (2012)

Par	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)?		Ì	ı
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Ì
	public office? If "Yes," complete Schedule C, Part I	3		X
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ĺ
	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		х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	Х	
c	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ĺ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	-
b				
	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	 	X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1.0		,.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	<u></u>	

rar	Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Ì	
	Schedule J	23	Х	
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 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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			İ
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	**********	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
b	the state of the s			
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29	Did the organization receive more than \$25,000 in hor cash contributions in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	х	
04	Did the organization liquidate, terminate, or dissolve and cease operations?			
31		31		х
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
32		32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		 -	
34		34	x	
	Part V, line 1	35a	<u></u>	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	000	 	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	30	-	+^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	101		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
-	Note. All Form 990 filers are required to complete Schedule O	_ 00		

orm '	990 (2012) LEWIS & CLARK COLLEGE		93-0386858		Pa	ige o
Par						
	Check if Schedule O contains a response to any question in this Part V			·····		<u> </u>
		ـ ما	451		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a_	451			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b_	ble goming			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ible garning	4.0	X	*******
	(gambling) winnings to prize winners?	 		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	3043			
	filed for the calendar year ending with or within the year covered by this return	rne?		2b	x	200000000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	e) s:	***************************************		-	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction: Did the organization have unrelated business gross income of \$1,000 or more during the year?	P)		3a	х	2000000000
3a	Did the organization have unrelated business gross income of \$1,000 of fillore during the year			3b	х	
ь	If "Yes," has it filed a Form 990·T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over a	0.0		
4a	At any time during the calendar year, did the organization have all intelest in, or a signature of other financial financial account, in a foreign country (such as a bank account, securities account, or other financial	accol	int)?	4a	x	
	If "Yes," enter the name of the foreign country: ► UNITED KINGDOM, GERMANY	40000				
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accol	ınts.			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,0000		5a		x
5a L	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	?	5b		х
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orc	anization solicit			
oa	any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts			
D	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	ļ
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas re	quired			
•	to file Form 8282?		.,	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	tract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file f	Form 8	1899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation	file a Form 1098-C?	7h		*********
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any ti	me during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	\dashv		
11	Section 501(c)(12) organizations. Enter:	118				
а	Gross income from members or shareholders	116		\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	111				
	amounts due or received from them.)			12a		******
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	121	,	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	<u>- l </u>	┧		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		40000000
а	Is the organization licensed to issue qualified health plans in more than one state?					
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	131	b			
	E. L. H					
14-	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	ule O		14b		
	II res, rids it liled a form red to report these paymenter in the preside an exercise				~ 000	1/2011

Form 990 (2012)

LEWIS & CLARK COLLEGE

93-0386858

Page

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			х
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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		х
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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	Х	<u></u>
	Other officers or key employees of the organization	15b	х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CO, DC, MA, MD, MI, NH, NJ, NY, OR, PA, VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
.0	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
19	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	>	
20	CARL B. VANCE - 503-768-7801			
	O615 SW DALATINE HILL ROAD PORTLAND OR 97219-7899			

232006 12-10-12

SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response to any question in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40		Positive Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is bo	th an	*	compensation	amount of
	week		cer ar	10 2 0	irecio	or/trus	iee)	-	from related	other
	(list any	individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	80.0	毅			rsafe		(W-2/1099-MISC)	(***2*1099*18100)	organization
	organizations	truste	al fit		8 €	iad Line	1	(1, 2, 1000 11110)		and related
	below	idual	institutional trustee	₽	Key employee	est co	يو ا			organizations
	line)	ig F	ist.	Officer	Key	Highest compensated employee	Former			
(1) JAMES T. RICHARDSON	2.00									
CHAIR		x	ļ	X			<u></u>	0.	0.	0,
(2) D. MARK DORMAN	2.00									
FIRST VICE CHAIR		х		x				0.	0.	0,
(3) MARK TRATOS	2.00									
SECOND VICE CHAIR		x		X		<u> </u>		0.	0.	0.
(4) STEPHANIE J. FOWLER	2,00									
THIRD VICE CHAIR		X	_	x	ļ		_	0.	0.	0,
(5) AHMED AL BADI	2,00									
TRUSTEE		x		<u> </u>		_		0.	0.	0.
(6) JAN BAISCH	2,00									
TRUSTEE	•	x						0.	0.	0.
(7) JUDI BECK	2.00]								
TRUSTEE		х	<u> </u>	<u> </u>			_	0.	0.	0.
(8) AMBER CASE	2.00									
TRUSTEE		X			ļ	4_	1	0.	0.	0.
(9) PETER CHANG	2.00									
TRUSTEE		x		ļ	ļ	<u> </u>	\bot	0.	0.	0.
(10) STEPHEN H. DOVER	2,00	_								
TRUSTEE		X	<u> </u>	-	-	<u> </u>	4	0,	0.	0.
(11) SCOTT DUBCHANSKY	2.00	-			-					
TRUSTEE		X	1	-	-	-	-	0,	. 0.	0.
(12) GERALD W. FISCHER	2,00	4								
TRUSTEE		X	-	1	-	-	╀-	0.	0,	_0.
(13) JAMES L. FORMAN	2.00	٦.								
TRUSTEE		X	<u> </u>	-		+	-	0.	0.	0.
(14) JON V. JAQUA	2.00	٦i -								
TRUSTEE		X	-	ļ	-	-	+-	0.	0.	0.
(15) CHRISTOPHER E. JAY	2.00	7								
TRUSTEE		X	+	-	-	+-	+	0.	. 0.	0.
(16) ED JENSEN	2,00	⊣						_		
TRUSTEE		X	-	+	-	-	+	0	. 0.	0.
(17) FREDERICK D. JUBITZ	2.00	-		1				_		
TRUSTEE		X	<u>J</u>	<u> </u>				0	. 0,	0.

232007 12-10-12

Form **990** (2012)

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Form 990 (2012) LEWIS & CI	LARK COLLEGE								93-0386858	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	iH b	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average	/do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	ls bot or/trus	h an	compensation	compensation	amount of
•	week		er an	dad	recit	nrus	iee)	from	from related	other
•	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6	幺			sated	ĺ	(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ndividual trustee	nstitutional trustee		85	mper		(** 25 1000 141100)		and related
•	below	dual	rjoji.	<u>.</u>	oldin	st co	b			organizations
	line)	hdiv	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) JOUNI J. KORHONEN	2,00									
TRUSTEE		x						0.	0,	0.
(19) WESLEY W. LAWRENCE	2.00									
TRUSTEE		Х				<u> </u>	<u> </u>	0.	0.	0,
(20) MARILYN LOY	2.00									
TRUSTEE	•	Х			ļ		ļ	0.	0.	0.
(21) PATRICK MAHAFFY	2.00					-				
TRUSTEE		Х		ļ	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(22) PATRICK MARKHAM	2,00						ŀ	·		
TRUSTEE		X		ļ	<u> </u>	<u> </u>	ļ	0.	0.	0.
(23) RANDY MASSENGALE	2,00									
TRUSTEE		X	<u> </u>	ļ	ļ		ļ	0.	0.	0.
(24) LIBBY MCCASLIN	2,00									
TRUSTEE		X	_		ļ	<u> </u>	ļ	0.	0.	0.
(25) AMY L. MILLER	. 2,00									
TRUSTEE		Х	<u> </u>	<u> </u>		ļ	1	0.	0.	0.
(26) M. BETH MILLER	2.00									
TRUSTEE		x		<u> </u>	_	<u> </u>		0,	. 0.	0,
1b Sub-total								0,	. 0.	0.
c Total from continuation sheets to Pa								3,363,519		423,905.
d Total (add lines 1b and 1c)								3,363,519.	0,	423,905.
Total number of individuals (including l	but not limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportable	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

76 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH CONSTRUCTION CO	CONSTRUCTION & GENERAL	
2905 SW FIRST AVE, PORTLAND, OR 97201	CONTRACTING	7,556,854.
COMPASS GROUP USA INC (DBA BON APPETIT)		
2400 YORKMONT RD, CHARLOTTE, NC 28217	FOOD SERVICE	4,180,378.
SKYLINE BUILDING MAINTENANCE, 17446 SW		
BOONES FERRY RD, LAKE OSWEGO, OR 97035	JANITORIAL SERVICES	1,731,626.
FORTIS CONSTRUCTION	CONSTRUCTION & GENERAL	
1705 SW TAYLOR ST, PORTLAND, OR 97205	CONTRACTING	1,206,351.
KEM'S WOOD WORKS	CONSTRUCTION & GENERAL	
1317 ELM ST, FOREST GROVE, OR 97116	CONTRACTING	1,040,141.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, To		при	усс			ngn	est			
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	, ,		Pos			I. A	Reportable	Reportable	Estimated
	hours	(C	neck	all t	inat	арр Г	iy)	compensation from	compensation from related	amount of other
	week					28		the	organizations	compensation
	(list any	sctor				mplo		organization	(W-2/1099-MISC)	from the
	hours for	or director				a pate		(W-2/1099-MISC)	,	organization
	related	33	truste		gς	bens				and related
	organizations below	Lan th	lonal		yoldr	tcom	١.			organizations
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JIN PARK	2.00									
TRUSTEE		х	ļ				ļ	0,	0,	0
(28) ERIC PARSONS	2.00									
TRUSTEE		х					<u> </u>	0.	0.	0
(29) RONALD K. RAGEN	2.00									
TRUSTEE		x					ļ.,	0.	0,	0
(30) THOMAS P. RASMUSSEN	2.00	-								
TRUSTEE		X				ļ	ļ	0.	0,	0
(31) JOHN S. ROGERS	2.00	ļ								
TRUSTEE		Х					<u> </u>	0.	0,	0
(32) MARTHA STEIN-SOCHAS	2.00	į								
TRUSTEE		Х	<u> </u>					0.	0.	0
(33) KENT SWANSON	2,00									
TRUSTEE		X				-		0.	0.	0
(34) RON TIMPE	2.00									
TRUSTEE		X				-	-	0.	0.	0
(35) JAY T. WALDRON	2,00							0.	•	
TRUSTEE (36) FRANK DILLOW	2.00	X	-				 	0,	0.	0
TRUSTEE EX-OFFICIO	2.00	x						0.	0.	,
(37) CONNIE MCKELVEY	2.00	<u> </u>						0,	0,	0
TRUSTEE EX-OFFICIO	2.00	x						0.	0.	0
(38) BARRY GLASSNER	45.00	_								
PRESIDENT, TRUSTEE EX-OFFICIO	13.00	x		x				434,117.	0.	35,011
(39) GREGORY A. VOLK	45.00	ļ .							· · · · · · · · · · · · · · · · · · ·	32,022
VP INSTITUTIONAL ADVANCEMENT		1		x				310,743.	0.	25,357
(40) ROBERT H. KLONOFF	45.00	<u> </u>	ļ				l			,
DEAN OF LAW SCHOOL		1		x				260,949.	0,	38,077
(41) CARL B. VANCE	45.00									
VP BUSINESS & FINANCE		1		x				228,979.	0.	31,707
(42) TUAJUANDA JORDAN	45.00							,		•
DEAN OF COLLEGE OF ARTS & SCIENCES				x				204,777.	0.	34,018
(43) JANE M. ATKINSON	45,00									
VP & PROVOST			L	х				195,699.	0.	29,415
(44) DAVID G. ELLIS	45.00									
VP, SECRETARY, GENERAL COUNSEL				х				190,598.	0.	17,963
(45) EARL S. FLETCHER	45.00									
DEAN OF GRADUATE SCHOOL			<u> </u>	х				168,156.	0.	19,830
(46) JULIO C. DE PAULA	45.00									
\10/ 00H20 C. DA 1110H11								156,884.	0.	

Form 990 LEWIS & CLA									93-038685	0
Part VII Section A. Officers, Directors, 1	rustees, Key Eı	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	-
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				986		the	organizations	compensation
	(list any	S2				dua		organization	(W-2/1099-MISC)	from the
	hours for	5	88			ated		(W-2/1099-MISC)		organization
	related	Stee	trust		88	medi				and related
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	L			organizations
	line)	divid	stitut	Officer	eyerr	ghes	Готте			
		E	드	0	⊻	T	표			
(47) HAL J. ABRAMS	45,00	1		.,				100 467		. 00 17
VP INSTITUTIONAL ADVANCEMENT	45.00	-		X		-	-	129,467.	0.	22,17
(48) GEORGE P. BATTISTEL	45.00	-								
ASSOC VP/FINANCE/CONTROLLER			-	Х				127,847.	0,	19,90
(49) BRIAN A. BLUM	45.00	-								
PROFESSOR OF LAW		<u> </u>				x		208,346.	0.	26,28
(50) WILLIAM F. FUNK	45.00	-								
PROFESSOR OF LAW		<u> </u>				X	<u> </u>	191,815.	0,	27,95
(51) JENNIFER J. JOHNSON	45.00	-								
PROFESSOR OF LAW		ļ_	<u> </u>	-		x	<u> </u>	193,685.	0,	17,34
(52) MICHAEL C. BLUMM	45.00									
PROFESSOR OF LAW			_			Х	ļ	179,411.	0.	26,09
(53) LYDIA P. LOREN	45.00									
PROFESSOR OF LAW		١.	ļ		ļ	Х		182,046.	0.	26,80
		-					Ì			
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				<u> </u>	<u> </u>	1	<u> </u>			
		-				1				
				1		<u></u>				
Total to Part VII, Section A, line 1c								3,363,519.	.[423,90

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 42,909. c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 7,364,289 similar amounts not included above 622,389 9 Noncash contributions included in lines 1a-1f. \$ 7,407,198 Total. Add lines 1a-1f Business Code Program Service Revenue 124,952,978 124,952,978 2 a TUITION AND FEES 611600 16,031,114. b AUXILIARY SERVICES 900099 16,031,114 3,057,856 3,057,856. 900099 C CONTRACTS/EXCHANGE TRN All other program service revenue Total. Add lines 2a-2f 144,041,948 Investment income (including dividends, interest, and 5,906,961 33,231. 5,873,730. other similar amounts) Income from investment of tax-exempt bond proceeds 87,311, 87,311 5 Royalties (i) Real 459,345, 6 a Gross rents 297,723, b Less: rental expenses 161,622. c Rental income or (loss) 161,622. 161,622 d Net rental income or (loss) ... (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 93,849,481 b Less: cost or other basis and sales expenses 93,967,932. -118,451. c Gain or (loss) -118,451 -118,451. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 42,909. of contributions reported on line 1c). See 75,675. Part IV, line 18a 66,435, b Less: direct expenses _____ b 9,240. 9,240 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory ... **Business Code** Miscellaneous Revenue 2,255,688 -63,677 11 a OTHER REVENUE 900099 2,192,011 d All other revenue 2,192,011. e Total. Add lines 11a-11d 159,687,840, 130,266,522. -30,446. 22,044,566. Total revenue. See instructions,

0170781

Form 990 (2012) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) proprietions must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se to any question in thi	S Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	40,392,647.	40,392,647.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	. 2,850,022.	1,049,005.	1,249,727.	551,290
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,478,368.	42,515,324.	7,184,667.	1,778,377
8	Pension plan accruals and contributions (include			, , , , ,	
-	section 401(k) and 403(b) employer contributions)	3,651,722.	2,951,829.	558,622.	141,271
9	Other employee benefits	7,808,681.	6,303,289.	1,257,276.	248,116
10	Payroll taxes	3,882,716.	3,104,277.	620,870.	157,569
11	Fees for services (non-employees):	3,002,720.		, , , , , ,	
	, , , , ,				
a	Management	69,190.	17,957.	43,674.	7,559
	Legal	131,250.	17,551,	131,250.	
	Accounting	131,230.		131,250.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	020 250		839,358.	
f	Investment management fees	839,358.		839,356.	
g	Other. (If line 11g amount exceeds 10% of line 25,		0 504 000	2 507 657	122 (12
	column (A) amount, list line 11g expenses on Sch O.)	12,165,590.	8,524,320.		133,613
12	Advertising and promotion	105,212.	64,676.		7,795
13	Office expenses	6,547,844.	3,327,541.	2,985,658.	234,645
14	Information technology				
15	Royalties				
16	Occupancy	2,953,502.	1,390,117.	1,563,385.	
17	Travel	3,925,980.	2,993,770.	750,468.	181,742
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	350,386.	222,056.	111,864.	16,466
20	Interest	7,759,677.	2,766,992.	4,992,685.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,322,902.	4,278,275.		
23	Insurance	2,352,862.	1,956,507.	396,355.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	OVERSEAS PROGRAMS	5,341,430.	5,341,430.		
b	LIBRARY BOOKS/MATERIALS	2,164,084.	2,164,084.		
c	DUES & SUBSCRIPTIONS	516,475.	225,937.	281,225.	9,313
d		39,548.	18,248.	21,300.	
	All other expenses	660,356.	8,898,823.		922
25	Total functional expenses. Add lines 1 through 24e	162,309,802.	138,507,104.		3,468,678
26	Joint costs. Complete this line only if the organization				
۷.	reported in column (B) joint costs from a combined	,			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)]	
h	Officer field P L IT following SUP 98-2 (ASC 958-720)				Form 990 (2012

	Balance Sheet Check if Schedule O contains a response to any	questio	n in this Part X			
	Greek if Screedile O contains a response to any			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing			8,219,617.	1	11,092,261.
2	Savings and temporary cash investments				2	•
3	Pledges and grants receivable, net			6,933,277.	3	6,848,275
4	Accounts receivable, net			399,587.	4	173,919
5	Loans and other receivables from current and fo					,
	trustees, key employees, and highest compensa		-			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali	-				
	section 4958(f)(1)), persons described in section					
1	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net			7,987,028.	7	7,967,163
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			2,133,721.	9	2,561,529
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	279,531,603.			, , , , , , , , , , , , , , , , , , , ,
l t	Less: accumulated depreciation	10b	100,726,522.	 		178,805,081
11	Investments · publicly traded securities			142,201,092.	11	143,289,889
12	Investments · other securities. See Part IV, line	11		63,121,492.	12	78,690,85
13	Investments · program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15	3,088,00		
16	Total assets. Add lines 1 through 15 (must equ	al line 34	4)	405,217,330.	16	432,516,97
17	Accounts payable and accrued expenses	14,481,753.	17	16,330,56		
18	Grants payable		18			
19	Deferred revenue			3,503,505.	19	3,749,170
20	Tax-exempt bond liabilities			108,124,291.	20	108,140,85
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and former			-		
	key employees, highest compensated employee					
	Complete Part II of Schedule L		•		22	
23	Secured mortgages and notes payable to unreli				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa				1	
25	parties, and other liabilities not included on lines	-				
	·			21,375,986.	25	17,511,98
26	Schedule D Total liabilities. Add lines 17 through 25			147,485,535,	1	145,732,56
20	Organizations that follow SFAS 117 (ASC 958			227,,200,		
Ì			Kilele M. and			
	complete lines 27 through 29, and lines 33 ar			86,131,288,	27	97,347,37
27	Unrestricted net assets			65,507,879	1	79,689,44
28	Temporarily restricted net assets			106,092,628		109,747,57
29			N . 1 1 . 1	100,032,020	23	105,141,31
	Organizations that do not follow SFAS 117 (A	ASC 958), check here 🚩 📖			
	and complete lines 30 through 34.				~~	
30	The state of the s				30	
31	Paid in or capital surplus, or land, building, or e				31	
32	•				32	
27 28 29 30 31 32 33	Total net assets or fund balances			257,731,795		286,784,40
1 24	Total liabilities and net assets/fund balances			405 217 330	. 34	432,516,97

432,516,970. Form **990** (2012)

405,217,330.

Total liabilities and net assets/fund balances

X

Form 990 (2012)

За

Forn	1990 (2012) LEWIS & CLARK COLLEGE	93-0386858		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		•••••		X
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,	687	840.
2	Total expenses (must equal Part IX, column (A), line 25)	2	162,	309	802.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	621,	962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	257,	731,	795.
5	Net unrealized gains (losses) on investments	5	27,	774,	504.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,	900	064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	286,	784	401.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Y Separate hasis Consolidated basis Roth consolidated and separate basis				

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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?

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 ______

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

93-0386858 LEWIS & CLARK COLLEGE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Non-functionally integrated c ____ Type III · Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (III) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the support organization (i) of your support? governing document? above or IRC section (see instructions)) Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	•					_
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					`	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						·
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		r		T		<u> </u>
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	·					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12						12	
13	First five years. If the Form 990 is fo						. —
-	organization, check this box and sto	p here					
	ction C. Computation of Pub					14	06
14	Public support percentage for 2012						<u>%</u> %
15	Public support percentage from 201	1 Schedule A, Part	t II, line 14		4.4 !- 00.4 /00/		
16	33 1/3% support test - 2012. If the	organization did no	ot check the box of	on line 13, and line	9 14 IS 33 1/3% OF I	more, check this box	(and ▶
	stop here. The organization qualifies	s as a publicly supp	ported organizatio	n		V ar mara abaak thi	
l	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, an	a line 15 is 33 1/3	% of more, check thi	s box
	and stop here. The organization qua	alifies as a publicly	supported organi	zation		and line 14 to 1004	
17	a 10% -facts-and-circumstances te	st - 2012. If the ord	ganization did not	Check a box on III	te 13, 108, Or 100,	and line 14 is 10% (or more,
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check	this box and stop	nere. Explain in Pa	art iv now the organi	zation
	meets the "facts-and-circumstances	test. The organiza	ation qualities as a	a publicly support	eu organization	17a and line 15 is 1	
Ì	o 10% -facts-and-circumstances te	st - 2011. If the or	ganization did not	Check a box on III	16 13, 108, 100, 01	n in Dort IV how the	U /0 UI
	more, and if the organization meets	tne "facts-and-circ	umstances" test, (check this box and	u stop nere, Explai	n in Fait IV HOW the	
	organization meets the "facts-and-ci	rcumstances" test	, the organization	quaiiies as a puc	mory supported org 7h. check this hav	and see instructions	
<u>18</u>	Private foundation. If the organizat	ion did not check a	DOX ON line 13, 1	oa, rob, i/a, or i	D, CHECK THIS DOX	edule A (Form 990	or 990-E71 2012
					0011		

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u> </u>	duality under the tests listed by	slow, please comp	nete Fait III			<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	
	tion A. Public Support	/ !	#1 0000 T	43.0040	1.5 0011	(-) 0040	(5) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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 under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						, p.
	Public support (Subtract line 7c from line 6.)						W
		(-) 0000	/L\ 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(C) 2010	(u) 2011	(6) 2012	(i) Total
	Amounts from line 6						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) organiz	zation,
	check this box and stop here						
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2012						%
16						16	%
Se	ction D. Computation of Inve	stment Incom	<u>ne Percentage</u>				
17							%
18	Investment income percentage from	2011 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2012. If the	e organization did	not check the box	on line 14, and li	ne 15 is more thar	33 1/3%, and line	1 / Is not
	more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly	y supported organ	ization	
1	b 33 1/3% support tests - 2011. If the	e organization did	not check a box or	line 14 or line 1	9a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch						
~~	Private foundation If the organizati	on did not chack s	hov on line 14 10	la or 19b. check	this box and see	instructions	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

T. 124	VIS & CLARK COLLEGE	93-0386858		
Organization type (check o		COLUMN TO THE PROPERTY OF THE		
Filers of:	Section:			
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	·		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• -		ıle. See instructions.		
General Rule				
		ioney or property) from any one		
Special Rules				
509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the			
total contributions	ck if your organization is covered by the General Rule or a Special Rule . e. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. leral Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. cial Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year			
contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
Caution. An organization t but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF),		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

LEWIS & CLARK COLLEGE	•	93-0386858

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$328,500.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$751,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$190,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and En +4	\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$365,585.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LEWIS & CLARK COLLEGE	93-0386858

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		. 709,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

20

2012.05060 LEWIS & CLARK COLLEGE

Name of organization

Employer identification number

LEWIS & CLARK COLLEGE

93-0386858

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	, ,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 E7 ox 000 BE\

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number LEWIS & CLARK COLLEGE 93-0386858

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		,
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	·	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d			₹
	listed in the National Register		i I
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	_
5	Does the organization have a written policy regarding the per		f
	violations, and enforcement of the conservation easements it		1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durir	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ 4,298.
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 1		
_			
a	Revenues included in Form 990, Part VIII, line 1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schec	lule D (Form 990) 2012 LEWIS & CLAI BL Organizations Maintaining Co		Historia	al Tra	OCHROC O	r Othe	e Simi	lar Asset		rayer (ed)
Fall	Urganizations Maintaining Co	Directions of Art	, mistoric	ial III	asures, or	oro o oi	anifican	tuco of ite	ollection	iteme
	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply): X Public exhibition d X Loan or exchange programs									
a	X Public exhibition									
b	X Scholarly research	е	L Othe	· ———						
. c	x Preservation for future generations	، حامامید میدادی	have those fo	uthor th	o organizatio	n'e ava	mot nur	oose in Part	XIII	
4	Provide a description of the organization's co	lections and explain	now they it	artitei tii	e organizatio	r oimilo:	raccete	3036 III I air	71111	
5	During the year, did the organization solicit or	receive donations of	ran, nistori	iania aal	laction?) Sillilla	455015	[Yes	X No
	to be sold to raise funds rather than to be ma Escrow and Custodial Arrang	intained as part of th	e organizat	onization	onewered "	Vec" to	Form 90	n Part IV I		
Par	reported an amount on Form 990, Parl		e ii the orga	anization	answered	163 (0	i Oiiii oc	, o, r art 14, 1	110 0, 01	
-	Is the organization an agent, trustee, custodia	on or other intermedi	any for cont	ributions	or other ass	ets not	include			
18	on Form 990, Part X?	an or other intermedi	ary for com	Houtions	of other dec	0.0.110.	11101000		Yes	☐ No
	on Form 990, Part X7lf "Yes," explain the arrangement in Part XIII a									
Ø	if "Yes," explain the arrangement in Part Allia	ing complete me ion	OWING LADIC	•					Amount	•
	Beginning balance	•					10			
	Additions during the year							·		
	Distributions during the year									
	Ending balance						···			
f O-	Did the organization include an amount on Fo	rm 000 Part X line :	 217						Yes	☐ No
za L	If "Yes," explain the arrangement in Part XIII.	Chack here if the ex	nlanation ha	as been	provided in F	art XIII				
Dar	t V Endowment Funds. Complete if	the organization ans	swered "Yes	s" to For	m 990, Part I	V, line	10.			
<u> </u>	Endownient i directi dempiete ii	(a) Current year	(b) Prior		(c) Two year		(d) Thre	e years back	(e) Four	years back
4.0	Beginning of year balance	182,270,213.	204,14		179,309			,600,644.		119,348.
	Contributions	5,277,987.		2,337.		,363.		,916,851.		155,728.
	Net investment earnings, gains, and losses	35,518,359.	-21,01				24	,385,644.	-55,	785,494.
	Grants or scholarships	3,536,701.		7,013.		,546.		,676,117.	4,	388,776.
	Other expenditures for facilities			,	•					
C	and programs	7,494,044.	8.57	9,256.	6,280	,261.	-8	,400,871.	7,	779,709.
f	Administrative expenses	828,316.		9,805.		,857.		516,482.		720,453.
	End of year balance	211,207,498.			204,141	,206.	179	,309,669.	165	600,644.
2	Provide the estimated percentage of the curr									
	Board designated or quasi-endowment	21.00	%	•	••					
	Permanent endowment 47.00	%								
_	Temporarily restricted endowment	32.00 %								
·	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held a	nd administe	red for	the orga	nization	r	
	by:									Yes No
	(i) unrelated organizations								. 3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule	R?					. 3b	
4	Describe in Part XIII the intended uses of the									
Pa	d VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line	e 10.						
	Description of property	(a) Cost or o basis (investr	1		or other (other)		Accumul epreciati		(d) Boo	k value
10	Land			18	3,132,443.				_18	,132,443.
ia b	Buildings	1			,204,065.		58,12	8,271.	143	,075,794.
b	Leasehold improvements	•			1,153,610.			4,558.	6	,779,052.
d		1			1,734,575.		35,22	23,693.	6	,510,882.
	Other				1,306,910.				. 4	,306,910.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column					🔈	178	,805,081.
1010	mir too mioo ra tinoogii rongoosiiii. (a) maat					· ·		Schedul	e D (Forr	n 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ..

Schedule D (Form 990) 2012

(10)

17,511,985.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 LEWIS & CLARK COLLEGE		93-0386858	Page 5
Part XIII Supplemental Information (continued)			
FINANCIAL SUPPORT AND STABILITY FOR INSTITUTIONAL PROGRAMS.			
PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE - THE COLLEGE REC	OGNIZES		
INTEREST ACCRUED AND PENALTIES RELATED TO UNRECOGNIZED TAX	BENEFITS AS AN		
ADMINISTRATIVE EXPENSE. DURING THE YEARS ENDED MAY 31, 2013	AND 2012, THE		
COLLEGE RECOGNIZED NO INTEREST AND PENALTIES.	•		
COURSE RECOGNIZED NO INTEREST AND TENANTIZES.			
THE COLLEGE HAD NO UNRECOGNIZED TAX BENEFITS AT MAY 31, 201	3. THE COLLEGE		
FILES AN EXEMPT ORGANIZATION INCOME TAX RETURN, AN UNRELATE	D BUSINESS		
THEOREM THE PROPERTY OF THE PROPERTY THE TOTAL THE THEOREM AND INVESTIGATION AND INV	riamen Dijetkipee		
INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND UNRE	DATED BOSINESS		
INCOME TAX RETURNS IN VARIOUS STATE JURISDICTIONS, WITH FEW	EXCEPTIONS,		
THE COLLEGE IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE/L	OCAL TAX		
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
UNREALIZED GAIN ON INTEREST RATE SWAPS	3,873,812.		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-56,383.		
SCHOLARSHIPS & FELLOWSHIPS NETTED WITH REVENUE ON FINANCIAL			
STATEMENTS	-40,392,647.	-	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-36,575,218.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
RENTAL EXPENSES NETTED WITH REVENUE ON 990	-297,723.		
FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE ON 990	-66,435.		
UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVESTMENTS	-63,677.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	~427,835.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
			0001 00

Schedule D (Form 990) 2012 LEWIS & CLARK COLLEGE		93-0386858	Page 5
Part XIII Supplemental Information (continued)			
RENTAL EXPENSES NETTED WITH REVENUE ON 990	297,723.	·	
FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE ON 990	66,435.		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-18,958.	·	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	345,200.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
SCHOLARSHIPS & FELLOWSHIPS NETTED WITH REVENUE ON FINANCIA	L		
STATEMENTS	40,392,647.		
•			
		·	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

LEWIS & CLARK COLLEGE

Employer identification number

93-0386858

ar			YES	NC
	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	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	SEE PART II			
	December appropriation maintain the following?			
_	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	*****
a	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
D	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	1		
C	admissions, programs, and scholarships?	4c	x	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	х	
d	Copies of all material used by the organization of on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
j	Does the organization discriminate by race in any way with respect to:	5a		X
	Students' rights or privileges?	5b		X
	Admissions policies?	5c		\x
	Employment of faculty or administrative staff?		-	,
	Scholarships or other financial assistance?		-	-
	Educational policies?	5e	 	1
	Use of facilities?)
	Athletic programs?	5g	-	'
h	Other extracurricular activities?	5h	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8)
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
âа	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	1
b	Has the organization's right to such aid ever been revoked or suspended?	6b		:
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	. 7	x	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2012)

Schedule E (Form 990 or 990-EZ) (2012) LEWIS & CLARK COLLEGE	93-0386858	Page 2
Part II Supplemental Information. Complete this part to provide the explanations required by Part I as applicable. Also complete this part to provide any other additional information.	, lines 3, 4d, 5h, 6b, and 7,	
SCHEDULE E, LINE 3 - EXPLANATION OF MONDISCRIMINATION POLICY:		
LEWIS & CLARK COLLEGE INCLUDES A STATEMENT OF ITS RACIALLY		
NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL DOCUMENTED		
AND CIRCULATED SOLICITATIONS FOR REGISTRATION. IN ADDITION,		
DUE TO THE SIZE OF THE SCHOOL, ITS GEOGRAPHIC ALLOCATION, AND		
THE COMMUNITY IT SERVES, THE NON-DISCRIMINATION POLICY AND		
RACIAL COMPOSITION OF THE STUDENT BODY IS WELL-KNOWN TO ALL SEGMENTS OF		
THE GENERAL COMMUNITY SERVED.		
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
ALL FEDERAL GRANT OPERATIONS OF LEWIS & CLARK COLLEGE ARE INCLUDED IN AN		
AUDIT OF FEDERAL AWARDS PERFORMED IN ACCORDANCE WITH U.S. OFFICE OF		
MANAGEMENT AND BUDGET CIRCULAR A-133, COMPLIANCE SUPPLEMENT FOR AUDITS OF		
HIGHER LEARNING, AND OTHER NON-PROFIT INSTITUTIONS, INCLUDING TITLE IV		
PROGRAMS, U.S. DEPARTMENT OF EDUCATION, NATIONAL SCIENCE FOUNDATION, AND		
NATIONAL INSTITUTE OF HEALTH.		
· .		
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LEWIS & CLARK COLLEGE				93-0386858	
	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es"
to Form 990, Part	IV, line 14b.				
			ds to substantiate the amount of its gra		
the grantees' eligibility fo	r the grants or a	ssistance, and	the selection criteria used to award the	e grants or assistance? \	∕esNo
2 For grantmakers. Descr United States.	ibe in Part V the	organization's _l	procedures for monitoring the use of it	s grants and other assistance outsi	de the
	e following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA	0	3	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	88,723.
EAST ASIA	0		PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	808,971.
		·		STUDY ABROAD PROGRAMS FOR UNDERGRADUATE	
EUROPE	0	8	PROGRAM SERVICES	STUDENTS	2,410,973.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	202,253.
RUSSIA		· 2	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	119,299.
SOUTH AMERICA		4	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	525,216.
			DDGGDAN GEDVIGEG	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	44,000.
SOUTH ASIA) 1	PROGRAM SERVICES	STUDENTS STUDY ABROAD PROGRAMS FOR UNDERGRADUATE	42,000.
SUB-SAHARAN AFRICA		3	PROGRAM SERVICES	STUDENTS	531,347.
Sub-total Total from continuation sheets to Part I		0 31			4,730,782.
c Totals (add lines 3a and 3b)		0 31			4,730,782.
I HA For Pananyork Reduct	tion Act Notice	see the Instru	ctions for Form 990.	Schedule F (Form 990) 2012

232071 12-10-12

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

Schedule F (Form 990) 2012 LEWIS & CLARK COLLEGE

Partition Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)
						·	٠	
2 Enter total number of	of recipient organization	ons listed above that are el has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country	, recognized as tax·e	xempt by		
3 Enter total number of	Enter total number of other organizations or entities	or entities	, L (-)(-)			A		
ı							Cohod	Schodule E (Form 990) 2013

32

Schedule F (Form 990) 2012 LEWIS & CLARK COLLEGE

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

Page 3

Part III can be duplicated if additional space is needed.	dditional space is neede	Ö					
(a) Type of grant or assistance	(b) Region	c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					•		
						Schedu	Schedule F (Form 990) 2012

for Form 5713) Yes X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2012

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line od.

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

Employer identification number

93-0386858 LEWIS & CLARK COLLEGE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events c d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Schedule G (Form 990 or 990-EZ) 2012 LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232081 01-07-13

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			PILP AUCTION (event type)	GOLF TOURNAMENT (event type)	(total number)	col. (c))
PG			(0101111)	(2.3/1.1/20)	,,	
Kevenue	1	Gross receipts	72,859.	45,725.		118,584.
	2	Less: Contributions	11,754.	31,155.	•	42,909.
	3	Gross income (line 1 minus line 2)	61,105	14,570.		75,675.
	4	Cash prizes		1,000.		1,000.
	5	Noncash prizes				
Expenses	·	·		11 527		11,537.
2	6	Rent/facility costs		11,537.		11,557.
Direct E	7	Food and beverages	10,475			10,475.
ב	۰	Entertainment	26,255			26,255.
	8 9	Other direct expenses				17,168.
	10	Direct expense summary. Add lines 4 throug			>	(66,435)
	11	Net income summary. Combine line 3, colum	ın (d), and line 10			9,240
٦ _a	nt I	Gaming. Complete if the organization	answered "Yes" to Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				1
Develore			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ופ	1	Gross revenue	·			
S. S.	2	Cash prizes				
Expenses	3	Noncash prizes				
Clrect	4	Rent/facility costs				
	5	Other direct expenses				
_	_	Ctrici Cross Superior	Yes %			
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	ah 5 in column (d)			(
			•			
	8	Net gaming income summary. Combine line	1, column d, and line 7	.,	>	
	s Is	nter the state(s) in which the organization oper the organization licensed to operate gaming a	activities in each of these	e states?		
) IT	*No," explain:				
ın.		ere any of the organization's gaming licenses			year?	Yes No
		"Yes," explain:				

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 LEWIS & CLARK COLLEGE	93-0386	858		Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		_		
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming activity operated in:	1	·		
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor				
17	Effect the matter data dual coo of the potent while propared the diguillation of games and a second				
	Name				
	Address				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party ▶\$				
c	If "Yes," enter name and address of the third party:				
	Name ▶			_	
	Address				
16	Gaming manager information:				
	Name ▶				
	TYAITE P				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mary 15 and the distribution of				
	Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to				
i				Yes	☐ No
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	• ***		
	organization's own exempt activities during the tax year \$				
D.	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (iii)	and (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formation	(see	instru	ictions).
	inica 0, 00, 100, 100, 100, 100, 100, 100, 1				
-					
	·				
_			•		

16020317 145841 017078

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No. 1545-0047

Nam	Name of the organization	1						Employer identification number
-	L	OLLEGE						0000000-55
æ	Part: General Information on Grants and Assistance	d Assistance						
4-	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	ance?						X Yes No
8	ŌΙ,	edures for monit	oring the use of grant	funds in the Unite	d States.			
O.	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	Organizations in th	e United States. (Somplete if the orga	anization answered "`	es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if addit	ional space is nee	ded.	3- 5-44-44		
	1 (a) Name and address of organization or government	(a)	(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 non-cash assistance	(h) Purpose of grant or assistance
N	Enter total number of section 501(c)(3) and government organizations	d government or		listed in the line 1 table				A
ო	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					A
LHA		see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

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(Form 990) (2012) LEWIS & CLARK COLLEGE
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2012)

Page 2

93-0386858

(f) Description of non-cash assistance (book, FMV, appraisal, other)				·	d any other additional information.						
	.0	.0	0		umn (b), ar						
(d) Amount of non- cash assistance	3				ine 2, Part III, colt						
(c) Amount of cash grant	34,955,501.	5,242,520.	194,626.		required in Part I, li	THE FORM OF CREDITS	ED IS	INT.			
(b) Number of recipients	3187	419	. 149		le the information	Y IN THE FORM	ISTANCE PROVII	TUDENT/RECIPI			
(a) Type of grant or assistance	STUDENTE SPILIPENTS	SCHOLARSHIPS AND FELLOWSHIPS FOR LAW SCHOOL	SCHOLARSHIPS FOR GRADUATE SCHOOL STUDENTS		Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, Part II, column (b), and any other additional information.	SCHEDULE I, PART I, LINE 2: ASSISTANCE IS GIVEN ONLY IN	TOWARD THE COST OF TUITION, AND A RECORD OF THE ASSISTANCE PROVIDED IS	RECORDED IN SEPARATE ACCOUNTS MAINTAINED FOR EACH STUDENT/RECIPIENT			

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

LEWIS & CLARK COLLEGE

93-0386858

Pa	irt III Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	ĺ		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	- The second of state			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	m the state of the	4a	х	
b	The state of the s	4b		x
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	11 100 to any or miles the system of the sys			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ī	contingent on the revenues of:			
а		5a	<u> </u>	X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a		Х
h	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.			
7	- which is a second of the second state of the		Ì	
•	not described in lines 5 and 6? If "Yes," describe in Part III	7	x	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
7	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2012

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Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2012

93-0386858

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

Note. The sum of columns (B)(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.

								Coltrod Color
		(B) Breakdown of W-2 ar	N-2 and/or 1099-MI\$	ıd/or 1099-MISC compensation	(C) Retirement and other deferred	(U) Nontaxable	(E) Total of columns (B)(I)-(D)	(r) compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) DADOV CLASSNER	(399 117.	35,000,	0	22,500.	12,511.	469,128.	0.
CTDENT	9		0	0.	0	0	0	0.
DRY A VOI	je	305,143,	0	5,600.	18,268.	.680,7	336,100.	0.
TNSTTTTTONAL	9	4	0	0	0.	.0	0	0.
	5	260,949.	0	0	22,500.	15,577.	299,026.	0.
N OF LAW SC!	: €			•0	0	. 0	0.	0.
	E	215,090.	5,000.	.688,8	19,864.	11,843.	260,686.	0.
100	€	0	0	.0	0	0.	0.	0.
TUAJUAND	€	199,777.	5,000.	0	18,634.	15,384.	238,795.	0.
2	: €	0	0	0	.0	0.	0.	0.
JANE M ATKINSON	10	190,699.	5,000.	0	17,649.	11,766.	225,114.	0.
E PROVOST	: 6	0	0.	0	0	0	0.	0.
	6	185,598.	2,000.	0.	16,612.	1,351.	208,561.	0.
SECRETARY	: ≘		0.	•0	.0	0	0.	0.
EARL S FLETCHER	8	163,156.	5,000.	*0	14,322.	5,508.	187,986.	0.
17	<u> </u>	0	0.	0.	.0	0.	0.	0.
(9) JULIO C. DE PAULA	ε	156,884.	0.	0	14,584.	11,401.	182,869.	0.
č	Ξ	0	0.	• 0	0.	0.	0	0.
MS	2	124,373.	0	5,094.	10,665.	11,509.	151,641.	0.
VP INSTITUTIONAL ADVANCEMENT	: E		0.	0	0	0.	0.	0.
(11) BRIAN A. BLUM	8	208,346.	0.	•0	18,472.	7,810.	234,628.	0.
SSSOR OF	Ξ	0	• 0	0	0	0	0.	0
(12) WILLIAM F. FUNK	Θ	191,815.	0	0	16,492.	11,459.	219,766.	0.
PROFESSOR OF LAW	E	0.	0	0,	. 0	0.	0.	0
(13) JENNIFER J. JOHNSON	0	193,685.	0	0	15,450.	1,892.	211,027.	0
PROFESSOR OF LAW	€	0	• 0	0	0.	0	0.	0.
(14) MICHAEL C. BLUMM	Θ	175,619.	0	3,792.	14,467.	11,624.	205,502.	0.
PROFESSOR OF LAW	E	0.	0	0	0	0.	0.	0.
(15) LYDIA P. LOREN	ω	182,046.	0	0	15,287.	11,515.	208,848.	0.
PROFESSOR OF LAW	(E)	0	0	0	0.	0.	0	0.
	(1)							
	(ii)							
				(Schedt	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 LEWIS & CLARK COLLEGE	93-0386858 F	Page 3
Stattiffs Supplemental mormation. Complete this part to 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.	Part II. Also complete this part for any	
PART I, LINE 1A: THE COLLEGE PAYS MEMBERSHIP DUES TO LOCAL SOCIAL CLUBS		
FOR THE PRESIDENT, THE DEAN OF THE LAW SCHOOL AND THE VICE PRESIDENT FOR		
INSTITUTIONAL ADVANCEMENT. THE BENEFIT IS NOT TREATED AS TAXABLE		
COMPENSATION AS THERE IS A BONA FIDE BUSINESS PURPOSE TO MEMBERSHIP IN		
THESE CLUBS, AS THE CLUBS ARE USED FOR MEETINGS AND NETWORKING RELATING TO		
COLLEGE BUSINESS. ANY MEALS OR OTHER ACTIVITIES WHICH THE OFFICER DEEMS TO		
BE FOR HIS/HER OWN PERSONAL USE ARE TREATED AS TAXABLE COMPENSATION TO		
HIM/HER, ALSO, EXPENSES ARE REIMBURSED TO THE COLLEGE PRESIDENT FOR SPOUSAL		
TRAVEL, WHEN SUCH TRAVEL IS NOT FOR BONA FIDE BUSINESS PURPOSES THE		
REINBURSEMENTS ARE TREATED AS TAXABLE COMPENSATION, A NON-TAXABLE HOUSING		
BENEFIT IS PROVIDED TO THE COLLEGE PRESIDENT.		
PART I, LINE 4A: GREGORY VOLK TERMINATED EMPLOYMENT 8/20/12 AND IS		
RECEIVING SEVERANCE PAYMENTS IN THE AMOUNT OF \$26,433 PER MONTH THROUGH		
AUGUST 2014. SUCH PAYMENTS MADE DURING THE CALENDAR YEAR 2012 AND THE		
FISCAL PERIOD ENDED 5/31/13 WERE \$105,733 AND \$237,899 RESPECTIVELY.		
PART I, LINE 7: ANNUAL BONUS PAYMENTS WERE MADE TO CERTAIN OFFICERS OF		
THE ORGANIZATION THE PAYMENTS WERE BASED ON THE GENERAL FINANCIAL		
	Schedule J (Form 990) 2012	990) 2012

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 93-0386858 ➤ Attach to Form 990. Name of the organization

(a) Issuer EIN (b) CUSIP#	SIP # (d) Date issued 17 03/01/11 A A 95 108	(e) Issue price (f) [108,610,000.BONDS, 450,000. B 450,000. 104,970.	REFUND O. BONDS.	(f) Description of purpose UNDING OUTSTANDING DS, FINANCE CONSTRUCTI C		(g) Defeased (h) On behalf of issuer Yes No Yes No X X	ff (i) Pooled financing
Description of proceeds and sissued as part of an advance refunding issue? The control of bonds retired completion of proceeds of some costs from proceeds and the proceeds of the costs from proceeds costs	03/01/11	1104		CE CONSTRUCTI C	Yes	Yes	Yes
Proceeds Ount of bonds retired Ount of bonds retired John broceeds of issue Sign proceeds in reserve funds Solialized interest from proceeds Solialize	03/01/11	1104		CE CONSTRUCTI		×	
Proceeds ount of bonds retired ount of bonds retired ount of bonds legally defeased al proceeds of issue ses proceeds in reserve funds oitalized interest from proceeds ordeds in refunding escrows uance costs from proceeds oitalized interest from proceeds oitalized interest from proceeds ordeds in refunding escrows uance costs from proceeds ordit enhancement from proceeds ordit enhancement from proceeds ordit enhancement from proceeds ordital expenditures from proceeds are spent proceeds ordital expenditures from proceeds ordital expenditures fro		150					×
Proceeds ount of bonds retired ount of bonds legally defeased al proceeds of issue also proceeds of issue bitalized interest from proceeds coeds in refunding escrows uance costs from proceeds colit enhancement from proceeds orking capital expenditures from proceeds orking capital expenditures from proceeds are spent proceeds are spent proceeds are of substantial completion are the bonds issued as part of a current refunding issue? sithe final allocation of proceeds been made? sthe final allocation of proceeds been made?		150					
ount of bonds retired ount of bonds retired ount of bonds legally defeased al proceeds of issue ous proceeds of issue oss proceeds of issue oss proceeds in reserve funds ordalized interest from proceeds		450					
ount of bonds retired ount of bonds legally defeased al proceeds of issue seeds in reserve funds orialized interest from proceeds orialized capital expenditures from proceeds orialized interest from proceeds orialized interest from proceeds orialized as part of a current refunding issue? orialized interest orial and advance refunding issue? orialized interest orialized interest from proceeds been made?		104	ω	0			•
ount of bonds retired ount of bonds legally defeased al proceeds of issue as proceeds of issue as proceeds in reserve funds ordeds in refunding escrows uance costs from proceeds ordit enhancement from proceeds ordit enhance		104 150	Δ	0			
Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Oredit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of an advance refunding issue? Were the final allocation of proceeds been made?		104				۵	
Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spend proceeds Other spend proceeds Other unspent proceeds Other unspent proceeds Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		104					
Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		150					
Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Other unspent proceeds Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		,150					
Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Has the final allocation of proceeds been made?		150					
Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?	1	150					
Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		150					
Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?							
Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Vear of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?							
Other spent proceeds Other unspent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?	10	,974,753.					
Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?							
Vear of substantial completion Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?							
Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		529,342.					
Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?		2012					
Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?	Yes	No	Yes No	Yes	% 2	Yes	№
Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made?	×						
Has the final allocation of proceeds been made?		×					
	×						
	s?x						
Part III Private Business Use							
1 Was the organization a partner in a partnership, or a member of an LLC,	A		В	ပ		٦	
which owned property financed by tax-exempt bonds?	Yes	No Y	Yes No	Yes	No Pi	Yes	No
		×					
2 Are there any lease arrangements that may result in private business use of		×				-	
23212.1 HA For Panerwork Reduction Act Notice, see the Instructions for Form 990.	rm 990. 4.5				Sche	Schedule K (Form 990) 2012	rm 990) 20-

Schedule K (Form 990) 2012 LEWIS & CLARK COLLEGE			93-03	93-0386858				Page 2
Part III Private Business Use (Continued)								
	4	_		8		O	מ	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	S.	Yes	No	Yes	No
	×							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of bond-financed property?		×						
1								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of						•		
section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
		% 00.				. %		%.
Does the bond issue meet the private security or payment te		×						
(a								
		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
		%		%		%		%
Yes" to line 8a, was any remedial action taken pursuan						<u></u>		
1.141·12 and 1.145·2?								
stablished written procedures to ensure that all nor								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		×						
Part IV Arbitrage								
		A		В		S	Δ	
	Yes	Š	Yes	No.	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		×						
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?	×							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?		×						
a								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
232122 12-17-12						Sct	edule K (Fo	Schedule K (Form 990) 2012

Schedule K (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEWIS & CLARK COLLEGE

Employer identification number

93-0386858 Types of Property (a) (b) (c) (d) Noncash contribution Number of Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g EXPERT OPINION Art · Works of art 3,799. Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 590,595. SELLING PRICE 9 Securities · Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution · Other... Real estate · Residential 15 16 Real estate - Commercial 17 Real estate - Other Х EXPERT OPINION 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 14,000. PROFESSIONAL APPRAIS 25 Other > (MUSICAL INSTR X (MISC SUPPLIES Х 13,496. COST OF DONATED ITEM Other 🏲 26 27 Other 🏲 28 Other 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 Ô No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 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 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? 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, 33 describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012

Open to Public Inspection

Name of the organization **Employer identification number** LEWIS & CLARK COLLEGE 93-0386858 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF LEWIS & CLARK COLLEGE IS TO KNOW THE TRADITIONS OF THE LIBERAL ARTS, TO TEST THEIR BOUNDARIES THROUGH ONGOING EXPLORATION, AND TO HAND ON TO SUCCESSIVE GENERATIONS THE TOOLS AND DISCOVERIES OF THIS QUEST. BY THESE MEANS THE COLLEGE PURSUES THE AIMS OF ALL LIBERAL LEARNING: TO SEEK KNOWLEDGE FOR ITS OWN SAKE AND TO PREPARE FOR CIVIC LEADERSHIP. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF LEWIS & CLARK COLLEGE IS TO KNOW THE TRADITIONS OF THE LIBERAL ARTS, TO TEST THEIR BOUNDARIES THROUGH ONGOING EXPLORATION, AND TO HAND ON TO SUCCESSIVE GENERATIONS THE TOOLS AND DISCOVERIES OF THIS QUEST. BY THESE MEANS THE COLLEGE PURSUES THE AIMS OF ALL LIBERAL LEARNING: TO SEEK KNOWLEDGE FOR ITS OWN SAKE AND TO PREPARE FOR CIVIC LEADERSHIP. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CAREER COUNSELING, INTERNSHIPS, LEADERSHIPS & DEVELOPMENT, AND ENTREPRENEURSHIP PROGRAMS. IN SUPPORT OF ITS ACADEMIC PROGRAMS, LEWIS & CLARK OPERATES WELL-STOCKED LIBRARIES, AWARD-WINNING GREEN BUILDINGS AND OUTSTANDING ATHLETIC FACILITIES. THE GRADUATE SCHOOL OF EDUCATION AND COUNSELING OFFERS NATIONALLY ACCREDITED PROFESSIONAL PROGRAMS IN A WIDE RANGE OF EDUCATION AND COUNSELING-RELATED FIELDS WITH SCHOLAR-PRACTITIONER FACULTY WHO CONDUCT LEADING RESEARCH IN THEIR ACADEMIC FIELDS, WHILE REMAINING DEEPLY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
LEWIS & CLARK COLLEGE	93-0386858
TO ENHANCE THE LIKELIHOOD OF BAR PASSAGE UPON GRADUATION, BEYOND ANY	·
SPECIALIZED MAJORS, STUDENTS HONE THEIR ABILITIES AS KNOWLEDGEABLE AND	
LOGICAL THINKERS, ARTICULATE SPEAKERS, AND EFFECTIVE WRITERS. THE	
COLLEGE PROVIDES MANY RESOURCES TO SUPPORT STUDENTS. THESE SERVICES	
RANGE FROM TUTORING AT THE MATH SKILLS CENTER TO SUPPORT FROM ONE OF	
OUR COUNSELORS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
STUDENT-ATHLETES COMPETE IN 19 NCAA DIVISION III SPORTS PROGRAMS	
OFFERED AT LEWIS & CLARK AND A LARGER NUMBER PARTICIPATE IN OTHER	
RECREATIONAL ACTIVITIES SUCH AS CLUB AND INTRAMURAL SPORTS.	
AT THE GRADUATE SCHOOL OF EDUCATION AND COUNSELING, STUDENTS BENEFIT	
FROM SPECIALIZED SUPPORT IN A RANGE OF AREAS RELATED TO PROFESSIONAL	
LICENSURE, ENDORSEMENTS, AND OTHER JOB RELATED CREDENTIALS. GIVEN THAT	
GRADUATES PURSUE POSITIONS FROM PORTLAND TO QATAR, THIS CAN BE A	
COMPLICATED PROCESS, INVOLVING MANY EXTERNAL AGENCIES AND	
ORGANIZATIONS. STUDENTS ARE GUIDED THROUGH THE PROCESS AND REQUIREMENTS	
RELEVANT TO THEIR SPECIFIC GOALS. THE GRADUATE SCHOOL ALSO SPONSORS A	
VARIETY OF VISITS BY SCHOOL DISTRICTS, MENTAL HEALTH AGENCIES, AND	
RELATED ORGANIZATIONS TO HELP STUDENTS MAKE CONNECTIONS WITH (AND OFTEN	
ACTUALLY INTERVIEW WITH) THEIR FUTURE EMPLOYERS.	
THE CAREER DEVELOPMENT OFFICE WORKS CLOSELY WITH LAW STUDENTS AND	
PROVIDES SERVICES SUCH AS MAKING MENTORS AVAILABLE TO ALL STUDENTS,	
MEETING WITH STUDENTS INDIVIDUALLY TO COUNSEL ON CAREER CHOICES,	
REVIEWING RESUMES, AND TAPING MOCK INTERVIEWS WITH PRACTICING	
ATTORNEYS. 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND

CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST

POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES ARE ASKED TO SIGN A 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

FINANCE COMMITTEE MEETING DURING THE FEBRUARY BOARD MEETING.

Schedule O (Form 990 or 990-EZ) (2012)	CINCIPLE CONTRACTOR OF THE CON	Page 2
Name of the organization LEWIS & CLARK COLLEGE		Employer identification number 93-0386858
EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENU	JE CODE IS MADE	
AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.		
AVAILABLE TO THE PUBLIC ON THE ORGANIZATION 5 WEBSITE,		
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS	(CORPORATE	
BY-LAWS) AND THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAIL	LABLE TO THE	
PUBLIC ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTERP	EST POLICY IS	
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-37,425.	
UNREALIZED GAIN ON INTEREST RATE SWAPS		
UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVESTMENTS	63,677.	
TOTAL TO FORM 990, PART XI, LINE 9	3,900,064.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 93-0386858 End-of-year assets <u>@</u> Total income ত্ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity LEWIS & CLARK COLLEGE Name, address, and EIN (if applicable) of disregarded entity Part Parti

(g) Section 512(b)(13) controlled entity? ĝ Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

Schedule R (Form 990) 2012

Page 2

93-0386858

Schedule R (Form 990) 2012 LEWIS & CLARK COLLEGE

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Š	General or Percentage managing ownership							•				s related
9	General or P managing partner?	Yes No			-	 				• • •	 	 e or more
	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)										because it had on
Ē	ortion- ations?	Yes No										rt IV, line 34
6)	Share of end-of-year assets											" to Form 990, Pa
E	Share of total income					·						on answered "Yes
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
ලි	Direct controlling entity							•				oration or Trust (Cor
<u></u>	Legal domicile (state or foreign	country)				 						as a Corp
@	Primary activity											yanizations Taxable
(e)	Name, address, and EIN of related organization								-			Identification of Related Organizations Taxable as a Corporation

(a) (b)	(q)	(0)	(p)	(e)	€	(6)	3	6	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Shar	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13 ed 33
		country)		or trust)		assers		Yes No	8
CHARITABLE REMAINDER TRUST (15)									
0615 SW PALATINE HILL ROAD	CHARITABLE REMAINDER	J=1	EWIS & CLARK						
PORTLAND, OR 97219	TRUST	OR	COLLEGE	TRUST					×
	1								
	,								
232162 12-10-12		57				Sche	Schedule R (Form 990) 2012	1 990) 2	2012

Page 3

93-0386858

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

				-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	<u>و</u>
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rek	ted organizations listed in	Parts II-IV?		
Beceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u></u>	×
				45	×
D GIII, grant, or capital continuous to related organization of				Ç	×
c Giff, grant, or capital contribution from related organization(s)					;
d Loans or loan guarantees to or for related organization(s)					4
l cass or loan quarantees by related organization(s)				1e	×
				Area Area	×
† Dividends from related organization(s)					>
g Sale of assets to related organization(s)					;
h Purchase of assets from related organization(s)					×
				;== ==	×
1 and of facilities periment or other assets to				127	×
Lease of facilities, equipment, of other assets to totated organization ()					
				¥	×
	(a) continue (a)				×
Performance of services or membership or fundraising solicitations for related of gallitzation (s)	::::::::::::::::::::::::::::::::::::::				 ×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)				; ;
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo				۲
n Sharing of paid employees with related organization(s)				10	×
Doinhursement paid to related organization(s) for expenses				10	×
				0	×
d Kelmbursement paid by related olyganization(s) for expenses					
				L.	>
r Other transfer of cash or property to related organization(s)				- 4	: >
s Other transfer of cash or property from related organization(s)				2	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete this	s line, including covered re	lationships and transaction thresholds.		
(a)	(2)	(O)	(p)	70.10	
Name of other organization	I ransaction type (a-s)	Amount involved	Metrod of determining amount involved	Daviovi	
15					
S S					
ଟ					
(6)					
(4)					
(5)					
(9)	C			2 200	1 2
232163 12-10-12	0		Schedule	Schedule n (roim 930) zu iz	2012

partition Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion tor certain inve	estment partnersnips.							
(a)	(Q)	<u>(</u>)	(D)	<u></u>		(B)	Ξ	8	6	B
Name, address, and EIN of entity	Primary activity	ë igi	Predominant income procession (related, unrelated, excluded from tax	9 partners sec. 501(c)(3) orgs.?		Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
									_	
									-	
				-						
			-		•	•	_	•		
				-						
					•					
										•
									 	0.00
								Schedule	H (F01	Schedule R (Form 990) 2012

Form **8868**

(Rev. January 2013) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		and abb.				The second secon	
• If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box			▶ X	
If yo	u are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	thís form).		•	
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electro	onic filing _(e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months f	or a corporation	
require	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 8	368 to requ	uest an extension	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated	With Certain	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filin	g of this form,	
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits	All Control of the Co	a , was marked as the state of				
Part							
A corpo Part I c	oration required to file Form 990-T and requesting an auton only			complete		>	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of tim	e	
Type o	r Name of exempt organization or other filer, see instruc	ctions.		Employer	dentificat	tion number (EIN) or	
print File by th	LEWIS & CLARK COLLEGE					386858	
due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. O 6 15 SW PALATINE HILL ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97219-7899						
Enter t	he Retum code for the return that this application is for (file	a separa	te application for each return)			0 1	
						Return	
Applic	ation	Return	Application			Code	
Is For	00 000	Code	Is For			07	
	90 or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			08	
Form 9		03	Form 4720			09	
	.720 (individual)	03	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870			12	
roini s	CARL B. VANCE	00	1 0111 0070				
a Tho	books are in the care of ▶ 0615 SW PALATIM	JE HII	LL ROAD - PORTLAND	OR	97219	-7899	
Tele	sphone No. ► 503-768-7801		FAX No.	-			
	e organization does not have an office or place of business	in the Ur					
	is is for a Group Return, enter the organization's four digit (
	. If it is for part of the group, check this box						
	request an automatic 3-month (6 months for a corporation						
	JANUARY 15, 2014, to file the exempt				The exten	sion	
i:	s for the organization's return for:						
ì	calendar year or						
)	X tax year beginning JUN 1, 2012	, an	d ending MAY 31, 2013		_·	_	
	f the tax year entered in line 1 is for less than 12 months, c	hack roca	on: Initial return	Final retur	n		
2 1		HEUR HEAS	on.	i iliai ictai			
	Change in accounting period						
20 1	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 A	nter the tentative tax less any				
	rthis application is for Form 990-bL, 990-FF, 990-F, 4720, Connectundable credits. See instructions.	J. 0000, C	,,,o, the torreact of the food any	3a	\$	0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
i ن	estimated tax payments made. Include any prior year overp	avment a	llowed as a credit.	3b	\$	0.	
<u>د</u> د	Balance due. Subtract line 3b from line 3a. Include your pa	vment wit	h this form, if required.				
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Cautic	on. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and F	THE RESERVE TO THE RE		ment instructions.	
LHA	For Privacy Act and Paperwork Reduction Act Notice.				Form	8868 (Rev. 1-2013)	

223841 01-21-13

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 88	68 (Rev. 1:2013)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	dension, c	complete only Part II and check this	s box		
	nly complete Part II if you have already been granted an					
	are filing for an Automatic 3-Month Extension, comple			ilog i cilli c	0001	
Part	vive .			tinal (no	contes nes	eded)
3,000,000	Additional (Not Automatio) 6-Month	ALC: 1310			number, see	
	the state of the s	·atlana	Litter mer 3			umber (EIN) or
Type or	Name of exempt organization or other filer, see Instru	ictions		Limpioyer	identinoation ()	difficer (Effe) Of
print					93-0386858	
File by the due date for	LEWIS & CLARK COLLEGE		Li	Social age	urity number (7,000
filing your	Mallinet' street' and tool of same nor in a 1 to: poyle	see instruc	tions.	Social ser	outh tioninger (SON
return, See Instruction				L		1
[[]SUUSUOLE	Oity, towit of post office, state, and zit code. For a r	oreign add	ress, see instructions.			
	PORTLAND, OR 97219-7899					
	•					
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
		Τ	1			n
Applica	tion	Return	1 ''			Return
ls For		Code	ls For			Code
Form 99	0 or Form 990-EZ .	01				
Form 990-BL 02 Form 1041-A						
Form 4720 (individual) 03 Form 4720						
Form 990-PF 04 Form 5227						10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 99	0⋅T (trust other than above)	06	Form 8870			12
STOPII	Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	lously file	d Form 8868.	357.05
	CARL B. VANCE					
• The	books are in the care of DO615 SW PALATINE HILL	ROAD -				
Telep	ohone No. 503-768-7801		FAX No. ►			
• If the	organization does not have an office or place of busines	ss in the U	nited States, check this box			
lf this	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	If this is for	the whole grou	up, check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension	on is for.
4 1:	equest an additional 3-month extension of time until	APRIL 1	5, 2014 .			
5 F	or calendar year, or other tax year beginning _	JUN 1, 2	.012 , and endir	ng MAY 3	1, 2013	
	the tax year entered in line 5 is for less than 12 months,			Final re	eturn	
[Change in accounting period					
7 S	tate in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO COLLECT INFORM	ATION NE	EDED TO PREPARE A			
	OMPLETE AND ACCURATE RETURN.					
_						
8a lf	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions.			8a	\$	0.
ъ lf	this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
z	x payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid			
	previously with Form 8868.		·	8b	\$	0.
c B	alance due. Subtract line 8b from line 8a. Include your p	avment wi	th this form, if required, by using			
	FTPS (Electronic Federal Tax Payment System), See Inst			8c	\$	0.
<u></u>	Signature and Verifica	tion mu	st be completed for Part II	only.		
Under o	enalties of perjury, I declare that I have examined this form, inclu , correct, and complete, and that I acc authorized to prepare this	ding accom	panying schedules and statements, and	to the best o	f my knowledge	and belief,
it is true	, correct, and complete, and that I am authorized to prepare this	form.			1 10 1	11.
Signatu				Date	D 1-15-	<u>T</u>
					Form 886	8 (Rev. 1-2013)