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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0052

FOI	aten	dar year 2008, or tax year beginning OCT.	1, 2000	, and e	namy	SEP 30, 2009	
G 0	heck	all that apply: Initial return F	inal return	Amended retu	ırn	Address change	Name change
lise	the l	RS Name of foundation				A Employer identification	number
	abel.						
Oth	erwis	se, LAKESHORE FOUNDATION				63-0288847	
	print	Number and street (or P O box number if mail is not del	ivered to street address)		Room/suite	B Telephone number	
0	type	4000 RIDGEWAY DRIVE				(205)313-7	413
See	Spec	City or town, state, and ZIP code	-		·	C If exemption application is pe	
inst	uctio	BIRMINGHAM, AL 35209				D 1 Foreign organizations	
	h a a le		amot private foundation			2 Foreign organizations med check here and attach cou	eting the 85% test
H C				dation			
<u> </u>			Other taxable private found	X Accr		E If private foundation stat	us was terminated
		rket value of all assets at end of year J Accounting	•	LAL ACCI	ruai	under section 507(b)(1)	• • • •
-			ner (specify)			F If the foundation is in a 6	
		103,622,411. (Part I, colui	nn (a) must be on cash	Dasis)	-	under section 507(b)(1)	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and		ivestment	(c) Adjusted net	 (d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	1	ome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	912,083	•			
	2	Check I if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	302,598		2,598.		STATEMENT 2
	4	Dividends and interest from securities	1,172,983		2,983.	1,172,983.	
	5a	Gross rents	2,776,261	2,27	6,261.	2,276,261.	
	Ь	Net rental income or (loss) 2,264,191.					STATEMENT 5
_		Net gain or (loss) from sale of assets not on line 10	<179,711	•>			STATEMENT 1
Revenue	h	Gross sales price for all assets on line 6a 15,154,917.	· · · · · · · · · · · · · · · · · · ·				
ě	7	Capital gain net income (from Part IV line 2)	<u> </u>	1	0.		
æ	8	Net short-term capital gain		 	•	0.	
	١،	' -					
	19	Income modifications Gross sales less returns and allowances 3,665.					STATEMENT 6
	1.	2 526					511111111111111111111111111111111111111
			1,129	-		1,129.	
		Gross profit or (loss)			0.	1,094,771.	CONTRACTOR 7
	11	Other income	1,094,771		1,842.	4,847,742.	SIAIEMENI /
	12	Total. Add lines 1 through 11	6,080,114				392,274.
	13	Compensation of officers, directors, trustees, etc	392,274		0.	0.	830,011.
	14	Other employee salaries and wages	830,011		0.	0.	
Ø	15	Pension plans, employee benefits	223,434		0.	0.	223,434.
1Se	ı	Legal fees STMT 8	73,832		0.	0.	73,832.
Expenses		Accounting fees STMT 9	37,000		0.	0.	37,000.
푘	C	One poles in Head STMT 10	32,255		0.	0.	32,255.
3	17		1,122,885	•	0.	0.	1,122,885.
ig.	μķ	Taxes 9 4 2010					
<u>.</u>	P)	Depreciation and Depletion	947,377		0.	0.	
aņ d Administratuve	20_	Occupancy	978,988		0.	0.	978,988.
₹	21	Try conferences, and meetings	18,955		0.	0.	18,955.
핥	22	Printing and publications	14,636		0.	0.	14,636.
Ď	23	Other expenses STMT 11	5,393,855		1,893.	748,719.	4,645,136.
Operating	24	Total operating and administrative					
oer		expenses Add lines 13 through 23	10,065,502	. 65	1,893.	748,719.	8,369,406.
ō	25	Contributions, gifts, grants paid	9,690				8,369,406. 9,690.
		Total expenses and disbursements.	· · · · · · · · · · · · · · · · · · ·	1			
		Add lines 24 and 25	10,075,192	. 65	1,893.	748,719.	8,379,096.
	27	Subtract line 26 from line 12:		1	_,		
	l		<3,995,078				
	Ι.	Excess of revenue over expenses and disbursements	73,333,070		9,949.		
	l	Net investment income (if negative enter -0-)		1 3,03	· / , / = / •	4,099,023.	
	٠ ـ ـ	Adjusted net income (if negative lenter -0-)	Ana Alesian and Aberiana	1	·	=,0,3,043.	Form 990-PF (2008)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	П	
	(must agree with end-of-year figure reported on prior year's return)	1	65,547,509.
2	Enter amount from Part I, line 27a	2	<3,995,078.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	61,552,431.
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 12	5	2,129,119.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	59,423,312.

(a) List and descr	and Losses for Tax on In tibe the kind(s) of property sold (e g rehouse; or common stock, 200 shs	, real estate,		b) How acqu P - Purchas D - Donatio	se	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE ATTACHED				P			
b							
<u>C</u>							
<u>d</u>							
e (e) Gross sales price	(f) Depreciation allowed	(g) Cost or o	ther basis			(h) Gain or (loss	
` '. <u></u>	(or allowable)	plus expen				(e) plus (f) minus (
a 15,154,917.		15,	334,628	•			<179,711.
С							
d e				-			_
	g gain in column (h) and owned by t	Lthe foundation on 1	2/31/69		(1)	Gains (Col (h) gain	minus
(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess	of col. (i)	1		(k), but not less that Losses (from col. (n -0-) o r
	as of 12/3 1/69	over col. (j), ii any			200000 (<179,711.
a b			-				<u> </u>
C		-					
d							
е				+			
2 Capital gain net income or (net cap	oital loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter } -0 \end{cases}$	in Part I, line 7 - in Part I, line 7		} 2			<179,711.
3 Net short-term capital gain or (los	`						
If gain, also enter in Part I, line 8,	column (c).	. ,		} _			0
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced Ta	x on Net li	yestme	nt Inco	nme	0.
(For optional use by domestic private	`						N/A
	•	io io (a) tan on not n		,,,			-1,
If section 4940(d)(2) applies, leave th							
Was the foundation liable for the sect If 'Yes,' the foundation does not qualing the Enter the appropriate amount in e	fy under section 4940(e) Do not co	mplete this part.	·	d? 			Yes No
(a)	(b)	actions before maki		(c)		T	(d)
Base periód years Calendar year (or tax year beginnin	Adwated avalitings dust	tributions Ne	t value of nonc		e assets		oùtion ratio vided by col. (c))
2007							
2006						<u> </u>	
2005							
2003						·	
						1 1	
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the 5		on line 2 by 5, or by	the number of	years			
the foundation has been in existen	ice it less than 5 years					3	
4 Enter the net value of noncharitable	le-use assets for 2008 from Part X,	ine 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	e (1% of Part L line 27h)					6	
	o carrott are is mino er by						
7 Add lines 5 and 6						7	.
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line	1b. and complete to	hat part using a	ı 1% tax rate	<u>.</u>	8	
See the Part VI instructions			p.s 20mg 0				

X

Х

86

10

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

orm 990-Pr	(2008) LAKESHORE FOUNDATION	63	-02888	347	1	age 5
Part VII	-A Statements Regarding Activities (continued)					_
11 At any	time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of					
	1512(b)(13)? If "Yes," attach schedule (see instructions)		l	11	Х	
12 Did the	foundation acquire a direct or indirect interest in any applicable insurance contract before		Ī			
	17, 2008?		l	12		X
	foundation comply with the public inspection requirements for its annual returns and exemption application?	,	F	13	Х	
	e address ► WWW.LAKESHORE.ORG		L	<u> </u>		
		ephone no. >2	05 - 313	1-7	413	
	dat ► 4000 RIDGEWAY DRIVE, BIRMINGHAM, AL		+4 ▶ 352			-
	1 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\overline{}$	\Box
	ter the amount of tax-exempt interest received or accrued during the year	▶ 15	: 1	N	/ A	L
	-B Statements Regarding Activities for Which Form 4720 May Be Requi		<u>' </u>		<i>,</i>	
		i eu		— т	Yes	No
	orm 4720 if any item is checked in the "Yes" column, unless an exception applies.		⊦	\dashv	163	INO
_	the year did the foundation (either directly or indirectly).		v],,_			
• •	gage in the sale or exchange, or leasing of property with a disqualified person?	L Yes ∟	X No			
	prrow money from, lend money to, or otherwise extend credit to (or accept it from)				ŀ	
	disqualified person?		X No			
	rnish goods, services, or facilities to (or accept them from) a disqualified person?		X No			
(4) Pa	y compensation to, or pay or reimburse the expenses of, a disqualified person?	L Yes L	X No	ĺ		
(5) Ti	ansfer any income or assets to a disqualified person (or make any of either available			l		
fo	r the benefit or use of a disqualified person)?	Yes L	X No	l		
(6) A	pree to pay money or property to a government official? (Exception. Check "No"			ŀ		
ıf	the foundation agreed to make a grant to or to employ the official for a period after				l	
te	rmination of government service, if terminating within 90 days)	Yes	X No		ļ	
b If any	answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations					
section	i 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
	zations relying on a current notice regarding disaster assistance check here		▶□ 「			
=	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not o	corrected		ł		
	the first day of the tax year beginning in 2008?			1c		X
	on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating	1 foundation	<u> </u>			
	1 in section 4942(j)(3) or 4942(j)(5)):	,	1			
	end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax yea	ir(s) healanina	-		ł	
	2008?		X No		i	
	ist the years , , , , , , , , , , , , , , , , , , ,		110			
	ere any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating	a to incorrect				
	• •					
	on of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer *N		NT / Z	۸.		
	ent - see instructions.)		N/A	2b		-
c it the p	rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
_ ▶_		_				
	foundation hold more than a 2% direct or indirect interest in any business enterprise at any time					
_	the year?		X No			
	did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualifie,	•			-	
	5, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 494		se		İ	
of hole	lings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use		_	- 1		
Form	4720, to determine if the foundation had excess business holdings in 2008)		N/A L	3Ь		
4a Did th	foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
b Did the	foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chari	table purpose that	t [1		
had no	t been removed from jeopardy before the first day of the tax year beginning in 2008?			4b		Х

DAMIAN VEAZEY 0. 4000 RIDGEWAY KATHY COUCH HOLLIS CONTROLLER 4000 RIDGEWAY DR. BHAM AL 35209 40.00 73,476. 0. 2,204 LAURIE MALONE DIR. RESEARCH/EDUCATION 4000 RIDGEWAY BHAM, 35209 0. DR. AL40.00 84,737 5,666 NATALIE HAUSMAN-WEISS DIRECTOR OF DEVELOPMENT 4000 RIDGEWAY DR., <u>35209</u> 0. BHAM AL 28.00 72,398. 2,172. KEVIN ORR DIRECTOR OF ATHLETICS 4000 RIDGEWAY 35209 9,570 0. DR. BHAM AL 40.00 52,708. Total number of other employees paid over \$50,000

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Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service HEALTHSOUTH LAKESHORE PROFESSIONAL 3800 RIDGEWAY DRIVE, BIRMINGHAM, AL 35209 SERVICE/MAINT. CONTR 320,504. BLUE CROSS BLUE SHIELD BOX 360037, BIRMINGHAM, AL 35236 HEALTH INSURANCE 294,416. MCGRIFF, SIEBELS & WILLIAMS 165,092. DRAWER #456, P.O. BOX 10265, BIRMINGHAM, AL35 INSURANCE CANTERBURY TRUST ACCOUNTING, 800 SHADES CREEK PARKWAY, SUITE 325, BIRMINGHACONSULTING AND INVES 116,094. P.S. SITE MANAGEMENT 129,320. 108 ROYAL CHASE DRIVE, PELHAM, AL 35124 LANDSCAPING Total number of others receiving over \$50,000 for professional services Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 RECREATION/ATHLETIC PROGRAMS AND EVENTS FOR PEOPLE WITH PHYSICAL DISABILITIES INCLUDING INJURED MILITARY 2,987,046. 2 FITNESS/AQUATIC PROGRAMS FOR PEOPLE WITH PHYSICAL DISABILITIES 2,177,139. 3 TRAINING SITE SUPPORT FOR U.S. PARALYMPIC AND USOC ATHLETES 116,888. 4 EVALUATION, OUTCOME MEASUREMENT, AND RESEARCH ACTIVITY DESIGNED TO DEMONSTRATE EFFECTIVENESS OF PROGRAMS 2,273,875. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE 0. 2 NONE 0. All other program-related investments. See instructions. **>** 0.

Total. Add lines 1 through 3

For	m 990-PF (2008) LAKESHORE FOUNDATION	63-0288847	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a 47,626	<u>,843.</u>
þ	Average of monthly cash balances		,605.
C	Fair market value of all other assets	1c 17,968	
d	Total (add lines 1a, b, and c)	1d 66,456	,736.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 66,456	,736.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 996	,851.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 65,459	,885.
6	Minimum investment return. Enter 5% of line 5	6 3,272	,994.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here X and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a 8,379	
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2 83	,339.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 8,462	,435.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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6

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

63-0288847

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
Distributable amount for 2008 from Part XI, line 7				0.
· ·				•
2 Undistributed income if any, as of the end of 2007 a Enter amount for 2007 only			0.	
b Total for prior years:			<u> </u>	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2008.				
a From 2003				
b From 2004 c From 2005				
d From 2006				
e From 2007				
	0.			
f Total of lines 3a through e	V •			
4 Qualifying distributions for 2008 from Part XII, line 4: ►\$ N/A				
			0.	
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_		п	
(Election required - see instructions)	0.			0
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.	<u> </u>		
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	•			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008 Subtract				
lines 4d and 5 from line 1. This amount must		:		0
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003	,			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005		ļ		
c Excess from 2006		İ		
d Excess from 2007				
e Excess from 2008				

Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)		
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2008, enter the date of th	he ruling		2/26/97	
b Check box to indicate whether the found	dation is a private operatin	g foundation described if	n section	X 4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for	· ·				
each year listed	3,272,994	4,250,506.	5,030,55	3. 4,828,303.	17382356.
b 85% of line 2a	2,782,045.	3,612,930.		0.4,104,058.	14775003.
c Qualifying distributions from Part XII,		<u></u>			
line 4 for each year listed	8,462,435.	9,693,681.	6,505,68	4. 6,049,221.	30711021.
d Amounts included in line 2c not	0,101,100	, , , , , , , , , , , , , , , , , , , ,			
used directly for active conduct of		'			
exempt activities	9,690.	16,080.	16,93	5. 19,727.	62,432.
e Qualifying distributions made directly	7,000				<u> </u>
for active conduct of exempt activities.					
Subtract line 2d from line 2c	8,452,745.	9.677.601.	6.488.74	9. 6,029,494.	30648589.
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter: (1) Value of all assets	0,132,713	3,0,7,70021	0,100,1	3,0,023,123	0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			-		0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed	2,181,996.	2,833,671.	3,353,70	2. 3,218,869.	11588238.
c "Support" alternative test - enter;					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundat	ion had \$5,000 or mo	ore in assets
at any time during t	the year-see the i	nstructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed r	no have contributed more	than 2% of the total cont ection 507(d)(2))	ributions received by	the foundation before the clos	se of any tax
NONE	. , ,				
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large p	ortion of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut Check here ► Information (pes not accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc	•	•	•		
a The name, address, and telephone num CATHY MILLER, $205-31$		n applications should be	addressed		
4000 RIDGEWAY DRIVE,				*****	
b The form in which applications should \mathbf{N}/\mathbf{A}	be submitted and informat	tion and materials they sr	noula incluae:		
c Any submission deadlines: N/A					
d Any restrictions or limitations on award					TZAMIONO
LAKESHORE FOUNDATION WITH A RELATED EXEMP		LECIAL EVEN	IIS OF CHA	KITABLE UKGAN	TOWLTOND

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		·
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ADAPTIVE AQUATICS	NONE		SPONSORSHIP	2,500.
AG GASTON BOYS AND GIRLS CLUB	NONE		DINNER CELEBRATION	500.
ALABAMA CHILD CARING FOUNDATION	NONE		SPONSORSHIP OF ONE CHILD	240.
ALABAMA SPORTS HALL OF FAME	NONE		OXMOOR VALLEY SPONSOR	1,000.
BELL CENTER EARLY INTERVENTION PROGRAM	NONE		ANNUAL SUPPORT	2,500.
CHILDREN'S HOSPITAL	NONE		GALA	250.
			T FOR OV. OF	
MULTIPLE SCLEROSIS SOCIET	YNONE		LEGACY OF LEADERSHIP	2,500.
MULTIPLE SCLEROSIS SOCIET	YNONE		MS WALK	200.
Total	<u>-l</u>	<u> </u>	▶ 3a	9,690.
b Approved for future payment				2,020
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

	Unrolated	husiness income	1 6.3.	510 512 - 511	
Enter gross amounts unless otherwise indicated.		business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue;	code	Amount	code	Amount	function income
a ATHLETIC EVENTS					9,702.
b TRAINING SITE					19,828.
c ATHLETIC PROGRAMS					25,297.
d RECREATION PROGRAM					11,321.
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					893,084.
3 Interest on savings and temporary cash		·-			
investments			14	302,598.	
4 Dividends and interest from securities			14	1,172,983.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property			16	2,264,191.	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<179,711.>	
9 Net income or (loss) from special events					30,678.
10 Gross profit or (loss) from sales of inventory	448000	1,129.			
11 Other revenue:		<u> </u>			
a OTHER INCOME				!	5,847.
b LOSS ON EARLY					
EXTINGUISHMENT OF DEBT				<100,986.>	
d GAIN ON SALE OF CON					
e INTEREST				200,000.	
12 Subtotal Add columns (b), (d), and (e)		1,129.		3,659,075.	995,757.
13 Total. Add line 12, columns (b), (d), and (e)				13	4,655,961.
(See worksheet in line 13 instructions to verify calculations)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

LINE NO.	Explain below now each activity for which income is reported in condition (c) of har XVV A condition of the accomplishment of
\blacksquare	the foundation's exempt purposes (other than by providing funds for such purposes).
1A&C	REVENUE FROM ATHLETIC PROGRAMS AND EVENTS FOR INDIVIDUALS WITH
	PHYSICAL DISABILITIES
1B	REVENUE FROM LAKESHORE FOUNDATION OFFICIAL TRAINING SITE DESIGNATION
1D	REVENUE FROM RECREATION PROGRAMS FOR INDIVIDUALS WITH PHYSICAL
	DISABILITIES
2	MEMBERSHIPS ARE AVAILABLE TO INDIVIDUALS WITH PHYSICALLY DISABLING
	CONDITIONS AND INDIVIDUALS SIXTY YEARS OF AGE OR OLDER AND THEIR
	FAMILIES. MEMBERSHIPS INCLUDE PROGRAMS AND SERVICES AIMED AT
	PROVIDING HEALTH MAINTENANCE AND DISABILITY PREVENTION.
9	PORTION OF FUNDS RECEIVED FROM SPECIAL EVENTS THAT IS NOT DEEMED
	A CHARITABLE CONTRIBUTION.
11A	FUNDS RECEIVED FROM VARIOUS PROGRAM RELATED FUNCTIONS.

• Form 990-	PF-(2008) LAKES	HORE FOUND	DATION		63-0288	3847	Pa	ige 13
Part X	VII Information Re	egarding Trans		d Transactions a	nd Relationships With Nonchar	ritable		9
1 Did+	Exempt Organ		the following :	with any other eresponsite	a described in section 501(a) of	1	Yes	No
	ne organization directly or indi Gode (other than section 501(c)				n described in section 501(c) of		162	NO
	sfers from the reporting found:			- · ·	zations.			
(1)			o oxompt organ	nearion or.		1a(1)		х
• •	Other assets					1a(2)		X
b Othe	r transactions;							
(1)	Sales of assets to a noncharita	ble exempt organizatio	n			1b(1)		Х
(2)	Purchases of assets from a no	ncharitable exempt org	ganization			1b(2)		Х
(3)	Rental of facilities, equipment,	or other assets				1b(3)		Х
• •	Reimbursement arrangements					1b(4)		Х
	Loans or loan guarantees					1b(5)		Х
, ,	Performance of services or me	•	•			1b(6)	ļ	X
	ing of facilities, equipment, ma	-		-		1c	<u> </u>	X
	•	•	-	• •	ays show the fair market value of the goods, o		sets,	
	nn (d) the value of the goods,			iess man fair market value	e in any transaction or sharing arrangement, sl	IUW III		
(a)Line no	(b) Amount involved			kempt organization	(d) Description of transfers, transactions, and s	haring ar	rangeme	ents
		(1,111	N/A					
						•		
				·				
				•				
								
	 		-		<u> </u>			
2a Is th	e foundation directly or indirec	tly affiliated with, or re	lated to, one or	more tax-exempt organiz	ations described			
ın se	ction 501(c) of the Code (othe	r than section 501(c)(3	3)) or in section	1 527 ?		Yes	X] No
b If "Ye	s," complete the following sch		 ,					
	(a) Name of org	anization	(b) Type of organization	(c) Description of relationsh	пр		
	N/A							
-								
								

(205)979-4100 Form **990-PF** (2008)

Preparer's identifying number P00081132

63-1239864

Sign Here

cer or trustee

if self-employed), address and ZIP code 2500 ACTON ROAD

BIRMINGHAM,

Title

Check if selfemployed

EIN ▶

Phone no.

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,

Date 5/15/10
WARREN, AVERETT, KIMBROUGH & MARINO, LLC

ALABAMA

Date

35243

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

LAKESHORE FOUNDATION 63-0288847 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2008) for Form 990. These instructions will be issued separately.

Employer identification number

LAKESHORE FOUNDATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BALCH BINGHAM, LLP 1910 6TH AVE. NORTH, SUITE 2600 BIRMINGHAM, AL 35203-4644	\$9,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AT&T BELLSOUTH 600 19TH STREET NORTH BIRMINGHAM, AL 35203	\$9,520.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	BLUE CROSS BLUE SHIELD OF ALABAMA P.O. BOX 995 BIRMINGHAM, AL 35298-0001	\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
			l e
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4 DEPARTMENT OF ALABAMA VETERANS OF FOREIGN WARS P.O. BOX 231177 MONTGOMERY, AL 36123	(c) Aggregate contributions \$10,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
No.	Name, address, and ZIP + 4 DEPARTMENT OF ALABAMA VETERANS OF FOREIGN WARS P.O. BOX 231177	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there
4 (a)	Name, address, and ZIP + 4 DEPARTMENT OF ALABAMA VETERANS OF FOREIGN WARS P.O. BOX 231177 MONTGOMERY, AL 36123 (b)	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	Name, address, and ZIP + 4 DEPARTMENT OF ALABAMA VETERANS OF FOREIGN WARS P.O. BOX 231177 MONTGOMERY, AL 36123 (b) Name, address, and ZIP + 4 EBSCO INDUSTRIES P.O. BOX 1943	\$ 10,000.	Person X Payroll
(a) No. 5	Name, address, and ZIP + 4 DEPARTMENT OF ALABAMA VETERANS OF FOREIGN WARS P.O. BOX 231177 MONTGOMERY, AL 36123 (b) Name, address, and ZIP + 4 EBSCO INDUSTRIES P.O. BOX 1943 BIRMINGHAM, AL 35201-1943 (b)	\$ 10,000. (c) Aggregate contributions (c) 101,000.	Type of contribution Person X Payroll

Name of organization

Employer identification number

LAKESHORE FOUNDATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	LAKESHORE SUPPORT ORGANIZATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	\$150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ROBERT R. MEYER FOUNDATION P.O. BOX 11426 BIRMINGHAM, AL 35202	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	STEPHENS FOUNDATION P.O. BOX 1943 BIRMINGHAM, AL 35201-1943	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	SUSAN MOTT WEBB CHARITY TRUST P.O. BOX 11426 BIRMINGHAM, AL 35202	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	TELECOM PIONEERS PIONEER ACCOUNTING CENTER 930 15TH STREET, 12TH FLOOR DENVER, CO 80202	\$12,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>12</u>	EYESIGHT FOUNDATION OF ALABAMA 700 SOUTH 18TH STREET, SUITE 123 BIRMINGHAM, AL 35233	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

LAKESHORE FOUNDATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) · Aggregate contributions	(d) Type of contribution
13	VULCAN MATERIALS COMPANY FOUNDATION P.O. BOX 385014 BIRMINGHAM, AL 35238-5014	\$9,000.	Person X Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	BAE SYSTEMS 2101 WEST 10TH STREET ANNISTON, AL 35203	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	BROCK FOUNDATION P.O. BOX 11643 BIRMINGHAM, AL 35202-1643	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	P.O. BOX 1569 PELHAM, AL 35124	\$9,520.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	HILL CREST FOUNDATION P.O. BOX 530507 BIRMINGHAM, AL 35253	\$33,000.	Person X Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	MR. & MRS. J. RONALD AND JAN KIMBROUGH 12387 MCMATH TRAIL MCCALLA, AL 35111	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

LAKESHORE FOUNDATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS DEPARTMENT OF ALABAMA 13230 ALABAMA STREET ELBERTA, AL 36530	\$ 21,385.	Person X Payroll
(a)	(b)	(c)	(d)
No. 20	Name, address, and ZIP + 4 MID STATE SOCCER LEAGUE C/O ALABAMA CLUB SOCCER USA, INC. 5109 CROSSINGS ROAD SHOAL CREEK, AL 35242	\$ 25,000.	Person X Payroil Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	NRA FOUNDATION 11250 WAPLES MILL ROAD FAIRFAX, VA 22030-9400	\$9,520.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	MR. W.B. PHILIPS, JR. 3629 HAVENHILL DRIVE IRONDALE, AL 35210	\$ 7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	REGIONS BANK 417 20TH STREET NORTH BIRMINGHAM, AL 35206	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	STATE OF ALABAMA GOVERNOR'S COMMISSION ON PHYSICAL FITNESS-SPORTS 560 SOUTH MCDONOUGH STREET-SUITE B	\$5,822.	Person X Payroll Noncash
	MONTGOMERY, AL 36130		(Complete Part II if there is a noncash contribution)
823452 12-1		Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

LAKESHORE FOUNDATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	SUSAN G. KOMEN FOR THE CURE NORTH CENTRAL ALABAM AFFILIATE 1100 IRELAND WAY, SUITE 203 BIRMINGHAM, AL 35205	\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	UNISOURCE WORLDWIDE, INC. 6600 GOVERNORS LAKE PARKWAY NORCROSS, GA 30071	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	U.S. OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	MR. & MRS. WILLIAM P. ACKER, III 35 SUNSET DRIVE ANNISTON, AL 36201	\$10,530.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	U.S. DEPARTMENT OF DEFENSE 2600 DEFENSE PENTAGON, 5D337 WASHINGTON, DC 20301-2600	\$ 17,500.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
P20452 12 1		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

LAKESHORE FOUNDATION

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MASTERCRAFT 205 SKI BOAT		
28			
		\$ 10,530.	06/26/09
(a)	· · · · · · · · · · · · · · · · · · ·	(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I	W. G. DIDILLINGTO WILLIAM DV. GDODMG		
20	U.S. PARALYMPIC MILITARY SPORTS		
29	CAMP-COMMERCIAL AIRFARE AND EQUIPMENT RENTAL		
	KENTAL	\$ 17,500.	03/26/09
		\$	03/20/03
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part i	Description of noncash property given	(see instructions)	Date received
arti			
		\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		<u> </u>	
		\$	····
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I			<u>.</u>
		\$	
(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		\$	90, 990-EZ, or 990-PF) (2

FORM 990-PF	'	GAIN OR (LOS	S) FROM SAL	E OF	ASSETS		STAT	PEMENT	1
·	A) OF PROPERTY	<i>t</i>		1	MANNER ACQUIRED	DAT ACQU	re IRED	DATE S	OLD
SEE ATTACHE	iD.			PU	URCHASED				
SA	(B) GROSS LES PRICE	(C) COST OR OTHER BASI	(D) EXPENS S SAL	E OF	(E) DEPRE			(F) OR LOS	S
	15,154,917.	15,334,6	28.	0	•	0.		<179,7	11.>
CAPITAL GAI	NS DIVIDENDS	FROM PART	IV		,				0.
TOTAL TO FO	RM 990-PF, 1	PART I, LINE	6A			_		<179,7	11.>
						=	4		
FORM 990-PF	' INTEREST (ON SAVINGS A	ND TEMPORAR	Y CAS	SH INVEST	MENTS	STAT	TEMENT	2
SOURCE							1	TUUOMA	
INTEREST IN	ICOME							302,5	98.
TOTAL TO FO	ORM 990-PF, 1	PART I, LINE	3, COLUMN	A				302,5	98.
FORM 990-PF	' D:	IVIDENDS AND	INTEREST F	ROM S	SECURITIE	S	STAT	TEMENT	3
SOURCE			GROSS AMOU	NT	CAPITAL DIVIDE			LUMN (A	.)
DIVIDENDS & SECURITIES	INTEREST F	ROM	1,172,9	83.		0.	1	L, 1 72,9	83.
TOTAL TO FM	1 990-PF, PAI	RT I, LN 4	1,172,9	83.		0.		L,172,9	83.
									

FORM 990-PF	RENTAL	INCOME	,, <u>,</u>	STATEMENT	4
KIND AND LOCATION OF PROP	ERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
RENTAL PROPERTY			1	2,776,2	61.
TOTAL TO FORM 990-PF, PAR	T I, LINE 5A			2,776,2	61.
FORM 990-PF	RENTAL E	XPENSES		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
RENTAL EXPENSES	- SUBTOTAL -	1	512,070.	512,0	70.
				512,0	70.
TOTAL RENTAL EXPENSES				•	

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 6
INCOME		
1. GROSS RECEIPTS	3,665	3,665
4. COST OF GOODS SOLD (LINE 15)	2,536	1,129
6. OTHER INCOME	_	
7. GROSS INCOME (ADD LINES 5 AND 6) COST OF GOODS SOLD	=	1,129
8. INVENTORY AT BEGINNING OF YEAR	3,553 3,032	
13. ADD LINES 8 THROUGH 12	_	6,585
14. INVENTORY AT END OF YEAR	4,049	2,536

FORM 990-PF	OTHER	INCOME		,	STATEMENT	7
DESCRIPTION		(A) REVENUE PER BOOKS		(B) HET INVEST- HENT INCOME	(C) ADJUSTE NET INCO	
ATHLETIC EVENTS	-	9,70		0.	9,7	
TRAINING SITE		19,82		0.	· ·	
ATHLETIC PROGRAMS		25,29		0.		
RECREATION PROGRAM		11,32		0.		
OTHER INCOME		5,84		0.		
LOSS ON EARLY EXTINGUISHMENT	OF	·			•	
DEBT		<100,98	6.>	0.	<100,9	86.
GAIN ON SALE OF CON INTEREST		200,00		0.		
MEMBERSHIP DUES AND ASSESSMEN	NTS	893,08	4.	0.	893,0	84.
GROSS INCOME FROM SPECIAL		20 67	0	0	20 <i>6</i>	70
FUNDRAISING EVENTS	_	30,67	8. 	0.	30,6	/ 6 •
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	1,094,77	1. =	0.	1,094,7	71.
FORM 990-PF	LEGA	AL FEES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
						
POLSINELLI, SHALTON, WELTE,		_	•			<i>-</i> -
SUELTHAUS	76!		0.			65.
BALCH & BINGHAM	75,084		0.). 75,0). <2,0	
ACCRUAL ADJUSTMENTS	<2,01	/ • > 	0.		<2,0 	1/.
TO FM 990-PF, PG 1, LN 16A	73,83	2. =	0.		73,8	32.
FORM 000 DE	A C C O LINE	ring fees			STATEMENT	9
FORM 990-PF	ACCOUNT	TING FEES			51A1EMEN1	
	(A) EXPENSES	(B) NET INVES		(C) ADJUSTED	(D) CHARITA	
DESCRIPTION	PER BOOK	S MENT INCO	ME	NET INCOME	E PURPOS	ES_
WARREN, AVERETT, KIMBROUGH & MARINO, LLC ACCRUAL ADJUSTMENTS	37,760 <760		0.). 37,7). <7	60. 60.
	37 00				. 27 0	0.0
TO FORM 990-PF, PG 1, LN 16B	37,00	U• === =================================	0.). 37,0 — ———	00.
•					_	

FORM 990-PF C	THER PROFES	SIONAL FEES		PATEMENT 10
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PURCHASED SERVICES	32,255.	0.	0.	32,255.
TO FORM 990-PF, PG 1, LN 16C	32,255.	0.	0.	32,255.
FORM 990-PF	OTHER E	XPENSES	Si	TATEMENT 11
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SUPPLIES FUNDRAISING PUBLICATIONS & PUBLIC	55,251. 324,739.	0.	30,678.	55,251. 294,061.
AWARENESS PROGRAM ADMINISTRATION ATHLETIC TRAINING & TRAINING	107,688. 222,681.	0. 0.	0. 0.	107,688. 222,681.
SITE ATHLETIC & RECREATION	87,939.	0.	19,828.	68,111.
PROGRAMS RESEARCH & EDUCATION AQUATICS & FITNESS RENTAL EXPENSES	592,865. 2,180,724. 933,284. 512,070.	0. 0. 0. 512,070.	36,618. 0. 0. 512,070.	556,247. 2,180,724. 933,284.
INVESTMENT MANAGEMENT ATHLETIC EVENTS INJURED MILITARY INITIATIVE	139,823. 19,941. 216,850.	139,823. 0.	139,823. 9,702. 0.	0. 10,239 216,850
TO FORM 990-PF, PG 1, LN 23	5,393,855.	651,893.	748,719.	4,645,136.
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FUND I	BALANCES ST	FATEMENT 12
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVESTMENT UNREALIZED LOSS ON INTEREST I				2,015,643
TOTAL TO FORM 990-PF, PART I	II, LINE 5			2,129,119.

FORM 990-PF U.S. AND STATE/C	ITY GOVERNMENT	OBLIGATIONS	STATEMENT 13
DESCRIPTION	U.S. OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U.S. GOVERNMENT OBLIGATIONS	<u>x</u>	10,351,016.	10,351,016.
TOTAL U.S. GOVERNMENT OBLIGATIONS	-	10,351,016.	10,351,016.
TOTAL STATE AND MUNICIPAL GOVERNMEN	T OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II, LINE	: 10A =	10,351,016.	10,351,016.
FORM 990-PF COR	PORATE STOCK		STATEMENT 14
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS	-	48,009,969.	48,009,969.
TOTAL TO FORM 990-PF, PART II, LINE	: 10B	48,009,969.	48,009,969.
FORM 990-PF COR	PORATE BONDS		STATEMENT 15
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE OBLIGATIONS	-	2,949,660.	2,949,660.
	-		
TOTAL TO FORM 990-PF, PART II, LINE	: 10C	2,949,660.	2,949,660.
TOTAL TO FORM 990-PF, PART II, LINE FORM 990-PF DEPRECIATION OF ASSE			2,949,660. STATEMENT 16
FORM 990-PF DEPRECIATION OF ASSE	COST OR	VESTMENT ACCUMULATED	BOOK VALUE 1,016,736. 1,572,550. 9,003,179. 6,892,303.

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 17
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SHORT TERM INVESTMENTS	COST	405,416.	405,416.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	405,416.	405,416.
FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 18
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND LAND IMPROVEMENTS MAJOR MOVEABLE EQUIPMENT BUILDINGS AND EQUIPMENT FIXED EQUIPMENT TOTAL ACCUMULATED DEPRECIATION	16,176. 561,020. 1,514,688. 26,362,682. 345,706.	0. 0. 0. 0. 0. 6,962,999.	16,176. 561,020. 1,514,688. 26,362,682. 345,706. <6,962,999.>
TOTAL TO FM 990-PF, PART II, LN 1	4 28,800,272.	6,962,999.	21,837,273.
FORM 990-PF	OTHER ASSETS		STATEMENT 19
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEBT ISSUE COSTS, NET	422,702.	460,327.	460,327.
TO FORM 990-PF, PART II, LINE 15	422,702.	460,327.	460,327.

FORM 990-	PF	(OTHER NOT	ES AND LOANS	PAYABLE	STATEMENT 20
LENDER'S	NAME		TERMS OF	REPAYMENT	SECURITY PROVI	DED BY BORROWER
	LINIC BOARD OF HOMEWOOD		ANNUALLY			
DATE OF NOTE	MATURITY DATE		GINAL AMOUNT	INTEREST RATE	PURPOSE OF LOAN	
11/01/99	11/01/24	9 ,	,000,000.	6.25%	CAPITAL LEASE P.	
RELATIONS	HIP OF LEND	ER				
N/A DESCRIPTI	ON OF CONSI	DERATIO	ON		FMV OF CONSIDERATION	BALANCE DUE
N/A					0.	7,110,000.
LENDER'S	NAME		TERMS OF	REPAYMENT	SECURITY PROVI	DED BY BORROWEF
	CLINIC BOARD OF HOMEWOOD		ANNUALLY			
DATE OF NOTE	MATURITY DATE		IGINAL AMOUNT	INTEREST RATE	PURPOSE OF LOAN	
11/01/09	11/01/24	6	,455,000.	4.01%	CAPITAL LEASE P REVENUE BONDS,	
RELATIONS	SHIP OF LEND	ER				
N/A	"	-			FMV OF	
DESCRIPTI	ON OF CONSI	DERATIO	ON		CONSIDERATION	BALANCE DUE
N/A			_		0.	6,455,000.

LENDER'S	NAME	TERMS OF	REPAYMENT	SECURITY PROVII	DED BY BORROWER
	TION OF BOND AND DISCOUNT				
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	PURPOSE OF LOAN	
	· · · · · · · · · · · · · · · · · · ·	0.	.00%		
RELATIONS	SHIP OF LEND	ER			
N/A DESCRIPT	ION OF CONSI	DERATION		FMV OF CONSIDERATION	BALANCE DUE
		····		0.	<5,321.
LENDER'S	NAME	TERMS OF	REPAYMENT	SECURITY PROVII	DED BY BORROWER
	OF HOMEWOOD	OF ANNUALLY			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	PURPOSE OF LOAN	
11/01/05	11/01/24	9,315,000.	3.90%	CAPITAL LEASE PAREVENUE BONDS, S	
RELATIONS	SHIP OF LEND	ER			
N/A				FMV OF	
DESCRIPT	ION OF CONSI	DERATION		CONSIDERATION	BALANCE DUE
N/A				0.	7,815,000.
TOTAL TO	FORM 990-PF	, PART II, LINE	21, COLUMN	В	21,374,679.

FORM 990-PF	OTHER LIABILITIES		STAT	EMENT	21
DESCRIPTION		BOY AMOUN	T EOY	AMOUNT	
OTHER LIABILITIES INTEREST RATE SWAP	-	91,3 70,7	86. 32.	55,35	1.
TOTAL TO FORM 990-PF, PART II,	LINE 22	162,1	18.	55,35	1.
	LIST OF OFFICERS, DAND FOUNDATION MANAGE		STAT	EMENT	22
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION			
WILLIAM P. ACKER, III 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.38	0.	0.		0.
TOM ANGELILLO 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0 .		0.
WALTER M. BEALE, JR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.23	0.	0 .		0.
WILLIAM J. BILLINGSLEY 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.31	0.	0 .		0.
DELL BROOKE 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0 .		0.
ROBERT O. BURTON 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.19	0.	0	,	0.
THOMAS N. CARRUTHERS, JR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	CHAIRMAN 0.50	0.	0 .		0.
JENNIFER K. CHANDLER STEVENSON 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0		0.

LAKESHORE FOUNDATION			63-02	288847
DUNCAN BLAIR 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.19	0.	0.	0.
BILL CRAWFORD 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
CATHERINE SLOSS CRENSHAW 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.35	0.	0.	0.
DERROL DAWKINS, M.D. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0.	0.
JAMES H. EMACK, SR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
GARRY L. GAUSE 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0.	0.
BRENDA HACKNEY 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.31	0.	0.	0.
WILL HANCOCK 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
WAYNE W. KILLION, JR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.19	0.	0.	0.
CARRIE KURLANDER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	SECRETARY 0.42	0.	0.	0.
DANIEL C. LANGFORD 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.23	0.	0.	0.
BENNY LARUSSA, JR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
AUBREY S. MILLER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.23	0.	0.	0.

· LAKESHORE FOUNDATION			63	-0288847
KARLA FIELDS 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
JEAN H. MILLER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
PENNY PAGE 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.19	0.	0.	0.
MICHAEL L. PATTERSON 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	VICE CHAIRMAN 0.46	0.	0.	0.
TERRI Q. GUALANO 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0.	0.
ROBERT SPOTSWOOD 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.31	0.	0.	0.
MICHAEL E. STEPHENS 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.42	0.	0.	0.
LARRY D. STRIPLIN, JR. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
ANDRE TAYLOR 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.15	0.	0.	0.
ROBERT MCKENNA, PH.D. 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0.	0.
ROBERT A. WASON IV 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	TREASURER 0.54	0.	0.	0.
JEFF UNDERWOOD 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	PRESIDENT 40.00	196,845.	13,258.	0.
ANN MCEWEN PURDY 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.27	0.	0.	0.

· LAKESHORE FOUNDATION			63	-0288847
TOM SHUFFLEBARGER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.23	0.	0.	0.
WILLIAM D. RITTER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.23	0.	0.	0.
CATHY MILLER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	CFO AND DIR. 40.00	OF ADMINISTRA 115,175.		0.
RONDA JARVIS-RAY (PART-YEAR) 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	CHIEF PROGRAM	OFFICER 49,571.	3,003.	0.
BETH CURRY (PART-YEAR) 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	CHIEF PROGRAM	OFFICER 30,683.	1,961.	0.
JAMES E. LIVINGSTON 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.08	0.	0.	0.
SCOTT MCBRAYER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.08	0.	0.	0.
LINDA WILDER 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	DIRECTOR 0.12	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	392,274.	29,906.	0.

Lakeshore Foundation Fixed Combined

Month	No. of Shares	Description	Sales Price	Basis	Gain/(Loss)
	(250,000)	Bottling Group	244,493	238,925	5,568
	(350,000)	Cicso Systems	342,313	346,829	(4,516)
	(100,000)	Citigroup Inc	87,860	100,250	(12,390)
	(100,000)	Dean Witter Discover & Co	58,300	112,709	(54,409)
	200,000	Federal Home Lng Mtg Corp	196,750	199,459	(2,709)
	(500,000)	Federal Home Ln Bk Cons	524,888	503,692	21,197
	(50,000)	FHLMC Int Pmt	53,005	52,512	494
	(100,000)	Federal Home Ln Mtg Corp	105,491	98,360	7,131
	(200,000)	Federal Nati Mtg Assn	205,117	200,804	4,313
	(96,276)	FNMA Pool	95,885	96,848	(963)
	(100,000)	General Elc Camp	100,323	103,101	(2,778)
	(100,000)	Household Fin Corp	95,608	98,594	(2,986)
	(100,000)	JP Morgan Chase	93,100	106,555	(13,455)
	(500,000)	McDonalds Corp Mtn	472,828	478,347	(5,519)
	(200,000)	Pitney Bowes	180,036	195,202	(15,166)
	(550,000)	US Treasury Notes	593,178	571,140	22,038
	(100,000)	Walmart Stores	102,500	104,140	(1,640)
	(2,380)	FHLMC Pool	2,380	2,414	(34)
	(6,939)	FNMA Pool	6,939	6,975	(36)
	(2,882,265)	CF Temporary Investment Fund O	2,882,265	2,882,265	•
October Total	, , , ,	•	6,443,258	6,499,120	(55,862)
	(200,000)	Alabama Pwr Co	195,448	201,084	(5,636)
	(100,000)	FHLMC Int Pmt	105,388	105,023	365
	(75,000)	Federal Home Ln Mtg Corp	76,748	73,533	3,215
	(5,970)	FNMA Pool	5,970	5,973	(3)
	(2,971)	FHLMC Pool	2,971	3,006	(35)
	(1,947)	CF Temporary Investment Fund O	314,936	314,936	
November Total			701,461	703,555	(2,094)
	(3.446)	FHLMC	3,446	3,519	(73)
	(4,135)	FNMA	4,135	4,151	(16)
December Total	(4.155)		7,581	7,670	(89)
5000501				7,0.0	(00)
	(3,123)	FHLMC Pool	3,123	3,155	(32)
	(7,722)	FNMA Pool	5.166	5,171	(5)
January Total			8,289	8,326	(37)
	(6.072)	FHLMC Pool	6,072	6,157	/051
	(11,249)	FNMA Pool	11,249	11,233	(85) 16
	(150,000)	Citigroup Inc	128,250	150,375	(22,125)
	(300,000)	Chubb Corp NT	300.750	307,302	(6,552)
	(121,075)	CF Charitable Temporary Investment Fund	121.075	121,075	(0,552)
February Total	(12.,070)	C. Chambolo rampolary invasation ratio	567,397	596,143	(28,746)
			201,001	550,145	(20,170)

Month	No. of Shares	Description	Sales Price	Basis	Gain/(Loss)
	(380,605)	CF Charitable Temporary Investment Fund	380,605	380,605	-
	(250,000)	Deer John Cap	257,873	252,100	5,573
	(200,000)	U S Treasury Notes	226,844	227,688	(844)
	(7,109)	FHLMC Pool	7,109	7,127	(18)
	(11,689)	FNMA Pool	12,349	12,296	53
March Total		-	884,579	879,816	4,763
	/E4 000\	OF Charlesta Tama lawast Ed	E4 090	54,980	
	(54,980) (6,336)	CF Charitable Temp Invest Fd FHLMC Pool	54,980 6,336	6,356	(20)
	(21,096)	FNMA Pool	21,096	21,064	32
April Total	(21,000)		82,412	82,400	12
	(8,110)	FHLMC Pool	8,110	8,178	(69)
	(18,979)	FNMA Pool	18,979	18,944	34
May Total			27,088	27,123	(34)
	/CO2 10E\	CE Charleshia Toma Invest Ed	602,195	602,195	_
	(602,195) (100,000)	CF Charitable Temp Invest Fd Federal Natl Mtg Assn	100,000	99,880	120
	(200,000)	BB&T Corp Sub	198,038	193,974	4,064
	(6,034)	FHLMC	6,034	6,061	(27)
	(14,708)	FNMA	14,708	14,649	58
June Total	• • •		920,974	916,759	4,215
	(504,471)	CF Charitable Temp Invest Fd	504,471	504,471	-
	(100,000)	Federal Home Ln Bk Cons	106,266	101,926	4,340
	(100,000) (300,000)	Federal Natl Mtg Assn Debs GTE North Inc Debs Ser F	108,299 306,000	99,170 325,791	9,129 (19,791)
	7,702	FHLMC Pool	7,702	7,778	(76)
	7,102	FNMA Pool	17,344	17,324	20
July Total		111111111111111111111111111111111111111	1,050,083	1,056,461	(6,378)
	(108,661)	CF Charitable Temp Invest Fd	106,661	106,661	•
	(100,000)	Federal Natl Mtg Assn Debs	100,000	100,813	(813)
	(150,000)	Wal Mart Stores Inc	150,000	156,211	(6,211)
	(5,419)	FHLMC Pool	5,419	5,480	(61)
A	(10,711)	FNMA Pool	10,711	10,684	27
August Total			372,792	379,849	(7,057)
	309,435	CF Charitable Temp Invest Fd	309,435	309,435	-
	7,526	FHLMC Pool	7,526	7,698	(172)
	13,598	FNMA Pool	13,598	13,587	11
September Total			330,559	330,721	(161)
Adjustment		Lehman Brothers		25,000	(25,000)
Total Fixed Combined			11,396,474	11,512,943	(116,469)
					· · · · · · · · · · · · · · · · · · ·

.akeshore Foundation Equities

<u>Aonth</u>	No. of Shares	Description	Sales Price	Basis	Gain/(Loss)
	(1,035,756)	CF Charitable Temporary Investment Fund	1,035,756	1,035,758	•
October Total	(326,558)	BSDT-Late Money Deposit Acct	326,558 1,362,314	326,558 1,362,314	
	(400,000)	CE Charlishle Tanasana Investment Euro	100,000	100.000	
	(100,000) (1,1 9 1)	CF Charitable Temporary Investment Fund THL Equity Fund	1,191	1,172	19
November Total	(1,101)	· · · · · · · · · · · · · · · · · · ·	101,191	101,172	19
	(61)	Cisco Sys Inc Com	1,083	999	84
	(250,000)	CF Charitable Temporary Investment Fund	250,000	250,000	-
December Total			251,083	250,999	84
	(5,500)	SPDR Tr unit ser	509.096	569,423	(60,327)
	(36,521)	CF Charitable Temporary Investment Fund	36,521	36,521	-
January Total	(25,527,		545,617	605,944	(60,327)
	(200,000)	OF Observable Years and development Found	200 000	200.000	
February Total	(200,000)	CF Charitable Temporary Investment Fund	200,000 200,000	200,000	
. careary rotat		•			
14		No activity for March			
March Total				•	

Lakeshore Foundation Equities

Month	No. of Shares	Description	Sales Price	Basis	Gain/(Loss)
	(24,201)	CF Charitable Temporary Investment Fund	24,201	24,201	-
April Total	(24,201)	-	24,201	24,201	•
		Amsouth Opportunity Fund-Book Value Adj.	_	2,055	(2.055)
		THL Equity Fund-Book Value Adj.	-	19	(19)
	(17,993)	CF Charitable Temporary Investment Fund	17,993	17,993	•
May Total	•	-	17,993	20,067	(2,074)
		No Activity for June			
June Total			·	•	
	(25,797)	CF Charitable Temp Invst Fd	25,797	25,797	<u>.</u>
		Amsouth Opportunity Fund		791	(791)
July Total		-	25,797	26,588	(791)
		No Sales in August			
			•		•
August Total			•	•	
	711,725	CF Charitable Tem Invst Fd	711,725	711,725	•
	5,000	SPDR TR Unit Ser 1 S & P	517,537	517,657	(120)
	20	Wal Mart Stores Inc Com	986	1,018	(33)
September Total		•	1,230,247	1,230,400	(153)
Total Equities			3,758,444	3,821,685	(63,242)
Total Gain/Loss Lakeshore Fo	oundation		15,154,917	15,334,628	(179,711)

Lakeshore Foundation 63-0288847 990PF, Part VII-A, Line 11 Attachment

	(A) Name and address of each controlled entity	(B) Employer identification number	(C) Description of transfer	(D) Amount of transfer
а	Lakeshore Support Organization 4000 Ridgeway Drive Birmingham, AL 35209	26-0731767	Grant from related organization to support activities and programs	\$150,000
b				
С				
d				
e				

Form 8868

(Rev. April 2009) Department of the Treasury Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

print LAKESHORE FOUNDATION LAKESHORE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 4000 RIDGEWAY DRIVE	Internal Revo	enuo Servico	File a separate application for each return.	
A corporation required to file Form 990-T and requesting an automatic 6-month extension of check this box and complete Part I only A corporation sincluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. At other corporations fincluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the returns roted below its ments for a corporation required to file Form 950-Ti. However, you cannot file from 950-Ti. However,	• If you a	are filing for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).
All other corporations finctuding 1120-C fiers), partnerships, REMICs, and rusts must use Form 7004 to request an extension of time to file income fax returns. Electronic Filling (e-file), Generally, you can electronically file form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below file months for a corporation required to file Form 980-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 980-SD1, However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 980-SD1, However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 980-SD1, 8089, or 8870, group returns, or a composite or consolidated Form 990-T, instead, you must submit the fully completed and signed page 2 (Per II) of Form 8888. For more details on the electronic filing of this form, visit your ways that the fully complete and click on e-file for Charlines & Monthle for Port of Form 8867. Employer identification number print LAKESHORE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. LAKESHORE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. BIRNINGHAM, AL 35.20.9 Check type of return to be filed(file a separate application for each return): Form 990-BL Form 990-BL Form 990-Form 990-T (trust other than above) Form 990-Form 8870-Tolephone No. P. 205-313-7413 Form 990-Tolephone No. P. 205-313-7413 Form 990	Part I	Automatic	3-Month Extension of Time. Only submit original (no copies needed).	
to file income tax returns. Electronic Filip (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 morths for a corporation required to file Form 990-T). However, you cannot file Form 8869 if you want the additional (not automatic) - 3-month extension or (2) you file Forms 990-B. Google 9870; group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit waw is goverfile and click on e-file for Chamitae & Monprofits. Type or print print ARESHORE FOUNDATION Employer Identification number print LAKESHORE FOUNDATION Employer Identification number LAKESHORE FOUNDATION Annex of Exempt Organization Employer Identification number LAKESHORE FOUNDATION Annex of Exempt Organization Employer Identification number LAKESHORE FOUNDATION Annex of Exempt Organization Employer Identification number LAKESHORE FOUNDATION Annex of Exempt Organization Employer Identification number LAKESHORE FOUNDATION Annex of Exempt Organization Employer Identification number LAKESHORE FOUNDATION Employer Identification number Employer Identification nu	Part I only	у		>
noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8886 lettorically if (1) you want the additional (not automatic) - month extension or (2) you file Forms 990-B. Googs, or 870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8885. For more details on the electronic filing of this form, visit waw is govierille and click on ← relife for Chamids & Morporits. Name of Exempt Crganization			ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time
LAKESHORE FOUNDATION 63-0288847	noted being (not autoryou must	low (6 months for a matic) 3-month extention in the state of the state	corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or con impleted and signed page 2 (Part II) of Form 8868. For more details on the electronic filing	ally if (1) you want the additional solidated Form 990-T. Instead,
LAKESHORE FOUNDATION LAKESHORE FOUNDATION Can all the process of the proces	Type or	Name of Exemp	t Organization	Employer identification number
Number, street, and room or suite no. If a P.O. box, see instructions.	print	LAKESHOR	E FOUNDATION	63-0288847
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35209 Check type of return to be filed (file a separate application for each return): Form 990	File by the due date for filing your	Number, street,	and room or suite no. If a P.O. box, see instructions.	
Form 990 Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-T (trust other than above) Form 6069 Form 6069 Form 1041-A Form 1041-A Form 8870	rotum. See Instructions.	City, town or po	st office, state, and ZIP code. For a foreign address, see instructions.	
Form 990 Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 990-T (trust other than above) Form 6069 Form 6069 Form 1041-A Form 1041-A Form 8870	Check ty	me of return to be	filed (file a separate application for each return):	
The books are in the care of ▶ 4000 RIDGEWAY DRIVE - BIRMINGHAM, AL 35209 Telephone No. ▶ 205-313-7413 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶	For For	m 990 m 990-BL	Form 990-T (corporation) Form 473	27
The books are in the care of ▶ 4000 RIDGEWAY DRIVE - BIRMINGHAM, AL 35209 Telephone No. ▶ 205-313-7413 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	X For	m 990·PF	Form 1041-A Form 88	70
If the organization does not have an office or place of business in the United States, check this box			of > 4000 RIDGEWAY DRIVE - BIRMINGHAM, AL 35	209
MAY 17, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning OCT 1, 2008, and ending SEP 30, 2009 2 If this tax year is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.	If the cIf this i	organization does n	ot have an office or place of business in the United States, check this box In, enter the organization's four digit Group Exemption Number (GEN) If this	is for the whole group, check this
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0.	is fo	may 17, or the organization's calendar year	2010 , to file the exempt organization return for the organization named abs return for: or	
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0.	2 If th	nis tax year is for les	s than 12 months, check reason: Initial return Final return	Change in accounting period
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0.				
tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3a 5 0.
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.	tax	payments made. In	clude any prior year overpayment allowed as a credit.	(3b) s D V 0.
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