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990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB NO 1545-0047

2006

Open to Public  
Inspection

For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>LAKE FOREST GARDEN CLUB</b>		D Employer identification number <b>36-6071433</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>585 BANK LANE</b>		Room/suite <b>3000</b>	E Telephone number <b>847-234-5000</b>	
	City or town, state or country, and ZIP + 4 <b>LAKE FOREST, IL 60045</b>		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)				H and I are not applicable to section 527 organizations
					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					H(b) If "Yes," enter number of affiliates ► <b>N/A</b>
				H(c) Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)	
				H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				I Group Exemption Number ► <b>N/A</b>	
				M Check ► <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► <b>211,782.</b>					

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a	1b	
	b Direct public support (not included on line 1a)	13,346.		
	c Indirect public support (not included on line 1a)			
	d Government contributions (grants) (not included on line 1a)			
	e Total (add lines 1a through 1d) (cash \$ <b>13,346.</b> noncash \$ _____)	13,346.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	10,373.		
	3 Membership dues and assessments	22,505.		
	4 Interest on savings and temporary cash investments			
	5 Dividends and interest from securities	12,697.		
	6 a Gross rents			
	b Less: rental expenses			
	c Net rental income or (loss). Subtract line 6b from line 6a			
	7 Other investment income (describe ► <b>STATEMENT 1</b> )			
	8 a Gross amount received from sales of other than inventory (attach schedule)			
	b Less: cost or other basis and sales expenses			
	c Gain or (loss) (attach schedule)			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)			
	9 Special events (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>			
	a Gross revenue (not including contributions reported on line 1b) <b>0.</b>	152,861.		
	b Less: direct expenses other than fundraising expenses	29,704.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 1		
	10 a Gross sales of inventory, less returns and allowances			
	b Less: cost of goods sold			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			
	11 Other revenue (from Part VII, line 103)			
	12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	123,157.		
Expenses	13 Program services (from line 44, column (B))			
	14 Management and general (from line 44, column (C))	50,970.		
	15 Fundraising (from line 44, column (D))	13,444.		
	16 Payments to affiliates (attach schedule)			
	17 Total expenses Add lines 16 and 44, column (A)	64,414.		
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	117,664.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	183,086.		
	20 Other changes in net assets or fund balances (attach explanation)	0.		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	300,750.		

623001  
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2006)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)				
(cash \$ 0 . noncash \$ 0 .) If this amount includes foreign grants, check here ► <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule)				
(cash \$ 0 . noncash \$ 0 .) If this amount includes foreign grants, check here ► <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0 .	0 .	0 .
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0 .	0 .	0 .
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	3 , 000 .		3 , 000 .
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	6 , 543 .		6 , 543 .
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize).	43a			
a	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g	54 , 871 .	50 , 970 .	3 , 901 .
g SEE STATEMENT 2				
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	64 , 414 .	50 , 970 .	13 , 444 .
				0 .

 Joint Costs. Check ►  if you are following SOP 98-2

 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No

 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

## Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a HORTICULTURAL, CIVIC AND EDUCATIONAL PROJECTS</b>	
_____	
_____	
_____	
_____	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/> 50,970.	
<b>b</b> _____	
_____	
_____	
_____	
_____	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> _____	
_____	
_____	
_____	
_____	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____	
_____	
_____	
_____	
_____	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) _____	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ► <input type="checkbox"/> 50,970.	

Form 990 (2006)

## Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year
	<b>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</b>			
	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	83,534.	46	229,001.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
	56 Investments - other	SEE STATEMENT 4	59,357.	56
	57 a Land, buildings, and equipment basis	57a		
	b Less accumulated depreciation	57b		57c
	58 Other assets, including program-related investments (describe ► )		40,195.	58
	59 Total assets (must equal line 74) Add lines 45 through 58		183,086.	59
				300,750.
	60 Accounts payable and accrued expenses			60
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ► )			65
	66 Total liabilities. Add lines 60 through 65		0.	66
	0.			0.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	125,826.	67	243,490.
	68 Temporarily restricted	57,260.	68	57,260.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		183,086.	73
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		183,086.	74
				300,750.

Form 990 (2006)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)**

a Total revenue, gains, and other support per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 12.	b1	
1 Net unrealized gains on investments	b2	
2 Donated services and use of facilities	b3	
3 Recoveries of prior year grants	b4	
4 Other (specify) _____ Add lines b1 through b4		
c Subtract line b from line a	c	
d Amounts included on Part I, line 12, but not on line a:	d1	
1 Investment expenses not included on Part I, line 6b	d2	
2 Other (specify) _____ Add lines d1 and d2		
e Total revenue (Part I, line 12) Add lines c and d	e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 17.	b1	
1 Donated services and use of facilities	b2	
2 Prior year adjustments reported on Part I, line 20	b3	
3 Losses reported on Part I, line 20	b4	
4 Other (specify) _____ Add lines b1 through b4		
c Subtract line b from line a	c	
d Amounts included on Part I, line 17, but not on line a:	d1	
1 Investment expenses not included on Part I, line 6b	d2	
2 Other (specify) _____ Add lines d1 and d2		
e Total expenses (Part I, line 17) Add lines c and d	e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JUDY BOGESS 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	PRESIDENT 4.00	0.	0.	0.
PRU BEIDLER 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	FIRST VICE PRESIDENT 4.00	0.	0.	0.
CINDY HOLMAN 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	RECORDING SECRETARY 4.00	0.	0.	0.
LAUREN DIXON 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	TREASURER 4.00	0.	0.	0.
KAREN STENSrud 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	SECOND VICE PRESIDENT 4.00	0.	0.	0.
LESLIE DHAMER 585 BANK LANE, SUITE 3000 LAKE FOREST, IL 60045	CORRESPONDING SECRETARY 4.00	0.	0.	0.
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-----				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes	No
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75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 6

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information** (See the instructions)

**Yes** **No**

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <u>N/A</u>		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions )	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

and check whether it is  exempt or  nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

81a 0

b. Did the organization file Form 1120-POI for this year?

81b

x

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	89b	X
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89c	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89d	0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	89e	0.
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90 a	List the states with which a copy of this return is filed ► IL	90b	0
b	Number of employees employed in the pay period that includes March 12, 2006		
91 a	The books are in care of ► LAUREN DIXON Located at ► LAKE FOREST, ILLINOIS	Telephone no. ► 847-234-5000 ZIP + 4 ► 60045	
b	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)? If "Yes," enter the name of the foreign country ► N/A	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI	Other Information (continued)	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ► <u>N/A</u>	91c	X

92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 92	► <input type="checkbox"/> <u>N/A</u>
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Part VII	Analysis of Income-Producing Activities (See the instructions)
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Note: Enter gross amounts unless otherwise indicated		Unrelated business income	Excluded by section 512, 513, or 514	(E) Related or exempt function income		
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue.					10,373.
a	<u>PROGRAM FEES</u>					
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					22,505.
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					12,697.
102	Gross profit or (loss) from sales of inventory					
103	Other revenue:					
a						
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.			32,878.
105	Total (add line 104, columns (B), (D), and (E))					► 168,732.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)
-----------	--

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
---------	---

94	<b>MEMBERSHIP DUES CHARGED TO MEMBERS TO PROVIDE FUNDS FOR THE CLUB'S EXEMPT FUNCTIONS</b>
----	--

93	<b>PROGRAM FEES CHARGED TO MEMBERS TO DEFRAY THE COST OF THE EXEMPT FUNCTION RELATED PROGRAMS</b>
----	---

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)					
(A)	(B)	(C)	(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets	
	%				
N/A	%				
	%				
	%				

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)
--------	--

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

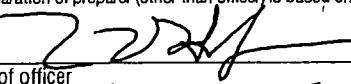
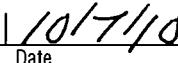
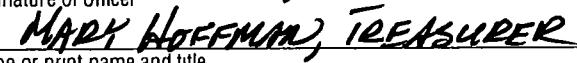
**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge						
Please Sign Here	  					
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)	
			10/6/10	<input type="checkbox"/>		
	Firm's name (or yours if self-employed), address, and ZIP + 4	PASQUESI SHEPPARD LLC 585 BANK LANE LAKE FOREST, IL 60045		EIN		
					Phone no. ► 847 234-5000	

Form 990 (2006)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

**2006**

Name of the organization

**LAKE FOREST GARDEN CLUB**

Employer identification number

**36 6071433**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

Total number of other employees paid over \$50,000

► 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services

► 0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services

► 0

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)			<b>Yes</b>	<b>No</b>
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<input checked="" type="checkbox"/> X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a	<input checked="" type="checkbox"/> X	
b	Lending of money or other extension of credit?	2b	<input checked="" type="checkbox"/> X	
c	Furnishing of goods, services, or facilities?	2c	<input checked="" type="checkbox"/> X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/> X	
e	Transfer of any part of its income or assets?	2e	<input checked="" type="checkbox"/> X	
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	<input checked="" type="checkbox"/> X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	<input checked="" type="checkbox"/> X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<input checked="" type="checkbox"/> X	
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<input checked="" type="checkbox"/> X	
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	<input checked="" type="checkbox"/> X	
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year		► <u>N/A</u>	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		► <u>N/A</u>	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		► <u>0.</u>	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		► <u>0.</u>	

**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  
6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  
7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  
8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  
9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**  
10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)  
11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)  
11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)  
12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)  
13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
     Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions)

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	250,233.	11,435.	51,775.	28,246.	341,689.
16 Membership fees received	20,280.	18,090.	16,015.	14,960.	69,345.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,458.	112,491.	98,198.	84,020.	297,167.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,097.	4,310.	3,373.	3,993.	20,773.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	282,068.	146,326.	169,361.	131,219.	728,974.
24 Line 23 minus line 17	279,610.	33,835.	71,163.	47,199.	431,807.
25 Enter 1% of line 23	2,821.	1,463.	1,694.	1,312.	
26 <b>Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	► 26a				N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. <b>Do not file this list with your return</b> Enter the total of all these excess amounts	► 26b				N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	► 26c				N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	► 26d				N/A
e Public support (line 26c minus line 26d total)	► 26e				N/A
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	► 26f				N/A %
27 <b>Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 160,210. (2004) 10,010. (2003) 46,472. (2002) 0.					
c Add: Amounts from column (e) for lines: 15 341,689. 16 69,345. 17 297,167. 20 _____ 21 _____	► 27c				708,201.
d Add: Line 27a total 0. and line 27b total 216,692.	► 27d				216,692.
e Public support (line 27c total minus line 27d total)	► 27e				491,509.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	► 27f				728,974.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	► 27g				67.4248%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	► 27h				2.8496%
28 <b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

	Yes	No
29		
30		
31		

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

32a	
32b	
32c	
32d	

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

33a	
33b	
33c	
33d	
33e	
33f	
33g	
33h	

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

34a	
34b	
35	

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  if the organization belongs to an affiliated group.

Check  if you checked "a" and "limited control" provisions apply.

### **Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000	20% of the amount on line 40	
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% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	41	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	42	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	43	
	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

#### 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 instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	N/A
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

11



FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HOUSEWALK AND BOUTIQUE	152,861.		152,861.	29,704.	123,157.
TO FM 990, PART I, LINE 9	152,861.		152,861.	29,704.	123,157.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NATIONAL ZONE MEETINGS	1,857.			1,857.
CHELSEA COSTS	8,397.	8,397.		
PROGRAMS	9,122.	9,122.		
YEARBOOK	1,227.			1,227.
INSURANCE	302.			302.
CIVIC MAINTENANCE	10,390.	10,390.		
DUES AND MEMBERSHIP	7,560.	7,560.		
CONTRIBUTIONS	7,640.	7,640.		
EDUCATION	6,310.	6,310.		
MISC	1,484.	1,148.		336.
BANK CHARGES	179.			179.
CIVIC AWARDS	403.	403.		
TOTAL TO FM 990, LN 43	54,871.	50,970.		3,901.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

STATEMENT 3

PART III

## EXPLANATION

ADVANCEMENT OF GARDENING, THE PROMOTION OF HORTICULTURAL KNOWLEDGE, AND THE STIMULATION OF COMMUNITY INTEREST IN CONSERVATION AND CIVIC BEAUTIFICATION.

FORM 990

OTHER INVESTMENTS

STATEMENT 4

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATE OF DEPOSIT	COST	71,749.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		71,749.