

Form **990**

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization LEWIS & CLARK COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 S PALATINE HILL ROAD City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97219-7879	D Employer identification number 93-0386858
	F Name and address of principal officer: ANDREA DOOLEY SAME AS C ABOVE	E Telephone number 503-768-7801
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	J Website: WWW.LCLARK.EDU	G Gross receipts \$ 268,608,504.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1946	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
		H(c) Group exemption number ▶
		M State of legal domicile: OR

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 2552
	6 Total number of volunteers (estimate if necessary)	6 1839
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 100,508.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 69,515.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,035,476. Current Year 20,774,360.
	9 Program service revenue (Part VIII, line 2g)	157,601,415. 189,779,833.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,013,419. 26,533,557.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,605,169. 3,049,153.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,255,479. 240,136,903.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		69,887,865. 72,199,837.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,547,196.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		43,574,486. 50,618,616.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,341,374. 208,308,332.
19 Revenue less expenses. Subtract line 18 from line 12	22,914,105. 31,828,571.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 587,227,994. End of Year 616,912,897.
	21 Total liabilities (Part X, line 26)	192,433,025. 186,802,857.
	22 Net assets or fund balances. Subtract line 21 from line 20	394,794,969. 430,110,040.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer ANDREA DOOLEY, CFO & VP FOR OPERATIONS Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE H. MOHR, CPA	Preparer's signature LAWRENCE H. MOHR, CPA
	Firm's name ▶ BAKER TILLY US, LLP	Date 04/14/23
	Firm's address ▶ 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P00447603
		Firm's EIN ▶ 39-0859910 Phone no. 612.876.4500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 134,576,198. including grants of \$ 85,489,879.) (Revenue \$ 166,058,277.) 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. THE COLLEGE OF ARTS AND SCIENCES OFFERS 29 MAJORS AND 32 MINORS IN THE SCIENCES, ARTS, HUMANITIES, AND SOCIAL SCIENCES. A STUDENT-FACULTY RATIO OF 11 TO 1 IS PROVIDED FOR A DIVERSE COMMUNITY OF STUDENTS FROM 47 STATES AND THE DISTRICT OF COLUMBIA, PUERTO RICO, THE VIRGIN ISLANDS, AND FROM APPROXIMATELY 56 OTHER COUNTRIES. A WIDE RANGE OF OVERSEAS AND 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 (Code:) (Expenses \$ 19,567,394. including grants of \$) (Revenue \$ 4,398,424.) 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 APPROXIMATELY 70% OF ALL LEWIS & CLARK UNDERGRADUATE STUDENTS LIVE ON CAMPUS. THE COLLEGE PROVIDES A RANGE OF STUDENT SERVICES AND SUPPORT WITH MORE THAN 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

4c (Code:) (Expenses \$ 11,256,136. including grants of \$) (Revenue \$ 11,053.) 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. OVER NINETY-ONE PERCENT OF FULL TIME FACULTY HOLD A PH.D. OR TERMINAL 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

4d Other program services (Describe on Schedule O.) (Expenses \$ 19,445,528. including grants of \$) (Revenue \$ 22,296,203.)

4e Total program service expenses 184,845,256.

Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b 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?

Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ANDREA DOOLEY - 503-768-7801 615 S PALATINE HILL ROAD, PORTLAND, OR 97219-7899

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

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FISCHER, GERALD TRUSTEE - FORMER	2.00	X					0.	0.	0.	
(1) WIEWEL, MARINUS PRESIDENT	45.00	X		X			533,881.	0.	28,091.	
(2) JOHNSON, JENNIFER J. DEAN OF THE LAW SCHOOL	45.00			X			337,085.	0.	27,473.	
(3) PARRY, JOHN ASSOC DEAN OF LAW SCHOOL FACULTY	45.00				X		254,776.	0.	19,863.	
(4) REESE, DAVID VP, CHIEF OF STAFF, GENERAL COUNSEL,	45.00			X			241,524.	0.	23,220.	
(5) DOOLEY, ANDREA CFO AND VP OF OPERATIONS	45.00			X			213,348.	0.	33,087.	
(6) LOREN, LYDIA PROFESSOR OF LAW	45.00				X		210,066.	0.	29,724.	
(7) WALTER, KENNETH VP FOR ADVANCEMENT	45.00			X			217,140.	0.	20,886.	
(8) HOLMES-SULLIVAN, ROBIN VP OF STUDENT LIFE AND DEAN OF STUDE	45.00			X			214,279.	0.	22,010.	
(9) KLONOFF, ROBERT PROFESSOR OF LAW	45.00				X		214,529.	0.	20,764.	
(10) BLUMM, MICHAEL PROFESSOR OF LAW	45.00				X		215,140.	0.	17,409.	
(11) JOHNSTON, CRAIG PROFESSOR OF LAW	45.00				X		198,979.	0.	28,636.	
(12) STAAB, ERIC VP OF ADMISSIONS AND FINANCIAL AID	45.00			X			205,626.	0.	20,760.	
(13) FLETCHER, EARL SCOTT DEAN OF THE GRADUATE SCHOOL OF EDUCA	45.00			X			193,472.	0.	26,103.	
(14) SUTTMEIER, BRUCE DEAN OF THE COLLEGE OF ARTS & SCIENC	45.00			X			199,435.	0.	18,894.	
(15) FOWLER, STEPHANIE TRUSTEE (CHAIR)	4.00	X		X			0.	0.	0.	
(16) HAYES, PAULA TRUSTEE (FIRST VICE CHAIR)	2.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MAHAFFY, PATRICK TRUSTEE (SECOND VICE CHAIR)	2.00	X		X				0.	0.	0.
(18) ABENA, TONY TRUSTEE	2.00	X						0.	0.	0.
(19) AL BADI, AHMED TRUSTEE - FORMER	2.00	X						0.	0.	0.
(20) BERGMAN, MATTHEW TRUSTEE	2.00	X						0.	0.	0.
(21) BLAKEMORE, JIM TRUSTEE	2.00	X						0.	0.	0.
(22) CRUZ, SERENA TRUSTEE	2.00	X						0.	0.	0.
(23) DOVER, STEPHEN TRUSTEE	2.00	X						0.	0.	0.
(24) FRANCY, PATRICIA TRUSTEE	2.00	X						0.	0.	0.
(25) FRONK, JENNIFER TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								3,449,280.	0.	336,920.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,449,280.	0.	336,920.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **95**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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
COMPASS GROUP USA, INC. (DBA BON APPETIT) 2400 YORKMONT RD, CHARLOTTE, NC 28217	CATERING & FOOD SERVICE	3,190,238.
A&A MAINTENANCE 965 MIDLAND AVE, YONKERS, NY 10704	HOUSEKEEPING & CUSTODIAL	2,617,084.
PRESIDIO NETWORKED SOLUTIONS GROUP, LLC PO BOX 677638, DALLAS, TX 75267	DATA STORAGE, DATA COMMUNICATIONS, AND N	1,301,047.
CAMBRIDGE ASSOCIATES 125 HIGH STREET, BOSTON, MA 02110	INVESTMENT ADVISORY	772,617.
ZGF ARCHITECTS LLP 320 SW OAK ST, PORTLAND, OR 97204	ARCHITECTURAL SERVICES	748,849.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **57**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HU, HEIDI TRUSTEE	2.00	X						0.	0.	0.
(27) HUTCHINGS, BRENT TRUSTEE	2.00	X						0.	0.	0.
(28) JAY, CHRISTOPHER TRUSTEE	2.00	X						0.	0.	0.
(29) KORHONEN, JOUNI TRUSTEE	2.00	X						0.	0.	0.
(30) KRUPICKA, BRAD TRUSTEE EX OFFICIO	2.00	X						0.	0.	0.
(31) LEVEE, ROMAYNE TRUSTEE	2.00	X						0.	0.	0.
(32) MABIE, DAVID TRUSTEE	2.00	X						0.	0.	0.
(33) MACLEOD, CRAIG TRUSTEE	2.00	X						0.	0.	0.
(34) MCCASLIN, LIBBY TRUSTEE	2.00	X						0.	0.	0.
(36) MILLER, AMY TRUSTEE	2.00	X						0.	0.	0.
(37) NIELSON, PATRICK TRUSTEE	2.00	X						0.	0.	0.
(38) ROBERTSON, LINDA TRUSTEE	2.00	X						0.	0.	0.
(39) OHMAN, CHRISTOPHER TRUSTEE EX OFFICIO	2.00	X						0.	0.	0.
(41) SPENCER, JAMES TRUSTEE	2.00	X						0.	0.	0.
(42) STADTER, JOHN TRUSTEE	2.00	X						0.	0.	0.
(43) STEWART, ANDRE TRUSTEE	2.00	X						0.	0.	0.
(44) SWANSON, KENT TRUSTEE	2.00	X						0.	0.	0.
(45) THOMPSON, STACY TRUSTEE	2.00	X						0.	0.	0.
(46) TRATOS, MARK TRUSTEE	2.00	X						0.	0.	0.
(47) WALDRON, JAY TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	25,585.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	7,157,496.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,591,279.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,055,304.					
	h Total. Add lines 1a-1f			20,774,360.				
Program Service Revenue	2 a TUITION AND FEES	Business Code	611600	168,164,425.	168,164,425.			
	b AUXILIARY SERVICES		900099	21,450,625.	21,450,625.			
	c CONTRACTS/EXCHANGE TRA		900099	164,783.	164,783.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			189,779,833.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,241,603.		25,816.	2,215,787.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			29,695.			29,695.	
	6 a Gross rents	6a	(i) Real	275,235.				
			(ii) Personal					
	b Less: rental expenses	6b		238,745.				
	c Rental income or (loss)	6c		36,490.				
	d Net rental income or (loss)			36,490.		74,692.	-38,202.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	51,796,567.				
			(ii) Other	713,220.				
	b Less: cost or other basis and sales expenses	7b		27,781,371.	436,462.			
c Gain or (loss)	7c		24,015,196.	276,758.				
d Net gain or (loss)			24,291,954.			24,291,954.		
8 a Gross income from fundraising events (not including \$ 25,585. of contributions reported on line 1c). See Part IV, line 18	8a		13,867.					
			15,023.					
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events			-1,156.			-1,156.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a REFUND OF SURPLUS SELF	Business Code	900099	214,905.	214,905.			
	b RETURN OF PERKINS LOAN		900099	103,887.	103,887.			
	c							
	d All other revenue		900099	2,665,332.	2,665,332.			
	e Total. Add lines 11a-11d			2,984,124.				
12 Total revenue. See instructions			240,136,903.	192,763,957.	100,508.	26,498,078.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	66,048.	66,048.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,260,358.	82,260,358.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,163,473.	3,163,473.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,818,248.	1,391,633.	1,171,973.	254,642.
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	52,576,334.	45,020,273.	5,625,157.	1,930,904.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,899,583.	3,272,656.	466,652.	160,275.
9 Other employee benefits	9,048,598.	7,511,144.	1,291,007.	246,447.
10 Payroll taxes	3,857,074.	3,283,002.	440,030.	134,042.
11 Fees for services (nonemployees):				
a Management				
b Legal	30,784.		30,779.	5.
c Accounting	109,115.		109,115.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,329,283.		1,329,283.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,947,458.	11,050,635.	1,661,776.	235,047.
12 Advertising and promotion	187,328.	170,206.	15,391.	1,731.
13 Office expenses	3,524,521.	2,462,574.	789,518.	272,429.
14 Information technology	2,670,752.	724,674.	1,873,056.	73,022.
15 Royalties				
16 Occupancy	3,570,851.	2,863,821.	707,030.	
17 Travel	3,048,763.	2,286,318.	557,793.	204,652.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	239,702.	157,371.	80,999.	1,332.
20 Interest	5,654,700.	4,078,730.	1,575,970.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,536,199.	6,392,353.	2,143,846.	
23 Insurance	4,155,189.	3,504,069.	651,106.	14.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OVERSEAS PROJECT EXPENS	2,742,047.	2,742,047.		
b LIBRARY BOOKS/MATERIALS	1,479,732.	1,479,732.		
c UBI TAXES PAID	11,390.		11,390.	
d WRITE-OFFS	-774,606.	121,184.	-895,790.	
e All other expenses	1,155,408.	842,955.	279,799.	32,654.
25 Total functional expenses. Add lines 1 through 24e	208,308,332.	184,845,256.	19,915,880.	3,547,196.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	257,226.	1	184,349.
	2 Savings and temporary cash investments	95,736,699.	2	100,410,726.
	3 Pledges and grants receivable, net	9,715,687.	3	8,826,068.
	4 Accounts receivable, net	93,777.	4	369,765.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,070,199.	7	9,620,634.
	8 Inventories for sale or use	76,302.	8	101,986.
	9 Prepaid expenses and deferred charges	424,334.	9	1,371,745.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 312,022,895.		
	b Less: accumulated depreciation	10b 148,762,073.		
	11 Investments - publicly traded securities	159,248,096.	10c	163,260,822.
	12 Investments - other securities. See Part IV, line 11	177,298,682.	11	163,146,767.
	13 Investments - program-related. See Part IV, line 11	137,306,992.	12	169,620,035.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	587,227,994.	15	616,912,897.	
17 Accounts payable and accrued expenses	20,704,461.	16	616,912,897.	
18 Grants payable		17	18,392,253.	
19 Deferred revenue	6,535,018.	18		
20 Tax-exempt bond liabilities		19	7,436,960.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties	150,892,617.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	150,902,089.	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,300,929.	24		
26 Total liabilities. Add lines 17 through 25	192,433,025.	25	10,071,555.	
27 Net assets without donor restrictions	114,826,448.	26	186,802,857.	
28 Net assets with donor restrictions	279,968,521.			
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances	394,794,969.	27	135,558,042.	
33 Total liabilities and net assets/fund balances	587,227,994.	28	294,551,998.	

Form **990** (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	240,136,903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,308,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,828,571.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	394,794,969.
5	Net unrealized gains (losses) on investments	5	1,819,638.
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 on Schedule O)	9	1,666,862.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	430,110,040.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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 VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

LEWIS & CLARK COLLEGE

Employer identification number

93-0386858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
7	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 6,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
13	<hr/> <hr/> <hr/>	\$ 26,633.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 85,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 5,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 195,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
19	<hr/> <hr/> <hr/>	\$ 50,141.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
25	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 48,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
31	<hr/> <hr/> <hr/>	\$ 8,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
37	<hr/> <hr/> <hr/>	\$ 9,036.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 81,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 5,476.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 99,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 51,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
49	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
55	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 50,477.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 115,720.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
61	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
67	<hr/> <hr/> <hr/>	\$ 10,148.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 18,258.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 19,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
73	<hr/> <hr/> <hr/>	\$ 15,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
79	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 6,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 21,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 301,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
85	<hr/> <hr/> <hr/>	\$ 11,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 5,241.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
91	<hr/> <hr/> <hr/>	\$ 108,439.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 26,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
97	<hr/> <hr/> <hr/>	\$ 5,055.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
103	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
109	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
115	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 310,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 333,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
121	_____ _____ _____	\$ 35,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ 5,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ 107,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
127	<hr/> <hr/> <hr/>	\$ 512,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 50,151.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 381,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
133	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	 <hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	 <hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	 <hr/> <hr/> <hr/>	\$ 5,049.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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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
139	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 14,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
145	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
151	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 5,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 177,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
157	<hr/> <hr/> <hr/>	\$ 398,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
163	 	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	 	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	 	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	 	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	 	\$ 22,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	 	\$ 19,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
169	 <hr/> <hr/> <hr/>	\$ 214,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	 <hr/> <hr/> <hr/>	\$ 398,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	 <hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	 <hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	 <hr/> <hr/> <hr/>	\$ 288,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
175	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ 24,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
181	<hr/> <hr/> <hr/>	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ 10,142.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ 31,301.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
187	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	<hr/> <hr/> <hr/>	\$ 120,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
193	<hr/> <hr/> <hr/>	\$ 231,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ 70,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
199	 <hr/> <hr/> <hr/>	\$ <u>5,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	 <hr/> <hr/> <hr/>	\$ <u>10,753.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
205	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<hr/> <hr/> <hr/>	\$ 30,680.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
208	<hr/> <hr/> <hr/>	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
211	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	<hr/> <hr/> <hr/>	\$ 20,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	<hr/> <hr/> <hr/>	\$ 20,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	<hr/> <hr/> <hr/>	\$ 9,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	<hr/> <hr/> <hr/>	\$ 177,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
217	<hr/> <hr/> <hr/>	\$ 30,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	<hr/> <hr/> <hr/>	\$ 93,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	<hr/> <hr/> <hr/>	\$ 535,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	<hr/> <hr/> <hr/>	\$ 8,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	<hr/> <hr/> <hr/>	\$ 58,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	<hr/> <hr/> <hr/>	\$ 6,097,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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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
223	_____ _____ _____	\$ 73,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____ _____ _____	\$ 86,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
10	TRAVEL ACCOMODATIONS	\$ 3,500.	12/31/21
13	75 SHARES LITHIA MOTORS INC CL A	\$ 26,633.	06/01/21
14	LITERARY ARCHIVE	\$ 85,000.	09/01/21
19	700 SHARES JANUS HENDERSON RESEARCH	\$ 50,141.	06/25/21
30	OIL PAINTINGS	\$ 13,500.	05/01/22
37	200 SHARES CENTRAL GARDEN AND PET CO A	\$ 9,036.	12/14/21

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
40	17 SHARES INVESCO QQQ TRUST SERIES I _____ _____ _____	\$ 5,476.	05/04/22
45	903 SHARES IRON MOUNTAIN INC.; 2,113 SHARES AIRGAIN INC.; 16 SHARES ZEBRA TECHNOLOGIES CORP. CL A; 119 SHARES CADENCE BANK _____ _____	\$ 71,888.	05/01/22
57	5/252 SHARES CHARLES RIVER LABORATORIES _____ _____ _____	\$ 2,216.	05/01/22
59	173 SHARES ISHARES RUSSELL 1000 GROWTH ETF _____ _____ _____	\$ 50,477.	09/03/21
60	14,500 SHARES HAIVISION SYSTEMS INC.; 225 SHARES NIKE _____ _____ _____	\$ 115,720.	05/01/22
67	164 SHARES EXXON MOBILE CORP _____ _____ _____	\$ 10,148.	12/16/21

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
68	85 SHARES APPLE INC.; 100 SHARES SNAP INC _____ _____ _____	\$ 18,258.	05/01/22
81	PAINTING AND SCULPTURE _____ _____ _____	\$ 4,500.	05/01/22
89	28 SHARES PAYPAL HOLDINGS INC _____ _____ _____	\$ 5,241.	11/24/21
97	46 SHARES EXPEDITORS INTERNATIONAL _____ _____ _____	\$ 5,055.	02/28/22
106	HISTORICAL PUBLICATION _____ _____ _____	\$ 25,000.	11/10/21
124	TRAVEL ACCOMODATIONS _____ _____ _____	\$ 5,600.	05/01/22

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
127	1,200 SHARES TARGET CORP; 200 SHARES CATERPILLAR INC; 200 SHARES ABBVIE INC; 18/900 SHARS ABBVIE STOCK;	\$ 359,585.	05/01/22
131	107 SHARES SPDR S P 500 ETF	\$ 50,151.	12/10/21
138	9 SHARES MONGODB INC	\$ 5,049.	12/27/21
182	15 SHARES LAM RESEARCH COPR	\$ 10,142.	12/21/21
183	WILLIAM FAULKNER COLLECTION	\$ 31,301.	10/26/21
200	32 SHARES MICROSOFT CORP.	\$ 10,753.	11/08/21

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
207	181 SHARES SCHWAB US BROAD MARKET ETF; 262 SHARES SCHWAB INTERNATIONAL EQUITY ETF	\$ 30,680.	05/01/22
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LEWIS & CLARK COLLEGE
Employer identification number 93-0386858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	85,000.
(ii) Assets included in Form 990, Part X	▶ \$	2,792,121.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$	
b Assets included in Form 990, Part X	▶ \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	302,258,210.	240,342,122.	236,647,648.	235,613,927.	221,922,307.
b Contributions	461,552.	960,682.	3,168,908.	7,329,359.	1,866,329.
c Net investment earnings, gains, and losses	29,110,160.	74,218,463.	13,579,997.	6,376,721.	23,899,685.
d Grants or scholarships	5,863,573.	5,711,261.	5,215,659.	4,969,325.	4,712,941.
e Other expenditures for facilities and programs	5,454,673.	5,541,847.	5,826,420.	6,166,108.	6,228,264.
f Administrative expenses	2,165,830.	2,009,949.	2,012,352.	1,536,926.	1,133,189.
g End of year balance	318,345,846.	302,258,210.	240,342,122.	236,647,648.	235,613,927.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 19.0000 %
 - b Permanent endowment 41.0000 %
 - c Term endowment 40.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,402,563.		18,402,563.
b Buildings		226,112,643.	107,469,422.	118,643,221.
c Leasehold improvements		19,031,151.	13,195,393.	5,835,758.
d Equipment		34,140,534.	28,097,258.	6,043,276.
e Other		14,336,004.		14,336,004.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				163,260,822.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	136,409,127.	END-OF-YEAR MARKET VALUE
(B) ADAGE CAPITAL PARTNERS LP	33,210,908.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	169,620,035.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	5,212,063.
(3) US GOVT GRANTS REFUNDABLE	2,054,379.
(4) INTEREST RATE SWAPS LIABILITY	2,805,113.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,071,555.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	158,638,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,819,638.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	253,768.	
e	Add lines 2a through 2d		2e	2,073,406.
3	Subtract line 2e from line 1		3	156,564,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,165,830.	
b	Other (Describe in Part XIII.)	4b	81,406,394.	
c	Add lines 4a and 4b		4c	83,572,224.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	240,136,903.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	123,323,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	253,768.	
e	Add lines 2a through 2d		2e	253,768.
3	Subtract line 2e from line 1		3	123,069,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,165,830.	
b	Other (Describe in Part XIII.)	4b	83,073,256.	
c	Add lines 4a and 4b		4c	85,239,086.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	208,308,332.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

DESCRIPTION OF COLLEGE'S COLLECTIONS: PAINTINGS, SCULPTURES AND OTHER

WORKS OF ART FOR PUBLIC EXHIBITION AND CAMPUS BEAUTIFICATION; POETRY,

LITERARY COLLECTIONS, PHOTOGRAPHS, MEMORABILIA, NEWSPAPERS, JOURNALS,

CORRESPONDENCE AND RESEARCH NOTES HELD FOR HISTORICAL PRESERVATION AND

EDUCATIONAL RESEARCH PURPOSES.

PART V, LINE 4:

INTENDED USE OF COLLEGE'S ENDOWMENT FUNDS: TO PROVIDE FUNDING FOR STUDENT

SCHOLARSHIPS AND TUITION ASSISTANCE, AND TO PROVIDE FINANCIAL SUPPORT AND

STABILITY FOR INSTITUTIONAL PROGRAMS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE COLLEGE IS A TAX-EXEMPT ORGANIZATION AND IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES, EXCEPT FOR UNRELATED BUSINESS INCOME, IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE COLLEGE QUALIFIED FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

THE COLLEGE FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE COLLEGE FOR UNCERTAIN TAX POSITIONS AS OF MAY 31, 2022 AND 2021. THE COLLEGE'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES	238,745.
DIRECT FUNDRAISING EVENT EXPENSES	15,023.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	253,768.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	1,011,729.
CHANGE IN VALUE OF SWAP AGREEMENTS	-2,678,591.
SCHOLARSHIPS AND FELLOWSHIPS	83,073,256.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	81,406,394.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSES 238,745.

DIRECT FUNDRAISING EVENT EXPENSES 15,023.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 253,768.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND FELLOWSHIPS 83,073,256.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

LEWIS & CLARK COLLEGE

Employer identification number

93-0386858

Part I

	YES	NO
1 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?	X	
2 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?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	X	
LEWIS & CLARK COLLEGE INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL DOCUMENTED AND CIRCULATED SOLICITATIONS FOR REGISTRATION, AND PUBLISHES SUCH STATEMENT IN A LOCAL NEWSPAPER ANNUALLY.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on 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	X	

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

Schedule E (Form 990) 2021

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

ALL FEDERAL GRANT OPERATIONS OF LEWIS & CLARK COLLEGE, INCLUSIVE OF U.S.

DEPARTMENT OF EDUCATION STUDENT FINANCIAL ASSISTANCE, ARE INCLUDED IN AN

AUDIT OF FEDERAL AWARDS PERFORMED IN ACCORDANCE WITH THE UNIFORM GUIDANCE

ISSUED BY THE U.S. OFFICE OF MANAGEMENT AND BUDGET AND COMPLIANCE

SUPPLEMENTS FOR AUDITS OF HIGHER LEARNING, AND OTHER NONPROFIT

INSTITUTIONS AS APPLICABLE.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	0.
EAST ASIA AND THE PACIFIC	0	9	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	851,915.
EUROPE	0	14	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	1,602,053.
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	2,698.
NORTH AMERICA	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	78,938.
RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	40,370.
SOUTH AMERICA	0	3	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	143,021.
SOUTH ASIA	0	4	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	0.
3 a Subtotal	0	36			2,718,995.
b Total from continuation sheets to Part I	0	2			76,120,093.
c Totals (add lines 3a and 3b)	0	38			78,839,088.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHARAN AFRICA	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAMS FOR UNDERGRADUATE STUDENTS	23,153.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		50,697,777.
EUROPE	0	0	INVESTMENTS		22,235,690.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		120,787.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,653,042.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		109,155.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		241,018.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		39,471.
Totals		2			76,120,093.

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

Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE PACIFIC	8	120,787.	CREDIT ON STUDENT ACCOUNT	0.		
	EUROPE	118	2,653,042.	CREDIT ON STUDENT ACCOUNT	0.		
	NORTH AMERICA	5	109,155.	CREDIT ON STUDENT ACCOUNT	0.		
	SOUTH AMERICA	11	241,018.	CREDIT ON STUDENT ACCOUNT	0.		
	SUB-SAHARAN AFRICA	1	39,471.	CREDIT ON STUDENT ACCOUNT	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ASSISTANCE IS GIVEN TO INDIVIDUALS IN THE FORM OF CREDITS TOWARD THE COST

OF TUITION, AND A RECORD OF THE ASSISTANCE PROVIDED IS RECORDED IN

SEPARATE ACCOUNTS MAINTAINED FOR EACH STUDENT/RECIPIENT. IN CONJUNCTION

WITH THE INSTITUTION'S BUDGET PROCESS, EACH SCHOOL DETERMINES SCHOLARSHIP

SPENDING FOR THE YEAR. THE FINANCIAL AID OFFICE AWARDS FINANCIAL AID TO

APPLICANTS AT EACH SCHOOL ACCORDING TO THE CRITERIA ESTABLISHED FOR EACH

AWARD TYPE. THROUGHOUT THE YEAR, THE BUSINESS OFFICE AND FINANCIAL AID

OFFICE COMMUNICATE ABOUT AND RECONCILE DISBURSEMENTS. THE INSTITUTIONAL

ADVANCEMENT DEPARTMENT PROVIDES ANNUAL REPORTS TO THE DONORS REGARDING

THE USE OF DONOR-CONTRIBUTED SCHOLARSHIP FUNDS.

PART I, LINE 3:

EXPENDITURES REPORTED ARE DETERMINED UNDER THE ACCRUAL METHOD.

PART III, COL (C):

RECIPIENTS FOR GRANTS OUTSIDE THE UNITED STATES ARE COUNTED FOR EACH TERM

THEY WERE ENROLLED, EVEN IF IT WAS IN THE SAME LOCATION.

SCHEDULE F PART IV, FOREIGN FORMS:

SOME QUESTIONS REGARDING OWNERSHIP OF OR TRANSFERS TO FOREIGN ENTITIES

HAVE BEEN ANSWERED YES DUE TO THE COLLEGE'S DIRECT AND INDIRECT

OWNERSHIP OF FOREIGN ENTITIES THROUGH VARIOUS ALTERNATIVE INVESTMENTS.

ONLY FORMS 926, 8621 AND 8865 REFERENCED IN PART IV WERE REQUIRED TO BE

FILED BY THE COLLEGE.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PUBLIC INTEREST LAW AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	39,452.		39,452.
	2	Less: Contributions	25,585.		25,585.
	3	Gross income (line 1 minus line 2)	13,867.		13,867.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	11,300.		11,300.
	9	Other direct expenses	3,723.		3,723.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			15,023.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-1,156.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **LEWIS & CLARK COLLEGE** Employer identification number **93-0386858**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL 1200 SW PARK AVE, 3RD FLOOR PORTLAND, OR 97205	93-0568356	501(C)(3)	8,500.	0.			SPONSORSHIP TO SUPPORT DEVELOPMENT OF GLOBAL LEARNING, CROSS-CULTURAL EXCHANGE, AND YOUTH
NATIONAL CRIME VICTIM LAW INSTITUTE - 1130 SW MORRISON ST STE 200 - PORTLAND, OR 97205	71-8979090	501(C)(3)	15,000.	0.			ASSISTANCE PROVIDED TO SUPPORT LEGAL CLINIC.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS AND SCHOLARSHIPS FOR UNDERGRADUATE STUDENTS	4785	64,369,265.	0.		
SCHOLARSHIPS AND FELLOWSHIPS FOR LAW SCHOOL STUDENTS	784	15,085,008.	0.		
SCHOLARSHIPS FOR GRADUATE SCHOOL STUDENTS	226	455,510.	0.		
EMERGENCY GRANTS TO STUDENTS	1621	2,350,575.	0.		

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

PART I, LINE 2:

ASSISTANCE IS GIVEN TO INDIVIDUALS IN THE FORM OF CREDITS TOWARD THE COST OF TUITION, AND A RECORD OF THE ASSISTANCE PROVIDED IS RECORDED IN SEPARATE ACCOUNTS MAINTAINED FOR EACH STUDENT/RECIPIENT. IN CONJUNCTION WITH THE INSTITUTION'S BUDGET PROCESS, EACH SCHOOL DETERMINES SCHOLARSHIP SPENDING FOR THE YEAR. THE FINANCIAL AID OFFICE AWARDS FINANCIAL AID TO APPLICANTS AT EACH SCHOOL ACCORDING TO THE CRITERIA ESTABLISHED FOR EACH AWARD TYPE. THROUGHOUT THE YEAR, THE BUSINESS OFFICE AND FINANCIAL AID OFFICE COMMUNICATE ABOUT AND RECONCILE DISBURSEMENTS. THE INSTITUTIONAL

Part IV Supplemental Information

ADVANCEMENT DEPARTMENT PROVIDES ANNUAL REPORTS TO THE DONORS REGARDING THE

USE OF DONOR-CONTRIBUTED SCHOLARSHIP FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WORLD AFFAIRS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORHIP TO SUPPORT DEVELOPMENT OF

GLOBAL LEARNING, CROSS-CULTURAL EXCHANGE, AND YOUTH LEADERSHIP TRAINING.

PART III, EMERGENCY GRANTS TO STUDENTS:

EMERGENCY GRANTS TO STUDENTS REPRESENTS THE HIGHER EDUCATION RELIEF

FUNDING PROVIDED BY THE CARES ACT FOR DIRECT DISTRIBUTION TO STUDENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
LEWIS & CLARK COLLEGE

Employer identification number
93-0386858

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WIEWEL, MARINUS PRESIDENT	(i)	533,881.	0.	0.	25,650.	2,441.	561,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHNSON, JENNIFER J. DEAN OF THE LAW SCHOOL	(i)	336,485.	0.	600.	25,650.	1,823.	364,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PARRY, JOHN ASSOC DEAN OF LAW SCHOOL FACULTY	(i)	254,776.	0.	0.	18,262.	1,601.	274,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) REESE, DAVID VP, CHIEF OF STAFF, GENERAL COUNSEL,	(i)	240,924.	0.	600.	21,717.	1,503.	264,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOOLEY, ANDREA CFO AND VP OF OPERATIONS	(i)	213,348.	0.	0.	19,751.	13,336.	246,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LOREN, LYDIA PROFESSOR OF LAW	(i)	210,066.	0.	0.	17,099.	12,625.	239,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WALTER, KENNETH VP FOR ADVANCEMENT	(i)	216,540.	0.	600.	19,467.	1,419.	238,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HOLMES-SULLIVAN, ROBIN VP OF STUDENT LIFE AND DEAN OF STUDE	(i)	214,279.	0.	0.	19,869.	2,141.	236,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KLONOFF, ROBERT PROFESSOR OF LAW	(i)	214,529.	0.	0.	19,293.	1,471.	235,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BLUMM, MICHAEL PROFESSOR OF LAW	(i)	200,631.	0.	14,509.	16,124.	1,285.	232,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHNSTON, CRAIG PROFESSOR OF LAW	(i)	198,979.	0.	0.	15,510.	13,126.	227,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STAAB, ERIC VP OF ADMISSIONS AND FINANCIAL AID	(i)	205,626.	0.	0.	19,350.	1,410.	226,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) FLETCHER, EARL SCOTT DEAN OF THE GRADUATE SCHOOL OF EDUCA	(i)	193,472.	0.	0.	17,427.	8,676.	219,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUTTMEIER, BRUCE DEAN OF THE COLLEGE OF ARTS & SCIENC	(i)	193,479.	0.	5,956.	17,558.	1,336.	218,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

CERTAIN EXPENSES ARE REIMBURSED TO THE COLLEGE PRESIDENT FOR SPOUSAL

TRAVEL. WHEN SUCH TRAVEL IS NOT FOR BONA FIDE BUSINESS PURPOSES,

REIMBURSEMENTS ARE TREATED AS TAXABLE COMPENSATION.

A NON-TAXABLE HOUSING BENEFIT IS PROVIDED TO THE COLLEGE PRESIDENT.

THE COLLEGE PAYS MEMBERSHIP DUES TO LOCAL SOCIAL CLUBS FOR USE BY CERTAIN

OFFICERS FOR MEETINGS AND NETWORKING RELATING TO COLLEGE BUSINESS AS

RELEVANT TO THEIR ROLE. 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 NOT REIMBURSED.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHRYS HUTCHINGS	FAMILY MEMBER OF TR	39,941.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHRYS HUTCHINGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE, BRENT HUTCHINGS

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION FOR POSITION AS

ASSOCIATE DIRECTOR OF PROGRAMMING AND PARTNERSHIPS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **LEWIS & CLARK COLLEGE** Employer identification number **93-0386858**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3	18,400.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		144,801.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	865,192.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	95	17,811.	COST
26 Other ▶ (TRAVEL ACCOMM)	X	2	9,100.	COST
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 6

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS OF EACH TYPE OF ITEM.

SCHEDULE M, LINE 32B:

SALES OF NON-CASH CONTRIBUTIONS (OTHER THAN PUBLICLY TRADED SECURITIES) HAPPEN VERY INFREQUENTLY, BUT TYPICALLY AN INDEPENDENT APPRAISER OR OTHER EXPERT IS HIRED TO ASSIST IN THE SALE OF DONATED ITEMS WHICH ARE OF SIGNIFICANT VALUE.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LEWIS & CLARK COLLEGE

Employer identification number

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:

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, LEADERSHIP & 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
EMBEDDED IN THE REAL NEEDS OF LOCAL COMMUNITIES, AGENCIES, AND
INSTITUTIONS. DRAWING STUDENTS FROM ACROSS THE COUNTRY AND

INTERNATIONALLY, THE LAW SCHOOL HAS A NATIONAL REACH WITH GRADUATES

PRACTICING IN MANY AREAS OF LAW. WITH RIGOROUS CLASSROOM TEACHING AND A

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

Schedule O (Form 990) 2021

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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WIDE VARIETY OF OPPORTUNITIES TO GAIN PRACTICAL EXPERIENCE, THE LAW SCHOOL'S ENVIRONMENTAL PROGRAM HAS CONSISTENTLY BEEN RANKED AS ONE OF THE BEST IN THE NATION FOR MANY YEARS. ASIDE FROM TRADITIONAL LAW DEGREE, SPECIAL CERTIFICATES ARE AVAILABLE FOR STUDENTS WHO PURSUE A PRESCRIBED CURRICULUM IN BUSINESS, INTELLECTUAL PROPERTY, TAX, CRIMINAL LAW, GLOBAL LAW, PUBLIC INTEREST LAW, OR ENVIRONMENTAL LAW.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT, DIVERSITY & INCLUSION, AND WELLNESS. OVER 360 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

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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ATTORNEYS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND NUMEROUS FACULTY MEMBERS HAVE BEEN AWARDED FELLOWSHIPS TO CONDUCT

RESEARCH AND TEACH ABROAD. AN AVERAGE CLASS SIZE OF 17 ALLOWS CLOSE

CONTACT BETWEEN PROFESSORS AND STUDENTS AND CREATES OPPORTUNITIES FOR

DISCUSSION AND COLLABORATION. OVER 90 PERCENT OF UNDERGRADUATE STUDENTS

RECEIVE FINANCIAL ASSISTANCE THROUGH MERIT-BASED SCHOLARSHIPS,

NEED-BASED GRANTS, LOANS, OR CAMPUS EMPLOYMENT.

IN THE GRADUATE SCHOOL OF EDUCATION AND COUNSELING, STUDENTS AND

FACULTY WORK CLOSELY TOGETHER IN A VARIETY OF CONTEXTS, FROM INTENSIVE

FIELD-BASED INTERNSHIPS TO CO-AUTHORING RESEARCH ARTICLES. STUDENTS

LEARN NOT ONLY TO BE EXCELLENT PRACTITIONERS, BUT LEADERS AND CHANGE

AGENTS. THE LAW SCHOOL FACULTY MAKE THEMSELVES AVAILABLE OUTSIDE OF

CLASS FOR MENTORING, AND TO EXPAND ON TOPICS TAUGHT IN CLASSES. IN

ADDITION, THE LAW SCHOOL HAS A PROGRAM FOR STUDENTS WHO FEEL THE NEED

FOR ACADEMIC SUPPORT DURING LAW SCHOOL, AS WELL AS A PROGRAM DESIGNED

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 4D, OTHER PROGRAM SERVICES:

AUXILIARY SERVICES RELATED TO AND SUPPORTING OUR EDUCATIONAL PURPOSE

SUCH AS STUDENT HOUSING, FOOD SERVICE, CAMPUS BOOKSTORE, PARKING AND

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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TRANSPORTATION, AND SUMMER CONFERENCES.

EXPENSES \$ 19,445,528. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,296,203.

FORM 990, PART VI, SECTION A, LINE 1A:

THE COLLEGE'S BYLAWS ESTABLISH AN EXECUTIVE COMMITTEE THAT CONSISTS OF THE BOARD CHAIR, VICE CHAIRS, THE PRESIDENT, THE CHAIRS OF THE BOARD'S STANDING COMMITTEES, AND OTHER TRUSTEES OR LIFE TRUSTEES WHO ARE APPOINTED BY THE BOARD CHAIR. THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD BETWEEN MEETINGS OF THE BOARD, ALTHOUGH THE EXECUTIVE COMMITTEE MAY NOT (1) TAKE ANY ACTION INCONSISTENT WITH A PRIOR ACTION OF THE BOARD; (2) APPOINT OR DISCHARGE THE PRESIDENT, AN ACTING PRESIDENT, OR ANY BOARD MEMBER TO OR FROM ANY POSITION; (3) MATERIALLY AMEND THE ANNUAL OPERATING BUDGET OR THE CAPITAL BUDGET OF THE COLLEGE; (4) AMEND THE ARTICLES OR BYLAWS OF THE COLLEGE OR THE STANDING RULES OF THE BOARD; (5) SITE PERMANENT BUILDINGS; (6) BORROW MONEY OR ENCUMBER ASSETS; (7) SELL A SIGNIFICANT PORTION OF THE ASSETS OF THE COLLEGE; OR (8) TAKE ANY ACTION THAT BY RESOLUTION HAS BEEN RESERVED FOR THE FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL VOTING TRUSTEES ARE ELECTED OR APPOINTED BY THE BOARD OF TRUSTEES, EXCEPT THAT THE PRESIDENT OF THE COLLEGE, AND THE PRESIDENTS OF THE COLLEGE OF ARTS AND SCIENCES ALUMNI ASSOCIATION AND LAW SCHOOL ALUMNI ASSOCIATION ARE EX OFFICIO VOTING MEMBERS OF THE BOARD DURING THEIR RESPECTIVE TERMS OF SERVICE.

FORM 990, PART VI, SECTION B, LINE 11B:

1. A DRAFT OF FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND VICE PRESIDENT FOR OPERATIONS. THE CHIEF FINANCIAL OFFICER AND VICE PRESIDENT

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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FOR OPERATIONS CONSULTS WITH THE GENERAL COUNSEL AND IDENTIFIES SPECIFIC

AREAS FOR SECONDARY REVIEW AS NEEDED. 2. THE AUDIT COMMITTEE WILL MEET

EACH YEAR IN ADVANCE OF THE RETURN DUE DATE TO REVIEW THE FINAL DRAFT OF

FORM 990. 3. THE BUSINESS OFFICE WILL FORWARD THE ELECTRONIC PUBLIC

VERSION OF THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO THE

AUDIT COMMITTEE MEETING. 4. THE FULL DETAIL OF SCHEDULE B DONORS WILL BE

MADE AVAILABLE TO THE BOARD CHAIR FOR REVIEW IN HARD COPY. 5. THE

COMMITTEE WILL REVIEW THE COMPLETE FORM 990 AND HAVE THE ABILITY TO ASK

QUESTIONS OF THE ADMINISTRATION AND THE COLLEGE'S TAX CONSULTANTS. 6.

FOLLOWING THE AUDIT COMMITTEE MEETING THE ELECTRONIC VERSION OF THE PUBLIC

FORM 990 WILL BE SENT TO EACH TRUSTEE. TRUSTEES WILL HAVE THE ABILITY TO

ASK QUESTIONS BY EMAIL OR BY PHONE.

FORM 990, PART VI, SECTION B, LINE 12C:

A BOARD MEMBER OR BOARD COMMITTEE MEMBER SHALL BE CONSIDERED TO HAVE A

CONFLICT OF INTEREST IF: (1) SUCH BOARD OR COMMITTEE MEMBER HAS EXISTING OR

POTENTIAL FINANCIAL OR OTHER INTERESTS WHICH IMPAIR OR MIGHT REASONABLY

APPEAR TO IMPAIR SUCH PERSON'S INDEPENDENT JUDGMENT IN THE DISCHARGE OF HIS

OR HER RESPONSIBILITIES TO THE COLLEGE; OR (2) SUCH PERSON IS AWARE THAT A

MEMBER OF HIS OR HER FAMILY, OR ANOTHER ORGANIZATION IN WHICH SUCH PERSON

IS AN OFFICER OR DIRECTOR OR IS OTHERWISE INVOLVED, HAS SUCH EXISTING OR

POTENTIAL CONFLICT OF INTEREST. ALL BOARD OR COMMITTEE MEMBERS SHALL

DISCLOSE TO THE BOARD OR TO THE COMMITTEE ANY POSSIBLE CONFLICT OF INTEREST

AT THE EARLIEST PRACTICABLE TIME AND, IF THE MATTER IS UNCERTAIN, MAY

REQUEST THE BOARD OR COMMITTEE TO RESOLVE THE QUESTIONS BY MAJORITY VOTE.

ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES ARE ASKED TO SIGN A CONFLICT

OF INTEREST DISCLOSURE STATEMENT. NO BOARD OR COMMITTEE MEMBER SHALL VOTE

ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING IN WHICH

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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SUCH PERSON HAS A CONFLICT OF INTEREST. THE MINUTES OF SUCH MEETINGS SHALL

REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE PERSON HAVING A CONFLICT OF

INTEREST ABSTAINED FROM VOTING. ANNUALLY EACH OFFICER OF THE COLLEGE IS

REQUIRED TO REVIEW THE COLLEGE'S CODE OF ETHICS, WHICH INCLUDES OUR

CONFLICT OF INTEREST POLICY, AND ACKNOWLEDGE COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COLLEGE IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES. THE BOARD IS

RESPONSIBLE FOR THE APPOINTMENT, EVALUATION AND COMPENSATION OF THE

PRESIDENT OF THE COLLEGE. THE BOARD HAS ESTABLISHED A COMPENSATION

COMMITTEE, WHICH CONSISTS OF THREE TO FIVE INDEPENDENT TRUSTEES APPOINTED

BY THE CHAIR OF THE BOARD, PLUS THE CHAIR OF THE BOARD AS AN EX OFFICIO

MEMBER. THE PRESIDENT IS EVALUATED ANNUALLY, AND THE PRESIDENT'S

COMPENSATION RATE SET TAKING INTO ACCOUNT COMPARABLE ANNUAL SALARY

ADJUSTMENTS MADE THROUGHOUT THE INSTITUTION. THE PRESIDENT'S RESULTING

COMPENSATION RATE WAS EFFECTIVE SEPTEMBER 1, 2021.

THE COMPENSATION FOR THE VICE PRESIDENTS AND DEANS OF THE COLLEGE IS

DETERMINED BY THE PRESIDENT. WHEN SETTING COMPENSATION, THE PRESIDENT

CONSIDERS COMPENSATION SURVEYS OF SIMILAR PEER INSTITUTIONS, AS WELL AS

INTERNAL COMPENSATION DATA. THIS PROCESS WAS COMPLETED IN SEPTEMBER 2020

FOR COMPENSATION RETROACTIVE TO SEPTEMBER 1, 2020. INFORMATION REGARDING

THE COMPENSATION OF VICE PRESIDENTS AND DEANS IS REQUIRED BY BOARD POLICY

TO BE SHARED ANNUALLY WITH THE BOARD OF TRUSTEE'S COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CO, DC, MA, MD, MI, NH, NJ, NY, OR, PA, VA, WA, WV

Name of the organization LEWIS & CLARK COLLEGE	Employer identification number 93-0386858
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FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS MADE AVAILABLE TO THE PUBLIC ON THE COLLEGE'S WEBSITE AND
UPON REQUEST. IN LIEU OF FORM 1023, A LETTER FROM THE IRS DATED FEBRUARY
10, 2011 ACKNOWLEDGING THE ORGANIZATION'S TAX EXEMPT STATUS UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE IS MADE AVAILABLE TO THE PUBLIC ON
THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
ON THE ORGANIZATION'S WEBSITE. THE COLLEGE'S GOVERNING DOCUMENTS (CORPORATE
BY-LAWS) AND CONFLICT OF INTEREST 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 AGREEMENTS	2,678,591.
CHANGE IN VALUE OF SWAP AGREEMENTS	-1,011,729.
TOTAL TO FORM 990, PART XI, LINE 9	1,666,862.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **LEWIS & CLARK COLLEGE** Employer identification number **93-0386858**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Type and Entity: UBI FROM QUALIFYING IN POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			Amount Used for 05/31/20	Amount Used for 05/31/22	Amount Used for							
A 2018	337,659.	20,922.	6,733.	14,189.								
B 2019	192,579.											
C 2020	277,819.											
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 05/31/19	Amount Used for 05/31/20	Amount Used for							
A	2012	34,570.	34,570.	34,570.								
B	2013	12,522.	12,522.	12,522.								
C	2014	65,476.	65,476.	65,476.								
D	2015	95,550.	95,550.	75,973.	19,577.							
E	2016	13,145.	13,145.		13,145.							
F	2017	110,699.	110,699.		110,699.							
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
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F												
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L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 05/31/22	Amount Used for							
				_____	_____	_____	_____	_____	_____	_____	_____
A 2016	16,615.	7,424.	7,424.								
B 2017	17,537.										
C 2018	41,962.										
D 2019	19,512.										
E 2020	4,827.										
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
G											
H											
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