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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service 2008, and ending For the 2008 calendar year, or tax year beginning October 1 September 30 20 09 D Employer identification number C Name of organization Friends of Lake Forest Library B Check if applicable use IRS label or Doing Business As as above 0188363 Address change Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Name change type. See (847) 234-0636 360 East Deerpath Initial return Specific City or town, state or country, and ZIP + 4 Termination Lake Forest Illinois 60045 G Gross receipts \$ 172,129 Amended return F Name and address of principal officer Carol Champ, president H(a) Is this a group return for affiliates? Yes No Application pending 1546 Willow Street Lake Forest IL 60045 H(b) Are all affiliates included? ☐Yes ☐No √ 501(c) (3)
✓ (insert no)
√ 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.lakeforestlibrary.org/FOLFnew.html H(c) Group exemption number ▶ Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Year of formation 1976 M State of legal domicile IL Part I Summary 1 Briefly describe the organization's mission or most significant activities: Support LF Library by volunteer labor and conduct program activities to fund library programs & expenditures (in addition to tax levies) & to fund educational scholarships & awards relating to educational & literary activities. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 29 Number of voting members of the governing body (Part VI, line 1a). 29 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a) 75 6 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). SCANNED FEB b Net unrelated business taxable income from Form 990-T, line 34 NA **Current Year** 23,102 26,252 Contributions and grants (Part VIII, line 1h) . 125,706 146,509 Program service revenue (Part VIII, line 2g) . 6,707 2,518 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 158,665 172,129 131,557 78,086 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX) colum R. D. C. D. 17 Other expenses (Part IX, column A), lines 11a-11d, 11f-241) 38,402 34,631 18 Total expenses Add lines 13-17 must equal Part 169,959 112,717 line 25). 8 from OneO Revenue less expenses. Subtract line -11,294 59.412 Beginning of Year End of Year 277,782 418,225 Total assets (Part X, line 16) . OGDEN: UT 10,017 91,048 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 267,765 327,177 Signature Block Under penalties of perior? I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, programmer, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Trapes, director + chair, confe Type or print name and title Date Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours Use Only if self-employed), address, and ZIP + 4 Phone no. ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes_L

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: To operate exclusively for charitable, educational, civic & literary activities; as part of its charitable puposes, it shall act to establish closer relations between the public library and the citizens of Lake Forest, to create an awareness of the facilities & services of the library & to promote the use of the library & may provide physical & financial
2	support to the Lake Forest Library. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes V No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: NA) (Expenses \$ 98,634 including grants of \$ 69,486) (Revenue \$ 146,509) Conducted two used book sales (donations from local residents) - Children's in June & Fall in September 2009 - to raise funds to provide Lake Forest Library with additional resources beyond tax levies: children & youth reading programs, adult reading & writing programs and artistic creation & installation of wall murals in the renovated children's library.
4b	(Code: NA) (Expenses \$ 6,600 including grants of \$ 6,600) (Revenue \$ 0) Awarded sholarships to two Lake Forest High School graduating seniors for meritorious essays on reading & literature and seventeen art awards to Lake Forest and Woodlands Academy students administerred by the Lake Forest Library.
4c	(Code: NA) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0) Provided financial support to CROYA (Committee Representing Our Young Adults), a local support organization for social & psychological needs oy young adults of Lake Forest & Lake Bluff.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > \$ 107.234 (Must equal Part IX Line 25, column (RL)

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		\
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	_	1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		1
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	L
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
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 questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		/
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	1
d	3 , 3 ,	24d	<u> </u>	-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
þ	person from a pnor year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		/

	250 (2500)			age
Ра	rt IV Checklist of Required Schedules (continued)		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	,	1 es	NO
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			,
	**	37	ŀ	! ✓

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	•
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1			į
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	••			
za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0				j
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1	-
b	If "Yes," enter the name of the foreign country ▶				İ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		✓	-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		-	-
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).		• ,	, 4, 25, W	-
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	_ _	*	1	j
	\$75?	7a 7b		-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yos " indicate the number of Forms 8282 filed during the year	7c		✓	
	in res, indicate the number of roms 5252 med during the year			1	-
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	 	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		†	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				٠
а	Did the organization make any taxable distributions under section 4966?	9a			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ	
10	Section 501(c)(7) organizations. Enter:			1	
	401			1	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			[
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
	dross income from members of shareholders				
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b				•

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			لــــا
а	The governing body?	8a	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or 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	11		✓
<u>Sec</u>	tion B. Policies			,
		-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by		, ;	78 1 h
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ĵ.	أنذا
а	The organization's CEO, Executive Director, or top management official?	15a		<u> </u>
b	Other officers or key employees of the organization?	15b		Щ.
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓,
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Dupon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
_	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: Delmon B. Grapes 350 E Woodland Rd Lake Bluff IL 60044 (847) 295-2636	rds o	f the	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the organization did not co	mpensate	any c	offic			ctor,	trus			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per	$\overline{}$			_	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Carol Champ President	varies	1		✓						
Pat Petillo Vice President	varies	1		✓						
Russ Rochenbach Treasurer	varies	1		1						
Dottie Thumler Secretary	varies	/		1						
Todd Puch Membership Secretary	varies	1		1						
Delmon Grapes Chair, Cmte on Audit & Fiance	varies	1								
Carol Brewer, Steve Buchanan, Paige Clifford, Sarah Conway, Karen Dailey,	varies	1								
Jan Gibson, Judy Gummere, Brian Hart, J. Fred Herlocker, Cathy Keller, Marlene Koe,	varies	1								
Louisa Levy, Steve MacFarlane, Richard Mentzinger, Nancy Mieling, Richard Miller,	varies	1								
Sande Noble, Margaret Pairitz, Connie Silvester, Lydia Steck, Walt Sunseri, Anne	varies	1								
Whipple, Carla Wyckoff	varies	/								
							_			
			_	L						
	-		_		_	<u> </u>				
	1									

Part VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hest	Compensate	d Employees (co	ontinued)
(A)	(B)	_			C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							•			
2 Total number of individuals (including those	e ın 1a) wh	o rec	eive	ed n	nore	e than	1 \$1	00,000 in repo	rtable compens	sation from the
organization ▶ NONE									· · · · · · · · · · · · · · · · · · ·	Yes No
3 Did the organization list any former office	r director	or tri	ıcto			omal	5 V66	or highest a	omponented.	Yes No
employee on line 1a? If "Yes," complete S								e, or mignest c	· · · ·	3 🗸
4 For any individual listed on line 1a, is the state organization and related organizations										
 individual. Did any person listed on line 1a receive services rendered to the organization? If " 	or accrue	 comp	pens	satio	on 1	rom :	any	unrelated org	 anızatıon for	4
Section B. Independent Contractors	res, comp	nete .	SCII	eau	ie J	TOT S	ucn	person	· · ·	5 /
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	ictoi	rs that receive	d more than \$1	00,000 of
(A) Name and business add	fress			_			_	(B) Description of s	ervices	(C) Compensation
NONE							L			
										
2 Total number of independent contractors compensation from the organization ▶ N		hose	ın	1) w	/ho	recen	ved	more than \$10	00,000 in	

Part	:_		20110		··	<u> </u>		
Part	VIII	Statement of Reve	mue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d 1d 1e	15,515				
Contributi	g	All other contributions, gifts, gra and similar amounts not included Noncash contributions included in Total. Add lines 1a–1f	d above 1f		23,102		····	
e Revenue	2a b	September book sale		453310 453310	9,301 134,960	9,301 134,960		
Program Service Revenue	d e f	All other program service		453310	2,248	2,248		
6	g	Total. Add lines 2a-2f .		🕨	146,509			
	3 4 5	Investment income (included other similar amounts) . Income from investment of the similar income (included income).	ding dividends	i, interest, and i	2,518			2,518
	6a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal		,		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	Less: cost or other basis and sales expenses						
r Revenue	l	Net gain or (loss)	fundraising on line 1c).					
Other		Less. direct expenses Net income or (loss) from		vents ▶				
	Ь	Gross income from gamin See Part IV, line 19 Less: direct expenses.	a b					
	10a b	Net income or (loss) from Gross sales of inven returns and allowances Less: cost of goods sold Net income or (loss) from Miscellaneous Reven	itory, less a l b sales of invento					
	b			Business Code				
	е	Total. Add lines 11a-11c Total Revenue. Add line 9c, 10c, and 11e	d . . . es 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	172,129	146,509		2,518

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	71,486	71,486								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,600	6,600	****	, , , , , , , , , , , , , , , , , , ,						
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			*							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages										
9 10 11	and section 403(b) employer contributions) Other employee benefits										
а	Management										
b	Legal	2,715		2.715							
C	Accounting	2,713		2,710							
d e	Lobbying			₹ 1 × × . €							
f	Investment management fees										
g	Other	4,130	4,130								
12	Advertising and promotion	533	533								
13	Office expenses	3,993	3,993								
14	Information technology	1,458	1,458								
15	Royalties	4 000		4 000							
16	Occupancy	1,990		1,990							
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest										
	Payments to affiliates										
22 23	Depreciation, depletion, and amortization . Insurance	900		900							
				300							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		•	λţ							
а	Equipment rental	14,978	14,978								
b	Postage	1,909	1,909								
С	Telephone, printing, misc.	2,026	2,148	-122							
d		—									
e	All of										
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	112,717	107,234	5,483							
25 26	Joint Costs. Check here ▶ ☐ If following	112,111	101,234	5,463							
_ *	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o	B) of year	
	1	Cash—non-interest-bearing	274,905	1		310	,577
	2	Savings and temporary cash investments		2		<u> 100</u>	,593
	3	Pledges and grants receivable, net	1,977	3			
	4	Accounts receivable, net		4		5	<u>,543</u>
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ğ	9	Prepaid expenses and deferred charges	900	9		1	,512
	10a	Land, buildings, and equipment cost basis 10a					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10c			
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11	. =	12			
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	277,782	16		418	,225
	17	Accounts payable and accrued expenses	10,017	17		91	,048
	18	Grants payable		18			_
	19	Deferred revenue		19			
Liabilities	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability. Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key		,			
ä		employees, highest compensated employees, and disqualified					
_		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	10,017	26		91	,048
alances	:	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	4			·····	
<u>a</u>	27	Unrestricted net assets	267,765			327	<u>,177</u>
Ba	28	Temporarily restricted net assets		28			
5	29	Permanently restricted net assets		29			
or Fund B		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			· 		
Net Assets	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ž	33	Total net assets or fund balances	267,765				,177
_	34	Total liabilities and net assets/fund balances	277,782	34		418	3,225
Pa	irt XI	Financial Statements and Reporting					
			_			Yes	No
1		ounting method used to prepare the Form 990: 🗌 Cash 🛮 🛭 Accrua			<u> </u>	 	
		re the organization's financial statements compiled or reviewed by an inc	•	t? .	2a	-	ļ
		re the organization's financial statements audited by an independent acc			_ <u>2</u> b	/	<u> </u>
C		'es" to lines 2a or 2b, does the organization have a committee that assumes	•	-		1	
^		audit, review, or compilation of its financial statements and selection of an in			_2c	✓	
32		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?			_		
ŀ		es," did the organization undergo the required audit or audits?			3a 3b	 	<u> </u>
_		,		· · ·	_ 1 00	1	ı

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

, | 20t

Employer Identification number

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Friends of Lake Forest Library 51 0188363 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **c** ☐ Type III–Functionally integrated **d Z** Type III-Other e 🗵 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes Nο Lake Forest Library 36-6005959 69,486 Total 69,486

Par	Support Schedule for Org (Complete only if you check	anizations C	Described in on line 5, 7, 6	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support				/		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	not	applicable				
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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3					 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			4 、	į	(V	<i>y</i>
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	. \$	74 W	/\` \s'/	. **	i i i i i i i i i i i i i i i i i i i	Á
	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u></u>		<u></u>	<u> </u>	
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth			ction 501(c)(3)
	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line		-	1, column (t))		14	<u>%</u> %
15	Public support percentage from 2007 Scl						
16a	331/3 % support test—2008. If the organization qualifies		_		line 14 is 33/3	% or more, o	neck this box
.	and stop here . The organization qualifies 33% % support test—2007. If the organization	-	•		and line 15 is		
b	box and stop here. The organization qua			•	and line 15 is	33/3 /6 OF THE	►
17a	10%-facts-and-circumstances test—20	•		-	line 13 16a o	r 16b and lin	
., .	more, and if the organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here	. Explain in P	art IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstant"	acts-and-circum ances" test. The	nstances" test, o organization qui	check this box a alifies as a public	and stop here cly supported o	. Explain in P rganization	art IV how the ► □
18	Private foundation. If the organization did	I not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see	instructions ► 🔲

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

	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)				
	tion A. Public Support							
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	800	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	not	applicable					
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 Total. Add lines 1-5							
6 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b					<u> </u>		
8	Public support (Subtract line 7c from line 6.)	٠						
	tion B. Total Support				l"			
Ça	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	800	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						-	
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						-	
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for to organization, check this box and stop	L	n's first, secor		h, or fifth tax y			501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percei	ntage					
15	Public support percentage for 2008 (lin				(f))	15		%
16	Public support percentage from 2007 S			⁷ g	<u> </u>	16		%_
Sec	tion D. Computation of Investmen	· · · · ·	-			r : - r		
17	Investment income percentage for 200			•	olumn (f)) .	17		%_ %
18 19a	Investment income percentage from 20 33% % support tests – 2008. If the organization				and line 15 is r		n 331/ 0/	
ızd	17 is not more than 33% %, check this b							
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more	e than 3	3⅓ %, and
20	Private foundation. If the organization		_	•	•		_	

chedule A (Form 990	or 990-EZ) 20	008							Page 4
Part IV Sup	plemental	Information a or 17b; or f	. Complete Part III, line	this part to 12. Provide	provide the any other a	ne explanational in	on required formation. (s	by Part II, lir ee instructio	ne 10; ns)
		:							
		-							
		• ,							
		,							
		<u>.</u>					**-*		
	·	······································						- 	
		·							
	-								
									
		·							
								••	
								• • • • • • • • • • • • • • • • • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer	identification number
Frie	nds of Lake Forest Library			51	0188363
Pai	Organizations Maintaining Do the organization answered "Yes		ilar Fun		·
		(a) Donor advised funds		(b) Fund	is and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and funds are the organization's property, sub	ject to the organization's exclusive leg	al contro	ol?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, of used only for charitable purposes and not	onors, and donor advisors in writing to for the benefit of the donor or donor	hat grant advisor o	funds ma or other	ay be
					· · Yes No
Pai	t II Conservation Easements. Com	plete if the organization answered "	Yes" to F	orm 990	, Part IV, line 7.
1	Purpose(s) of conservation easements hel		pply).		
	Preservation of land for public use (e.g				cally important land area
	Protection of natural habitat	☐ Prese	rvation o	f certified	historic structure
_	Preservation of open space		41 4		
2	Complete lines 2a-2d if the organization he on the last day of the tax year.	id a qualified conservation contribution	in the for	m or a con	servation easement
	on the last day of the tax year.				Held at the End of the Year
_	Total number of conservation easements			2a	110.000.000.000.000.000
a	Total acreage restricted by conservation			2b	
b	Number of conservation easements on a		 (a)	2c	
d	Number of conservation easements include			2d	
3	Number of conservation easements mode the taxable year ▶	• • •		ninated by	the organization during
4	Number of states where property subject	to conservation easement is located	-		
5	Does the organization have a written police enforcement of the conservation easemer		•		
6	Staff or volunteer hours devoted to monit				
7	Amount of expenses incurred in monitoring	ig, inspecting, and enforcing easemen	ts dunng	the year	\$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			of section 	🗌 Yes 🗌 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserv	the text of the footnote to the organiz	s revenue ation's fir	e and exp nancial sta	ense statement, and atements that describes
Pa		ections of Art, Historical Treasure	s. or Ot	her Simi	lar Assets
انتها	Complete if the organization ans	wered "Yes" to Form 990, Part IV, I	ne 8.		
1a	If the organization elected, as permitted u art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnote	sets held for public exhibition, education	n, or rese	arch in fur	therance of public service,
b	If the organization elected, as permitted unistorical treasures, or other similar asset provide the following amounts relating to	s held for public exhibition, education, these items:	or resea	rch in furt	therance of public service,
	(i) Revenues included in Form 990, Part				
	(ii) Assets included in Form 990, Part X			. •	\$
2	If the organization received or held work following amounts required to be reported	s of art, historical treasures, or other d under SFAS 116 relating to these ite	sımılar a: ms:	ssets for t	financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1			► \$ ► \$

Par	t III Organizations Maintaini	ng Collections	of Art, Historica	al Treasures, or	Other Similar As	sets (continued)
3	Using the organization's accession attems (check all that apply):	and other records	s, check any of t	he following that	are a significant us	se of its collection
а	Public exhibition		a ∐ ι	oan or exchange	programs	
b	Scholarly research		e ∐ (Other		
С	Preservation for future generate					
4	Provide a description of the organization Part XIV.					mpt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	ained as part of th	e organization's co	ollection?	Yes No
	Trust, Escrow and Custo Part IV, line 9, or reported	an amount on I	Form 990, Part	X, line 21.		
	Is the organization an agent, trustee included on Form 990, Part X?				or other assets no	t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follow	ing table.		nount
				-		nount
С	5 5			· · · · · -		
d	Additions during the year			–	d	
е	3 ,				e	
f	Ending balance			· · · · · -	<u> f </u>	
<u>b</u>	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.				∐ Yes ∐ No
Pai	t V Endowment Funds. Con				990, Part IV, lin	
	-	(a) Current year	(b) Pnor year	(c) Two years back		
1a	Beginning of year balance			**		1/2
b	Contributions			<u> </u>	7 184	1
С	Investment earnings or losses .		*		<u> </u>	3 '
d	Grants or scholarships		<u> </u>			
е	Other expenditures for facilities and programs		\$.	***		**
f g	Administrative expenses End of year balance		* **			7***
2	Provide the estimated percentage o	f the year end ba	lance held as			
а	Board designated or quasi-endowm	-				
ь	Permanent endowment ▶	%				
С	Term endowment ▶%)				
3a	Are there endowment funds not in th organization by:	e possession of the	ne organization th	at are held and ac	Iministered for the	Yes No
	(i) unrelated organizations					3a(i)
	ma t i i					3a(ii)
b	If "Yes" to 3a(ii), are the related organization					3b
4	Describe in Part XIV the intended us					
Pai	t VI Investments—Land, Bu	ildings, and Eq	uipment. See l	Form 990, Part X	(, line 10.	
	Description of investment	(a) Cost or of (investment)		ost or other (c sis (other)	c) Depreciation	(d) Book value
1a	Land					
ь	Buildings					
c	Leasehold improvements					
d	Equipment					
	Other					
Tota	II. Add lines 1a-1e (Column (d) should e	equal Form 990, Pa	art X, column (B), l	ine 10(c).)	•	

Scriedale D (i onli 330) 2000			rage U
Part VII Investments - Other Securitie	s. See Form 990, Part X	i, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	· 	1.	
	-		
	· 		
		 	
·	-		
Total. (Column (b) should equal Form 990, Part X, coi (B) line 12.)			
Part VIII Investments - Program Relate	ed. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
,,,		Cost or end-of-year market	value
	 		
	<u> </u>		
	<u> </u>		
		<u> </u>	
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	<u></u>	*	
Part IX Other Assets. See Form 990, P.	art X. line 15.	1998	3.5
Care record coo rolli coo; i	(a) Description		(b) Book value
	···		
	<u> </u>		
	 		
Total. (Column (b) should equal Form 990, Part X, c	ol (P) (no. 15.)		
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes		\neg	
		-	
		7	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	lule D (Form 990) 2008	.4-	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer		472 420
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	172,129
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	112,717
3	Excess or (deficit) for the year. Subtract line 2 from line 1		59,412
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	· ····································
6	Investment expenses	7	
7	Prior period adjustments	8	· ·
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4–8	9	0 0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		59,412
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	172,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	-	
	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV)	2e	•
е	Add lines 2a through 2d	3	470.400
3	Subtract line 2e from line 1	-3	172,129
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b	\dashv \mid	
b	Other (Describe in Fart XIV)	10	•
С 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	4c	472.400
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		172,129
		1	112,717
1	Total expenses and losses per audited financial statements		112,717
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated Services and use of lacindes	\dashv \vdash	
þ	rnor year adjustments	-	
	Losses reported on Form 550, Fart IX, line 25		
	Other (Describe III are XIV)	2e	
_	Add lines 2a through 2d	3	112,717
3	Subtract line 2e from line 1	3	112,717
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-	
	Other (Describe in Fait Arv)	10	
С 5	Add lines 4a and 4b	4c 5	110 713
صفع	t XIV Supplemental Information		112,717
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		, lines 1b

Schedule D (For	m 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
I di C XIV	Supplemental Miles (commissed)	
· · · · · · · · · · · · · · · · · · ·		
		•••••
·		
		
		• • • • • • • • • • • • • • • • • • • •

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public OMB No 1545-0047 2008

Inspection Employer identification number

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

Friends of Lake Forest						51	0188363
Part I General Information on Grants and Assistance	on Grants and	Assistance					:
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	n records to subs	stantiate the amou	nt of the grants or as	sistance, the grantee	s' eligibility for the gra	nts or assistance, an	рı
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ward the grants cation's procedure	or assistance?		or the United States	•		. 🗹 Yes 🗆 No
T L	sistance to Go	dernments and	Organizations in th	to Haited States	conclute if the organ	pization appropried	"Xoo" oo
	21, for any rec	ipient that received	red more than \$5,00	30. Check this box	if no one recipient r	eceived more than	\$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	-1 (Form 990) it	additional spac	e is needed				▲
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant assistance assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lake Forest Library	6969009-9£	LF Library	69,486				Prgms&Phys Plant
Lake Forest Winois						į	
							1,000,000
1	501(c)(3) and gove	ernment organizations	suo				-
3 Enter total number of other organizations	janizations .					•	-
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, s	ee the Instructions	for Form 990.	J	Cat No 50055P	v.	Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

Use Schedule I-1 (Form 990) if additional space is needed	tional space is ne	eded.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarship to local secondary school students	2	2,000			
Art awards to local secondary school students	17	4,600			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pr	ovide the informatic	on required in Part	I, line 2, and any other	additional information.
7	bcommittees (Lib	rary Special Projects	& Scholarships) m	onitor the awards of gran	nts through selection criteria &
monitor progress as appropriate.					

Schedule I (Form 990) 2008

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047	
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Open to Public

See separate instructions.

Identification of Disregarded Entities

Part I

Friends of Lake Forest Library

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number

0188363

51

Schedule R (Form 990) 2008 (F)
Direct controlling entity City of L. Forest (F) Direct controlling Public charity status (if section 501(c)(3)) (E) End-of-year assets Œ 170(b)(1)(A)(v) Exempt Code section (D) Total income 9 Cat No 50135Y Legal domicile (state or foreign country) Legal domicile (state or foreign country) Ō Illinois Primary activity Primary activity public library <u>@</u> For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. -Lake Forest Library-360 East-Deerpath Lake Forest-IL-60045------Identification of Related Tax-Exempt Organizations (A)
Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Part II

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes	Ŷ.	Yes No
		;								
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust	nization	s Taxable as a (Corporation or	. Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	исоше	(G) Share of end-of-year assets	(H) Percentage ownership
										,
									Schedule R (Form 990) 2008	n 990) 2008

230/ 2000	Transactions With Related Organizations
selledule it (i olili oso) Esse	Part V

Part V Transactions With Related Organizations				· l
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		1	\neg
		e ‡	1	
b Gift, grant, or capital contribution to other organization(s)		2 .	 	1
		2 =		, ,
		2 4		
e Loans or loan guarantees by other organization(s)			Γ	Γ
f Sale of assets to other ordanization(s)		=		\
a Purchase of assets from other organization(s)		1		\
		£		\
i Lease of facilities, equipment, or other assets to other organization(s)		=	1	\
			+	
j Lease of facilities, equipment, or other assets from other organization(s)		= ;	+	,
k Performance of services or membership or fundraising solicitations for other organization(s)		¥;	+	,
I Performance of services or membership or fundraising solicitations by other organization(s)		F .	+	
m Sharing of facilities, equipment, mailing lists, or other assets		Ę,	,	
n Sharing of paid employees		5	+	\
		ç		7,
• Reimbursement paid to other organization for expenses		5 5		
p Reimbursement paid by otner organization for expenses		•	+	Γ
		10	 	,
d Other transfer of cash or property to other organization(s)		=	 	. 🖍
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transa	action thi	resholc	ls.
	Ę	9		
(A) Name of other organization(s)	(B) Transaction type (a−r)	(C) Amount involved	nvolved	
Lake Forest Library	œ		69,486	98
Lake Forest Library (2)	8		٤	none
(6)				
(4)				-
(5)				
(9)				
	Schedule	Schedule R (Form 990) 2008	990) 2	8

Page 4

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

of gloss revenue, that was not a related organization. One first defining explicitly participantly.	su action is regal all ig exert			paratricumbs.					
₹	(<u>a</u>)		<u>e</u>			<u> </u>		Ē	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	Iners Share of end-of-year		Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	General or managing partner?	alor ging er?
			organizati				(Form 1065)		
			Yes	No	Yes	%		Yes	S
								-	
						,			
									<i>'</i>

Schedule R (Form 990) 2008