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.

OMB No 1545-0047 2018 Open to Public

Department of the Treasury Internal Revenue Service

	inal Koveride Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		inspection
A	For the 2018 (calendar year, or tax year beginning $07/01/18$, and ending $06/30/18$	19		
В	Check if applicable:	C Name of organization ABRAHAM LINCOLN PRESIDENTIAL		D Employe	r identification number
	Address change	LIBRARY FOUNDATION	1		
	Ĭ.	Doing business as		36-1	385644
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial return	500 EAST MADISON RM/STE 200			558-8852
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	SPRINGFIELD IL 62701	1	G Gross rece	eipts \$ 5,978,756
	Amended return	F Name and address of principal officer		G Gloss lect	elpis 3,370,730
	Application pending	SARAH PHALEN	H(a) Is this a grou	up return for su	ubordinates? Yes X No
	. pp.roason ponding				ided? Yes No
		500 EAST MADISON	H(b) Are all subc		
		SPRINGFIELD IL 62701	If "No,"	attach a list	(see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
J	Website: > W	WW.ALPLM.ORG	H(c) Group exen	nption numbe	r >
K	Form of organization.	X Corporation Trust Association Other ▶ L		000	M State of legal domicile: IL
-		ummary	our or ionnation.		in oldic of logar dofficile.
·		escribe the organization's mission or most significant activities:			
Activities & Governance		FOUNDATION'S MISSION IS TO SUPPORT THE EDUCATIONAL RAMMING OF THE ABRAHAM LINCOLN PRESIDENTIAL LIBRAR is box if the organization discontinued its operations or disposed of more than 25	Y AND MUSE	UM.	
9	05.0 (00.00) 24	of voting members of the governing body (Part VI, line 1a)	770 OT 113 TICE 433	3	32
S	1				32
itie	\$1000 December 1000	of independent voting members of the governing body (Part VI, line 1b)		4	
Ş	0.000 0.000000 0.000	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	8
Ac		nber of volunteers (estimate if necessary)		6	50
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 38		7b	0
	200 500 25 50 30		Prior Year		Current Year
e	1	ions and grants (Part VIII, line 1h)	2,636		3,694,910
Revenue	9 Program	service revenue (Part VIII, line 2g)	552	,378	519,811
eve	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	270	,713	232,867
œ	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24	,039	4,215
	The parties of the control of the co	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,483	_	4,451,803
		nd similar amounts paid (Part IX, column (A), lines 1–3)	- 7	7=0=	0
	E son can raw	paid to or for members (Part IX, column (A), line 4)			0
			004	703	070 017
ses	18	other compensation, employee benefits (Part IX, column (A), lines 5–10)	924	,723	970,217
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
xbe	b Total fund	draising expenses (Part IX, column (D), line 25) 722,399			
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,866	,090	1,798,039
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,790	,813	2,768,256
	19 Revenue	less expenses. Subtract line 18 from line 12		,439	1,683,547
or ses			Beginning of Curr		End of Year
land	20 Total ass	ets (Part X, line 16)	32,686	,480	33,991,542
ASS I Ba	21 Total liab	ilities (Part X, line 26)	9,755		9,267,101
Net Assets or Fund Balances	22 Net asset	s or fund balances. Subtract line 21 from line 20	22,930		24,724,441
_		gnature Block	22,330	,000	23,123,331
tru	ue, correct, and co	perjury, I declare that I have examined this return, including accompanying schedules and statement of the property of the pro	ents, and to the bes	st of my kno	owledge and belief, it is
Sig	in s	gnatural of officer		(Apate)	dla
le		SARAH PHALEN TREAS	URER	1/10	×11%
	T ₁	/pe or print name and title			
		preparer's name Preparer's signature Q	Date	Check	if PTIN
aid	d LORI K	. MILOSEVICH OWNERSPINE	8/22/	19 self-emp	ployed P00626782
re	parer Firm's nar	EGMEG DDIDGETTAMED C OCCUPY		m's EIN	37-0265152
	Only	901 S. SECOND ST	F30	9 = 111 /	
		CDDINGETEID II COZOA			217-528-8473
12:	the IRS discus	s this return with the preparer shown above? (see instructions)	I Ph	one no	Y Vas No

Form 990 (2018) ABRAHAM LINCO	DLN PRESIDENTIAL	36-4385644	Page 2
	n Service Accomplishments		,—————————————————————————————————————
Check if Schedule O c	ontains a response or note to an	/ line in this Part III	
1 Briefly describe the organization's miss	sion:		
THE FOUNDATION'S MIS PROGRAMMING OF THE A	SION IS TO SUPPORT ! BRAHAM LINCOLN PRES:	THE EDUCATIONAL AND CUDENTIAL LIBRARY AND M	JLTURAL MUSEUM.
2 Did the organization undertake any sig	nificant program services during the yea	r which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services of	on Schedule O.		Yes X No
3 Did the organization cease conducting	, or make significant changes in how it c	onducts, any program	
services?			Yes X No
If "Yes," describe these changes on So			
		ree largest program services, as measured	
expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any		the amount of grants and allocations to othe	ers,

THE FOUNDATION EXPEN MUSEUM THROUGH THE A EDUCATIONAL CONFEREN AND OTHER ACTIVITIES LITERACY	CQUISITION, PUBLICAT CES, PUBLICATIONS, C DESIGNED TO PROMOTE	THE LIBRARY AND TIONS, EXHIBITS, N-LINE SERVICES, HISTORICAL	
* * * * * * * * * * * * * * * * * * * *			

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			,
*			
4b (Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
N/A		***************************************	

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***************************************	• • • • • • • • • • • • • • • • • • • •		
*			
4c (Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
N/A		***************************************	**************************************
• • • • • • • • • • • • • • • • • • • •			************************

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• • • • • • • • • • • • • • • • • • • •			

***************************************			***************************************
***************************************			******************************
d Other program services (Describe in Sc	hedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	1,288,848		

Part IV Checklist of Required Schedules

380 B	Checklist of Required Schedules		· · · · · · · · · · · · · · · · · · ·	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
•	candidates for public office? If "Vas." complete Schodule C. Port I	3	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6_		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
d	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u> _	<u> </u>

P	art IV Checklist of Required Schedules (continued)			
		•••	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	,		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schodule K. If "No." so to line 25g	24a		X
b		24b		
С				_
	to defeace any tay ayomat hands?	24c		
ď		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
b		25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		v
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
0 H	disqualified persons? If "Yes," complete Schedule L., Part II	<u>26</u>	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	. [
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schodule N. Bad II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	304 7704 2 and 304 7704 22 If "Von " complete Cabadilla D. Dart I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
Ψ.		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
Ŋ		0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	;		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	İ		l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
.0000000000	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	ift 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			_ 📖
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a 30		**************************************	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \mathbf{x} 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X q X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities h 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ________12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c C Did the organization receive any payments for indoor tanning services during the tax year? Х 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) ABRAHAM LINCOLN PRESIDENTIAL 36-4385644 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 32 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 X 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? а X 8a Each committee with authority to act on behalf of the governing body? X 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b \mathbf{x} Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, OH 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. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >

500 EAST MADISON

SPRINGFIELD DAA

NAN REEP

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IL 62701

217-558-8852

Form 990 (2018) ABRAHAM LINCOLN PRESIDENTIAL

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K 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	(d	lo not o	Pos check	C) sition more erson	than one is both an in/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RAY MCCASKEY									
CHAIR	10.00	x		х	ĺ		0	0	0
(2) WAYNE WHALEN	0.00								<u> </u>
	3.00				ļ				
CHAIR EMERITUS	0.00	X		X			0	0	0
(3) SERGIO PECORI	2 00								
SECRETARY	3.00 0.00	x		x			0	0	^
(4) SARAH PHALEN	0.00	-22		Λ			<u> </u>	U	0
()	5.00								
TREASURER	0.00	X		X			0	0	0
(5) CHARLES K. BOBRI									
	2.00						_		
ASST TREASURER	0.00	X		X			0	0	0
(6) WILLIAM BALL	3.00								
1ST VICE CHAIR	0.00	$ \mathbf{x} $		x			0	0	0
(7) NICK KALM	0.00						<u> </u>		<u>U</u>
(1,-1-2-1	3.00								
2ND VICE CHAIR	0.00	x	i	X			0	0	0
(8) LOUIS LOWER									
	2.00								
CHAIR AUDIT COMMITTE	0.00	X					. 0	0	0
(9) PAUL M. LIEBENSO	2.00		l						
NOM. CHAIR	0.00	x		ĺ			o	o	0
(10) RICHARD J. MARK	0.00	Δ <u>ν</u>				_	U	U	U.
(19,112 012 01 12 12 12 1	2.00		ļ						
DEV'P CHAIR	0.00	x					o	o	0
(11) CARRIE HIGHTMAN									
	2.00								
CHAIR, LINCOLN LEAD	0.00	X			j		0	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	of	x, unle ficer a	Pos check ess pe	rson i	then o is both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated arriount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) MATTHEW P. PA	APPAS 2.00 0.00	x						0	0	0
(13) JULIE CELLIN	1.00									-
DIRECTOR (14) ROBERT CAMPBI	0.00 LL 1.00	X			· · · · · · ·			0	0	0
DIRECTOR (15) PATRICK COBUR	0.00 RN	х						0	0	0
DIRECTOR (16) BRET A. CONKI	1.00 0.00 IN	x						0	0	0
DIRECTOR (17) CHAZ HAMMEL-S	1.00 0.00	X						0	0	0
DIRECTOR	1.00 0.00	X						0	0	0
(18) GOVERNOR JIM DIRECTOR	EDGAR 1.00 0.00	x						0	0	0
(19) SCOTT D. MOOF		х						0		
1b Sub-total c Total from continuation shee							>	248,936	01	17,425
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	imite	d to				DOVE	248,936	\$100,000 of	17,425
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Schede 1a, is the sum	<i>dule</i> . of re	<i>J for</i> porta	<i>such</i> able	ind com	<i>lvidu.</i> pens	al _ ation	n and other compensation	from the	yes No.
5 Did any person listed on line 1	a receive or acc	rue c	omp	ensa	ition	from	any	y unrelated organization or	individual	4 X
for services rendered to the or Section B. Independent Contracto 1 Complete this table for your five	rs									.,,,, 5 X
compensation from the organiz								lar year ending with or with		ear. (C) Compensation
2 Total number of independent or received more than \$100,000 or								e listed above) who	0	

Form 990 (2018) ABRAHAM LINCOLN PRESIDENTIAL

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Unrelated exempt business excluded from tax under sections revenue revenue 512-514 Program Service Revenue | Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 247,631 f All other contributions, gifts, grants, and similar amounts not included above 3,447,279 1f 403,993 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f. 3,694,910 Busn. Code 450,567 450,567 ROYALTIES EVENT FEES 64,244 64,244 5,000 5,000 SPONSORSHIPS f All other program service revenue 519,811 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 208,762 208,762 Income from investment of tax-exempt bond proceeds 377 377 5 Royalties ... 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ... 7a Gross amount from (i) Securities (ii) Other sales of assets 1,551,058 other than inventory b Less: cost or other 1,526,953 basis & sales exps. 24,105 c Gain or (loss) 24,105 d Net gain or (loss) 24,105 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold þ c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a OTHER REVENUE 3,838 3,838 b d All other revenue 3,838 e Total. Add lines 11a-11d Total revenue. See instructions. 4,451,803 548,131 208,762

Sec	tion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp	omplete all columns. All oti		mplete column (A).	
Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, Iine 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.40.004			
_	trustees, and key employees	248,936	124,468	47,298	77,170
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	562,993	201 406	106 060	174 520
7 8	Other salaries and wages	502,993	281,496	106,969	174,528
Ö	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,742	18,871	7,171	11 700
9	Other employee benefits	66,896	33,448	12,710	11,700 20,738
10		53,650	26,825	10,193	16,632
11	Payroll taxes Fees for services (non-employees):	33,030	20,020	10,190	<u> </u>
a	Management				
	Legal				
	Accounting	9,773	3,714	1,075	4,984
d	Lobbying	65,437	65,437		
	Professional fundraising services. See Part IV, line 17	,			
f	-				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	92,848	50,782	7,463	34,603
12	Advertising and promotion	19,896			19,896
13	Office expenses	97,663	24,416	23,439	49,808
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	27,950	2,516	1,118	24,316
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4.61 7.45		864 785	
20	Interest Payments to offiliates	461,745		461,745	
21	Payments to affiliates Depreciation, depletion, and amortization	4,880		/ 000	
22 23	Incurance	23,934		4,880 23,934	
23 24	Other expenses. Itemize expenses not covered	40,904		25 و 23	
4-7	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT SUPPORT	426,816	426,816		
b	SPECIAL EVENTS	301,025	18,062		282,963
С	GRANT EXPENSES	211,997	211,997		
d	MISCELLANEOUS	29,769	•	24,708	5,061
е	All other expenses	24,306		24,306	, F,,
25	Total functional expenses. Add lines 1 through 24e	2,768,256	1,288,848	757,009	722,399
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				
DAA	following SOP 98-2 (ASC 958-720)				_ 000

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash—non-interest bearing 1,432,724 Savings and temporary cash investments 1,845,803 2 779,496 1,238,710 3 Pledges and grants receivable, net 50,188 Accounts receivable, net 105,500 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 6,316 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 188,389 other basis. Complete Part VI of Schedule D _______10a 68,398 64,363 Less: accumulated depreciation 10b 124,026 b 10c Investments—publicly traded securities 5,879,501 5,491,693 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 24,857,665 24,857,665 15 15 33,991,542 32,686,480 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 123,627 90,171 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 9,632,000 9,176,930 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 9,755,627 9,267,101 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 22,862,715 24,519,944 27 27 Temporarily restricted net assets 68,138 204,497 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 22,930,853 24,724,441 Total net assets or fund balances Total liabilities and net assets/fund balances 32,686,480 33,991,542

Form 990 (2018)

orr	n 990 (2018) ABRAHAM LINCOLN PRESIDENTIAL	36-4385644	*		Pac	ge 1 2
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line i	in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)		1 1		51,	803
2	i otal expenses (must equal Part IX, column (A), line 25)		2	2,7	68,	256
3	Revenue less expenses. Subtract line 2 from line 1		3	1,6	83,	547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	olumn (A))	4	22,9	30,	853
5	Net unrealized gains (losses) on investments		5	1	10,0	041
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		1 _ 1			
9	Other changes in not greate as fined belower (control to 1 0 1 1 1 0)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must ed	qual Part X, line				
on one	33, column (B))		10	24,7	24,4	441
Pε	nt XII Financial Statements and Reporting				······································	
	Check if Schedule O contains a response or note to any line i	n this Part XII				
	_				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrua			_		
	If the organization changed its method of accounting from a prior year or checked	ed "Other," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an indepe			2a		X
	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 accoun			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the y	year were audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes r					
	of the audit, review, or compilation of its financial statements and selection of a			2c	X	
	If the organization changed either its oversight process or selection process duri	ing the tax year, explain in				
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audi	t or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	if "Yes," did the organization undergo the required audit or audits? If the organization					
	required audit or audits, explain why in Schedule O and describe any steps take	n to undergo such audits		. 3b		

Form **990** (2018)

Form 990 (2018) ADRAGAM 1								30-436		rage
Part VII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	noare	than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MiSC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1000-11100)	organization and related organizations
(20) REBECCA PAUL		E								
DIRECTOR	1.00	х						0	0	
(21) GRANT DIXTON	1 00									
DIRECTOR	1.00	X						0	o	
(22) BARRY HINES	0.00									
	1.00									
DIRECTOR (23) JEFFREY NEAL	0.00	X	ļ	_				0	0	
(23) JEFFREY NEAL	1.00									
DIRECTOR	0.00	X						0	0	(
(24) LORI LENNON										
DIDECMOD	1.00	x						o	o	
DIRECTOR (25) WILLIAM DOYLE		^								
	1.00									
DIRECTOR	0.00	X	ļ		ļ			0	0	
(26) JACOB DRESCHI	SR 1.00									
DIRECTOR	0.00	x						0	o	ı
(27) MARY YOVOVICE										
	1.00								0	
DIRECTOR 1b Sub-total	0.00	X				1		0	0	
c Total from continuation she		Secti	ion /	Δ			•			
d Total (add lines 1b and 1c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,	>			
2 Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
reportable compensation nom	the organization	1 /								Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								•		3
For any individual listed on line organization and related organization.	e 1a, is the sum	of re	port	able	com	pens	satio	n and other compensation complete Schedule J for su	from the	
								vy uprolotod organization o	r individual	4
5 Did any person listed on line 1 for services rendered to the or										5
Section B. Independent Contracto										
 Complete this table for your five compensation from the organi 	ve highest comp	ensa omne	ited i	inde) ition	pend for f	lent o	contr	ractors that received more	than \$100,000 of hin the organization's tax ve	ear.
	(A) business address	<u> </u>	51.00					Descrir	(B) otion of services	(C) Compensation
That is a second	Daging Coases							50001		
		· ·								
The state of the s										
					_					
2 Total number of independent of	contractors (incli	uding	, but	not	limit	ed to	thos	se listed above) who	, , , , , , , , , , , , , , , , , , ,	
received more than \$100,000	of compensation	ı fror	n the	e org	janiz	ation	. ▶			

Part VII Section A. Office	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson	than d is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(28) CRAIG R. CUI	BERTSON 1.00									
DIRECTOR	0.00	x						0	0	o
(29) JAMES G. MAU										
DIRECTOR	0.00	X						0	o	o
(30) KEVIN CALLIS							******			_
DIRECTOR	1.00	x						o	0	o
(31) SMITA SHAH	0.00	<u> </u>	1				<u> </u>	0	0	0
<u></u>	1.00									
DIRECTOR (32) JOHN L. NAU	0.00	X						0	0	0
	1.00									
MEMBER AT LARGE (33) CARLA KNOROW	0.00	X						0	0	0
EXECUTIVE DIRECTOR	40.00				x			248,936	0	17,425
										17, 4110
							•••			
1b Sub-total							>	248,936		17,425
d Total (add lines 1b and 1c)							–			
Total number of individuals (i reportable compensation from			d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of	IV-IAI-
3 Did the organization list any f employee on line 1a? If "Yes,							-1	• • •		Yes No
4 For any individual listed on lir organization and related orga	ne 1a, is the sum	of re	porta	able	com	pens	atio		from the	
individualDid any person listed on line for services rendered to the common of the	1a receive or acc	rue d	comp	ens	ation	fron	n ang		· individual	5
Section B. Independent Contract										
Complete this table for your f compensation from the organ	ization. Report co							lar year ending with or with	in the organization's tax ye	
Name an	(A) d business address							Descrip	(B) tion of services	(C) Compensation
		···	,							
										•
p.a										
2 Total number of independent	contractors (inclu	ıding	but	not I	imite	ed to	thos	e listed above) who	·····	
received more than \$100,000								,		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Employer Identification number

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. ABRAHAM LINCOLN PRESIDENTIAL

36-4385644 LIBRARY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions.

P	art I	Reas	on for Pu	ıblic Charity	Status (All	organizatior	ns must co	mplete	this part.) See instruction	ns					
The	orga	nization is not	a private fo	undation becaus	e it is: (For line	es 1 through 1	2, check only	one pox	.)						
1		A church, co	nvention of	churches, or ass	ociation of chu	ırches describe	ed in sectio r	170(b)(1	1)(A)(i).						
2				ction 170(b)(1)(
3		A hospital or	a cooperati	ve hospital servi	ce organizatior	described in	section 170	(b)(1)(A)(iii).						
4		A medical re	search orga	nization operate	d in conjunctio	n with a hospit	al described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,					
		city, and stat													
5						university own	ed or operat	ed by a g	overnmental unit described in						
		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
6	v			-											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
-	ш	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
	_	university:				************									
10									ons, membership fees, and gro	oss					
									2) no more than 33 1/3% of its n 511 tax) from businesses						
			_	tion after June 3			•		•						
11		-		d and operated											
12	-,	An organizat	ion organize	d and operated	exclusively for	the benefit of,	to perform th	ne functio	ns of, or to carry out the purpo						
									509(a)(2). See section 509(a)(
									nd complete lines 12e, 12f, and						
	a								organization(s), typically by giving rectors or trustees of the	ng					
			_	ion. You must c				or me ur	lectors or trasteas or the						
	b							its suppo	rted organization(s), by having						
				_	•				control or manage the support						
				must complete											
	С	Type III	unctionally	r integrated. A s	supporting orga	inization opera	ated in conne	ction with	n, and functionally integrated w	ith,					
	٦			ation(s) (see ins					n with its supported organization	nn(e)					
	d					_			requirement and an attentivene						
				tructions). You r											
	е								s a Type I, Type II, Type III						
				d, or Type III no	•	ntegrated supp	porting organ	ization.							
	f			oorted organizat ormation about th		raprization(c)									
—	g					. · · · · · · · · · · · · · · · · · · ·		organization	(v) Amount of monetary	(vi) Amount of					
(1		e of supported ganization	1	(ii) EIN		of organization I on lines 1–10		r governing	support (see	other support (see					
					above (se	e instructions))	docu	ment?	instructions)	instructions)					
							Yes	No	·						
(A)															
(B)															
(C)															
(0)															
(D)															
(-1															
(E)															
					11-11-11-11-11-11-11-11-11-11-11-11-11-			NO.000000000000000000000000000000000000							
_	_														
Tota	<u>I</u>								Calanda de	/F 000 000 F7) 204P					

36-4385644

Page 2

Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support					/.	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,509,802	2,298,544	2,035,742	2,636,122	3,694,910	13,175,120
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities fumished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,509,802	2,298,544	2,035,742	2,636,122	3,694,910	13,175,120
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						13,175,120
$\overline{}$	tion B. Total Support	44*****					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,509,802	2,298,544	2,035,742	2,636,122	3,694,910	13,175,120
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	753,060	705,914	693,162	168,035	208,762	2,528,933
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						15,704,053
12	Gross receipts from related activities, etc.					12	1,100,443
13	First five years. If the Form 990 is for the						
C	organization, check this box and stop her	e					<u>.,,,,,,,,,</u>
	tion C. Computation of Public St			<u> </u>			
14	Public support percentage for 2018 (line 6	i, column (f) divided	by line 11, colum	n (f))			83.90%
15	Public support percentage from 2017 Sch				0.4604	15	79.83%
ıoa	33 1/3% support test—2018. If the organ			·			▶ ♥
b	box and stop here. The organization qual 33 1/3% support test—2017. If the organ				r!- 00 4/00/		> X
N	this box and stop here. The organization			alzation			▶ □
17a	10%-facts-and-circumstances test—201				a or 16h and line	14 io	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	7. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and ox and stop here.		▶ □
	Explain in Part VI how the organization me			_		-	▶ □
18	Private foundation. If the organization did		n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	Э	. \Box
	instructions						P L

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	tion A. Public Support	- 1				,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Add lines 7a and 7b						000
8	Public support. (Subtract line 7c from						
Sec	line 6.) tion B. Total Support						**!
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2011	(2) 2010	(0) 2010	(4) 2011	(0) 2010	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
b	royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	••	t, second, third, fo	- ·		,	<u> </u>
Sec	tion C. Computation of Public St				***********	<u> </u>	
15	Public support percentage for 2018 (line 8			nn (f))		15	%
16	Public support percentage from 2017 Sch	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investme					Ĺ	
17	Investment income percentage for 2018 (I			3, column (f))		17	
18	Investment income percentage from 2017						%
19a	33 1/3% support tests—2018. If the orga						
L	17 is not more than 33 1/3%, check this b						▶ ∟
a	33 1/3% support tests—2017. If the orgaline 18 is not more than 33 1/3%, check the)
20	Private foundation. If the organization die						
			, .ou, or	~ 5.7551. 6716 00		··-··	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting O

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
-	300000000000000000000000000000000000000	0/46600066600000000
3a		
******	3.73334335166	000000000000000000000000000000000000000
	000000000000000	00000000000000
3b		******
	0000000000000000	000000000000000000000000000000000000000
Зс		
	000000000000000	00000000000000
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3		
4h		
40	500000000000000000000000000000000000000	320000000000000000000000000000000000000
4c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	000000000000000000000000000000000000000	00000000000000
?		
5a		
000000000000	200000000000000000000000000000000000000	000000000000000000000000000000000000000
5b		
5c		
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7 8 9a		
7 8 9a 9b		
7 8 9a 9b 9c		
7 8 9a 9b 9c		
9a 9b 9c		
7 8 9a 9b 9c		

Schedu	ule A (Form 990 or 990-EZ) 2018 ABRAHAM LINCOLN PRESIDENTIAL	30-4363644		Page 5
Par	t IV Supporting Organizations (continued)		Т.,	
		888888	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	1118		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 11c	;	<u> </u>
Secti	ion B. Type I Supporting Organizations		T v	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	_1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	;		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	::::::::::::::::::::::::::::::::::::::	100000000000000000000000000000000000000
Soofi	supervised, or controlled the supporting organization.			L
Secu	ion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	I NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		\$10000000000000000000000000000000000000
Secti	the supported organization(s). ion D. All Type III Supporting Organizations			L
3601	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or 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 state of the date of notification and (iii) copies of the state of notification and (iii) copies of notification and (iii) c	R02000000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided		****************	4,000,000,000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	5000000		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI if	B00004000		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmen	ıt entity (see instructions,).	
2 /	Activities Test, Answer (a) and (b) below.	Footooo	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determine	d		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	re		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form ago of ago-EZ) 2018 ABRAHAMI LITICOLIN ERESTDE	TATTEM	20-4202	C44 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru	ist on Nov. 20, 1	1970 (explain in Part VI). S	iee
instructions. All other Type III non-functionally integrated supporting organizat	ions must comp	olete 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 (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		•
7 Check here if the current year is the organization's first as a non-functionally int	egrated Tyne III	supporting organization (see

Sched	ule A (Form 990 or 990-EZ) 2018 ABRAHAM LINCOLN		36-4385	6 44 Page 7
		Supporting Organiza	itions (continuea)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organi	ization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	V-0-2/0-2-0-4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years		rábrákon en enfocueros en	
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	200000000000000000000000000000000000000		
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
<u>e</u>	Excess from 2018			

Schedule A (Form	n 990 or 990-EZ) 2018	ABRAHAM	LINCOLN	PRESIDENTIAL	36-4385644	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Section A, lines rt IV, Section C line 1; Part V, S	s 1, 2, 3b, 3c, s, line 1; Part Section B, line	4b, 4c, 5a, 6, 9a, 9b, 9d IV, Section D, lines 2 ar	II, line 10; Part II, line 17a or c, 11a, 11b, and 11c; Part IV, nd 3; Part IV, Section E, lines lines 5, 6, and 8; and Part V, (See instructions.)	Section 1c, 2a, 2b,
• • • • • • • • • • • • • • • • • • • •						
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organization					
Nam	e of organization ABRAHAM I		ENTIAL			ification number
,,,,,,,,,,		OUNDATION			36-43856	
Pa	rt I-A Complete if the orga					n.
1	Provide a description of the organiza	tion's direct and indirect po	litical campaign activities	s in Part IV. (see ins	tructions for	
	definition of "political campaign activi	-				
2	Political campaign activity expenditur	es (see instructions)			▶\$	
3	Volunteer hours for political campaig					
Pa	rt I-B Complete if the orga					
1	Enter the amount of any excise tax in	curred by the organization	under section 4955		▶\$	
2	Enter the amount of any excise tax in	curred by organization ma	nagers under section 49	55	▶\$	
3	If the organization incurred a section	4955 tax, did it file Form 47	720 for this year?			. Yes X No
4a	Was a correction made?					Yes X No
Control of the Contro	If "Yes," describe in Part IV.	···				
Pa	rt I-C Complete if the orga				on 501(c)(3).	
1	Enter the amount directly expended l	by the filing organization for	r section 527 exempt fun	ction		
	activities				▶ \$	
2	Enter the amount of the filing organiz		=			
	527 exempt function activities				▶\$	
3	Total exempt function expenditures.					
	line 17b				> \$	
4	Did the filing organization file Form 1	120-POL for this year?				Yes No
5	Enter the names, addresses and em					
	organization made payments. For ea	•	•			
	the amount of political contributions r					
	as a separate segregated fund or a p	olitical action committee (F		1		
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	 (e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
						I none of the
(1)						İ
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(2)						İ
· • •						
(3)						İ
'41						
(4)						İ
(E)						
5)						1
·e\						
(6)						1
or P	aperwork Reduction Act Notice, see the	Instructions for Form 990 o	or 990-EZ.		Schedule C /Fo	rm 990 or 990-FZ) 201

Sch	edule C (Form 990 or 990-EZ) 2018 ABRAH	M LINCOLN	PRESIDENTIAL	36-4385644	Page 2
P	art II-A Complete if the organiza section 501(h)).	ition is exempt	under section 501(c)(3) a	and filed Form 5768 (elec	tion under
A	Check ▶ ☐ if the filing organization b	-	ated group (and list in Part IV ess lobbying expenditures).	each affiliated group membe	er's name,
В	Check ▶ ☐ if the filing organization of	hecked box A and	I "limited control" provisions a	pply.	
	Limits on Lobb (The term "expenditures" m	ying Expenditu eans amounts pa	ires lid or incurred.)	(a) Filing organization's totals	(b) Affillated group totals
1	a Total lobbying expenditures to influence pub			0	
	b Total lobbying expenditures to influence a le				
	c Total lobbying expenditures (add lines 1a an	d 1b)		65,437	
	d Other evenent number evenenditures			1 100 /111	
	e Total exempt purpose expenditures (add line				
	f Lobbying nontaxable amount. Enter the amo				
	columns.		and the state of t	201,385	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nont		- 1	
	Not over \$500,000	20% of the amount	on line 1e.	41	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,000.	-	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	f the excess over \$1,500,000.	1	
	Over \$17,000,000	\$1,000,000.		1	
	g Grassroots nontaxable amount (enter 25% o				
- 1	h Subtract line 1g from line 1a. If zero or less,	enter -0-		0	
	i Subtract line 1f from line 1c. if zero or less, e	ontorO.		. I ∩ I	
	j If there is an amount other than zero on eithe				
	reporting section 4911 tax for this year?			**********************	Yes No
	-	4-Year Averagin	a Period Under Section 501	(b)	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendi	tures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			240,738	201,385	442,123
b Lobbying ceiling amount (150% of line 2a, column (e))					663,185
c Total lobbying expenditures			15,000	65,437	80,437
d Grassroots nontaxable amount			60,185	50,346	110,531
e Grassroots ceiling amount (150% of line 2d, column (e))					165,797
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2018

Page

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768			rage
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(.	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amo	unt	_
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?		ļ				
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
j	Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b c	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						800000000000
Access to the sales	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5), 	or se	ection			
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Yes	No
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3	 	┼
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." Dues, assessments and similar amounts from members	OR (b			line	3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
b	Current year Carryover from last year Total		2a 2b 2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		J				
	and political expenditure next year?		4				
	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>			
Provi 2 (se	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part e instructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING		nes 1 a	and			
SI	ECOND YEAR THE ELECTION HAS BEEN INCLUDED FOR THIS 990.				••••	••••	

Schedule C (Form	990 or 990-EZ) 2018	ABRAHAM LINCOLN PR	ESIDENTIAL	36-4385644	Page 4
Part IV	Supplemental	Information (continued)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Open to Public Inspection

LIBRARY FOUNDATION Graphication Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 1 Total number at end of year 1 Agregate value of conclusions to (during year) 3 Agregate value of partial from (during year) 3 Agregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the associate held in donor advisor funds each or organization properly, sulpicit to the organization properly. Sulpicit to the organization inform all grantees, denore, and donor advisors in writing that grant funds can be used only for characteristic propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the benefit of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the purpose of the donor or conor advisor, or for any other purpose ontering meanisable propose and not for the purpose of the donor or advisor or any other purpose of the donor or advisor of the purpose of the donor or advisor of the purpose of the purpose of the purpose of the donor or advisor of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of t		BRAHAM LINCOLN PRESIDENTIAL		36-4385644
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	b	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2018 ABRAHAM	LINCOLN PR	ESID	ENTIAL		36-4385644			Р	age 2
2222222222	rt III — Organizations Maintaini				easures,	or Other Similar A	Assets (continu	ıed)	
3	Using the organization's acquisition, access collection items (check all that apply):									
а	Public exhibition	d 🗌	Loan o	exchange prog	ırams					
b	Scholarly research	e 🗍	Other		,					
С	Preservation for future generations									
4	Provide a description of the organization's	collections and expla	in how th	nev further the o	rganization	's exempt purpose in Pa	art			
-	XIII.					, a =>,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5	During the year, did the organization solici	t or receive donations	of art h	istorical freasur	es or other	· similar				
	assets to be sold to raise funds rather than							Ye	s X	No
Pa	rt IV Escrow and Custodial A		p	<u>g</u>						
9000000000	Complete if the organization		s" on F	orm 990, Pa	rt IV, line	9, or reported an a	nount o	n Form	1	
1a	Is the organization an agent, trustee, custo	odian or other interme	diary for	contributions o	r other asse	ets not				
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete the f	ollowing	table:						
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance	***************				1f				
2a	Did the organization include an amount on	Form 990 Part X lin	e 21 for	escrow or cust	odial accou	nt liability?		Ye	e	No
	If "Yes," explain the arrangement in Part X					,		ш		110
	rt V Endowment Funds.	III. GIJOGR HOTO II (IJO C	mpianati	on nac boon pr	orided on i	WICZAII				
00000000	Complete if the organization	on answered "Yes	on Fo	orm 990 Pai	t IV line	10				
	OSTAPIOLO II LITO OI GAINZALI	(a) Current year) Prior year	(c) Two ye		ars hack	(e) Four	Vears	hack
15	Beginning of year balance	(ay ourronk your	,,,	, i noi yee	(0) 1110 10	(a) the form	ar buok	(b) bai	jaaro	DUGIE
			+							
	Contributions Net investment earnings, gains, and		 							
G										
	losses									
	Grants or scholarships			-		-		-		
е	Other expenditures for facilities and						1			
_	programs		-							
	Administrative expenses							· · · · ·		
g	End of year balance									
2	Provide the estimated percentage of the co		ce (line 1	g, column (a)) l	neld as:					
	Board designated or quasi-endowment	%								
	Permanent endowment ►%									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the poss	session of the organiz	ation tha	t are held and	administere	d for the		_		
	organization by:							<u></u>	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of t									
Pa	rt VI Land, Buildings, and Eq	uipment.								
	Complete if the organization	on answered "Yes	on Fo	orm 990, Pai	t IV, line	11a. See Form 990	, Part X	, line 1	0.	
	Description of property	(a) Cost or other		(b) Cost or ot		(c) Accumulated		(d) Book v		• •
		(investment))	(othe		depreciation				
1a	Land									
h	Buildings						******			
~ c	Leasehold improvements									
				75	38,389	124,02	6	-	54,	367
ч	Equipment				,	1 2 3 / 0 2	· ~		- /	

64,363

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

2212122121112	orm 990) 2018 ABRAHAM LINCOLN PRESI	IDENTIAL	36-4385644	Page
Part VII	Investments—Other Securities.		"	
	Complete if the organization answered "Yes" or	· · · · · · · · · · · · · · · · · · ·		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
/d\ El			Cost of end-dryea	market value
(1) Financial o				
(2) Closely-ne	eld equity interests			
(3) Other				
				
(P)				
·(9/ (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990 Part IV	line 11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(-)	(1) 2 1 1 1 1 1 1 1 1	Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, P	art X, line 15.
	(a) Description			(b) Book value
(1)	ARTIFACTS AND DOCUMENT	S		22,857,66
(2)	TAPER DONATION			2,000,00
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				04 055 66
	(b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	24,857,66
Part X	Other Liabilities.	E 000 B 111/	1: 44 446 0 15	000 BLV
	Complete if the organization answered "Yes" on line 25.	i Form 990, Part IV,	line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
` '	ncome taxes			
(2)				
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	1		
2. Liability for u	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organizatio	n's financial statements that repor	ts the

Schedule D (F	Form 990) 2018	ABRAHAM	LINCOLN	PRESIDENTIAL	36-4385644	Page 5
Part XIII	Supplemer	ntal Informatio	n (continued)		

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					***************************************	********************
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SCHEDULE J

(Form 990)

Department of the Treasury

Compensation Information
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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

ABRAHAM LINCOLN PRESIDENTIAL

Employer identification number 36-4385644

LIBRARY FOUNDATION

8	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	200000000	***********	
	explain	1b		
	• • • • • • • • • • • • • • • • • • • •			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	000000000	10000000000	00000000000
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
_	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of 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:			
а	Describe a conversation of an element of control of con	4a	5000000000	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Derticipate in an receive accuracy from an equity based accuracy to	4c		X
٠	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	46	****	
	The storage of the same has the persons and provide the applicable amounts for each item in Part III.			
	Only section 501/c/(2) 501/c/(4) and 501/c/(20) organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 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:			
,		F-		""
		5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		_ <u>^</u>
	n 165 on tine 3a of 3b, gescribe iii Pait III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
0				
_	compensation contingent on the net earnings of: The organization?	^~		v
	***************************************	6a		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	*****	
	in rest on line oa of ob, describe in Part III.			
7	For paragraphic lighted an Form COO Part VIII. Caption A. line 4. did the secretary and the secretary			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		v
o	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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			7.5
	in Part III	8		X
0	If "Voo" on line 9 did the experimentary also follow the websitely as a second to the	PROSPER		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Deuthautuns securut DD AMOG-BCC17			i

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Part II

36-4385644

Page 2

ABRAHAM LINCOLN PRESIDENTIAL Schedule J (Form 990) 2018

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

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. 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

	(B) Breakdown	of W-2 and/or 1099-MISC compensation	C. compensation	(C) Bettromont and	(E) and (E) and	Ombonication of Defromment and Minimush of Textures of the Colonial	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(E)(()-(D)	(r) compensation in column (B) reported as deferred on prior Form 990
	(1) 248,936	0	0	17,425	0	266,361	
1 EXECUTIVE DIRECTOR (II)		0	0	0	0	0	0
(O)	0						
2 (11)	0						
	©						
3		:					
9)	€						
4	(ii)						
D)	(1)						
10)	(ii)						
9	(1)						
	(3)						
7	B						
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Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018 ABRAHAM LINCOLN PRESIDENTIAL 36-4385644	Page 3
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
	Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ABRAHAM LINCOLN PRESIDENTIAL

Attach to Form 990.

Employer identification number

LIBRARY FOUNDATION 36-4385644 Types of Property (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 Clothing and household 5 goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded X 4 378,993 9 Securities — Closely held stock 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution — Other Real estate --- Residential 15 Real estate — Commercial 16 Real estate — Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25,000 Other ▶ (PROF SERVICES) X 25 26 Other ►(_____) 27 Other ►(_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31

30a 31 32a

X

X

X

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

Schedule M (For	m 990) 2018	ABRAHAI	M LINCOL	N PRESID	ENTIAL	:	36-4385644	•	Page 2
Part II	Suppler the orga	nental Infor nization is re	mation . Proveporting in Pa	ide the inforr rt I, column (mation require	ed by Part I er of contrib	, lines 30b, 32b, ar outions, the numbe	id 33, and whether of items received	r
<u></u>	0, 0 00.1	ionidadi or i	304117 1100 001	inplote tille pi	art for arry add	and on an inno	THICKIOTI.		

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization ABRAHAM LINCOLN PRESIDENTIAL LIBRARY FOUNDATION 36-4385644 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE OF THE FOUNDATION IS CHARGED WITH THE RESPONSIBILITY OF REVIEWING AND APPROVING THE 990. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH YEAR THE BOARD MEMBERS MUST SIGN A FORM STATING THAT THEY HAVE NO CONFLICTS OF INTEREST, OR SIGN A FORM DISCLOSING ANY CONFLICTS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS APPROVES THE SALARIES OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES OF THE ORGANIZATION AFTER REVIEWING COMPARABLE DATA AND OTHER INFORMATION. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS APPROVES THE SALARIES OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES OF THE ORGANIZATION AFTER REVIEWING COMPARABLE DATA AND OTHER INFORMATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE DOCUMENTS ARE AVAILABLE UPON REQUEST.