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2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250 000 at the end of the year may use this form.

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

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

Open to Public Inspection

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Carrier Security		Name	change	label or	Fu	nd Found	ation		•				E	elep	hone	number
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**Section 501(c/3) organizations and 4947(a/1) nonexempt chanisble trusts what state a completed Schedule A (Form 990 or 990-E2). Website				Specific	: Bu:	ffalo Gr	ove, IL 6	0089								
*Section 501(c/3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 999-E22). Website: **N/A	-															xemption -
Website: - N/C Tax-exempt status (check only one) - X Sili(c) (3.) (meet no.) 4 str(a/l)) or 327 90 \cdot EZ. or 990 \cdot EZ	ш						4 44 474 1 1 1 1				Tc	Λοσοιι				Cash Assertal
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Check = If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required, but if the organization chooses to file a complete return composed from 990-E2 or From 990 return is not required, but if the organization chooses to file a complete return composed from 990-E2 or From 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A From 990-E2 or From 990 return is not required from 990-E2 or From 990 return is not required from 990-E2 or From 990 return is not required from 990-E2 or From 990 return is not received in the properties of the file a complete return 10 returns and allowances because the standard advites (Subtract line 7b from line 8a)			_			V 501	<i>(</i>) <i>(</i> 2) <i>-</i>		1047(->/1>						cne	aule B (Form 990,
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	_												/	<u> </u>		Form 990-EZ (2009)

Par	t III	l	Expenses				
What i	s the or	ganization's primary exempt purpose? See		(Regi	uired for section (3) and (4) (a)(1) trusts, optional		
Desc	ribe w	hat was achieved in carrying out the services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner,	orgar	nizations and section
prog	ribe th ram tit	e services provided, the number of le.	persons benefited, or other i	relevant information for	eacn	14947	(a)(1) trusts, optional thers)
		nts to elementary scho	ols in district 10	3 to fund heal	th and		
		ness center programs.	3=7 = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. <u></u>		1 1	
	_+ = =	ings contor programs.				1 1	
	(Gran		is amount includes foreign gr		 -	28a	124,819.
20		lege scholarship to on			- nlana +o	20 a	124,015.
29		· _ #		103 Student win	p brans co	-	
	MOL	k in the field of educ	acion.	. 		-	
							1 000
	(Gran	nts \$) If th	is amount includes foreign gr	ants, check here	•	29 a	1,000.
30							
	(Gran		is amount includes foreign gr	ants, check here	<u> </u>	30 a	
31		program services (attach schedule			. —	.	
	(Gran		is amount includes foreign gr	ants, check here		31 a	105 010
		program service expenses (add lii				32	125,819.
Par	t IV	List of Officers, Directors.					
		(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla		(e) Expense account and other allowances
		(a) Name and address	to position	not paid, circl -o,	deferred compens		and other anomanees
Sha	ron	Blahnik	President	0.		0.	0.
155	S.	Brook Hill Lane	o				
		Hills, IL 60061					
		a Hancock	Vice President	0.		0.	0.
		tshire Drive	0				
	:	nshire, IL 60069	J				
		orariello	Treasurer	0.		0.	0.
) lleasurer O			٥.	0.
		ople Hill Lane	٥				
		Grove, IL 60089	C				0.
		Powell	Secretary			0.	0.
	:	ite Fence Court	0				
		Hills, IL 60061					
_See	<u>at</u>	tached schedule	_	0.		0.	0.
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							<u></u>
BAA	·		TEEA0812L (01/30/10	·		Form 990-EZ (2009)

Form 990-EZ (2009) School District 103 Learning

36-4068477

Page 2

Par	t V Other Information (Note the statement requirements in the instrict for Part V.)	<u>See State</u>	emen	t 4	<u> </u>
			١	es	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed descripe each activity	ption of	3		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the ch	nanges 3	4		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form attach a statement explaining why the organization did not report the income on Form 990-T	m 990-T,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 60330 reporting, and proxy tax requirements?		5 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	3	5 b	-	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during year? If 'Yes,' complete applicable parts of Schedule N	3	6		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	0.	7b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	3	8a		<u>X</u>
	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b	N/A			
	Section 501(c)(7) organizations Enter:	N/A			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39b	N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.			
.	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				
U	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified per prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-times, complete Schedule L, Part I	EZ? If	0 b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	_4	0 e		X
41	List the states with which a copy of this return is filed None				
42 a	The organization's books are in care of Ron Caprariello Located at 2201 Apple Hill Lane Buffalo Grove IL ZIP + 4	_(847) 47 _60089	8-1	<u>539</u>	
			F	es	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	4	2b		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country:		2c_	_	<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	▶		N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		и Т	Yes	No_X
AE	of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "	<u> </u>	7		
45	Form 990 must be completed instead of Form 990-EZ	Form	5 000 1		X X

BAA

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 Χ 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49 b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (d) Contributions to employee benefit plans and deferred compensation (b) Title and average (c) Compensation (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position other allowances None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Sharon Blahnik President Type or print name and title Date 5 /11/10 Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid N/A John E. Blackburn employed Pre-Swarztrauber & Co Firm's name (or yours if self-employed), parer's 311 North Genesee Street N/A Use (847) 662-1960 Only IL 60085 Waukegan, Phone no ► X Yes May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Total

School District 103 Learning

Employer identification number 36-4068477

				Fund	Found	ation							36-40	068477	7		
Part	ī	Rea	son f	or Pu	blic Cha	rity Statu	ıs (All d	organization	s must	comple	te this	part)	See ı	nstruct	ions		
he o	rga	nızatı	n is no	t a priv	vate found	dation becau	use it is:	(For lines 1 thi	rough 11,	check o	nly one	box)					
1		A chu	ırch, co	nventio	on of chui	rches or ass	ociation	of churches de	escribed ii	n section	170(b)	(1)(A)(i)					
2	П	A sch	ool de	scribed	ın sectio	n 170(b)(1)(A)(ii) . (A	ttach Schedule	еE)								
3		A hos	spital o	r coope	erative ho	spital service	e organi	zation describe	ed in sect	ion 170(l)(1)(A)(iii).					
4		A me	dical re	esearch	n organiza	ition operate	ed in con	junction with a	hospital	describe	d in sec	tion 17	0(b)(1)(<i>A</i>	A)(iii) Er	nter the ho	spital's	5
				and sta													
5		An or 170(b	ganıza)(1)(A)	tion op (iv) . (C	erated for Complete	r the benefit Part II)	of a coll	lege or univers	ity owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in	sectio	n
6	Ш				_		~	iental unit desc									
7		ın se	ction 1	70(b)(1)(A)(vi). ((Complete P	art II)	itial part of its			vernme	ntal uni	t or fron	n the ger	neral publi	i desci	ribed
8	닏			-				(A)(vi) . (Comp									
9	X	from	activitie tment i	s relate ncome	d to its exicand unre	empt function	ns — subj ess taxal	n 33-1/3 % of it ect to certain ex ble income (les Part III)	ceptions,	and (2) r	io more t	lhan 33-	1/3 % of	its suppo	ort from gro	SS	after
10	\Box	An o	ganıza	tion org	ganızed a	nd operated	exclusiv	ely to test for	public sat	fety See	section	1 509(a)	(4).				
11		more	public	y supp	orted org	janizations d	described	vely for the ber d in section 509 nd complete lin	9(a)(1) or	section	509(a)(2	ictions (2) See	of, or ca section	rry out tl 509(a)(3	ne purpose B). Check t	s of o	ne or x that
			Type I			Type II			III – Fun			ted		d \square	Type III-	- Other	r
е		By ch than 509(a	founda	this bo	ox, I certif anagers a	y that the or nd other tha	rganızatı ın one oı	on is not contr more publicly	olled dire supporte	ctly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ons oth section	ner
f		If the		zation	received	a written de	termınat	ion from the IR	RS that is	a Type I	, Туре ІІ	l or Typ	e III sup	porting	organizatio	n,	
g		Since	Augus	st 17. 2	2006. has	the organiza	ation acc	epted any gift	or contri	bution fre	om any	of the f	phiwollo	persons	۶۶		
9		0	,g	, _										•		Yes	No
		(i)	a pers below,	on who	directly o	or indirectly oddy of the s	controls supported	, either alone o d organization?	or togethe ?	r with pe	ersons d	escribe	dın (II)	and (III)	11 g (ı)		
		(ii)	a fami	ly mem	nber of a	person desc	cribed in	(ı) above ⁷							11 g (iı)		<u> </u>
		(iii)	a 35%	contro	lled entity	of a persor	n describ	ed in (i) or (ii)	above?						11 g (in)	<u> </u>	
h		Provi	de the	followii	ng inform	ation about	the supp	orted organiza	ations								
	(1		of Suppo anization	rted	0	ii) EiN	(deso	rpe of organization cribed on lines 1-9 ve or IRC section e instructions))	organiza (i) liste gov	Is the ation in collect in your rerning ument?	the organ	ou notify nzation in (i) of upport?	organizal	Is the tion in col zed in the S ?	(vii) Amou	nt of Sup	pport
									Yes	No	Yes	No	Yes	No			
			-		1	-											
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<u>. u.</u>	(Complete only if you check	•								
Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4				ļ	ļ				
Sec	tion B. Total Support	Γ			· · · · · · · · · · · · · · · · · · ·					
	Calendar year (or fiscal year eginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total									
7	Amounts from line 4				ļ					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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									
12	Gross receipts from related activ	vities, etc. (see in	structions)			_1	2			
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3) ►			
	tion C. Computation of Pu			no 11 (O		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Public support percentage for 20 Public support percentage from			ne 11, column (f)			4 % 5 %			
16 a	a 33-1/3 support test 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the be blicly supported o	ox on line 13, an organization	id the line 14 is 33	3-1/3 % or more	e, check this box			
ŀ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
I	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test The organ	es' test, check this sization qualifies a	s box and stop he as a publicly supp	e re. Explain in F orted organizati	on. how the			
18		ization did not ch	eck a box on line	, 13, 16a, 16b <u>,</u> 17						
BAA					50	inequie A (Forr	n 990 or 990-EZ) 2009			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support										
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	122,207.	104,265.	110,618.	96,844.	110,113.	544,047.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		2027,2301	220,020.	30,313		0.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
6	Total. Add lines 1 through 5	122,207.	104,265.	110,618.	96,844.	110,113.	544,047.				
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.				
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.				
			<u>0.</u>	0.	0.	<u> </u>	<u>_</u>				
8 Public support (Subtract line											
Sec	7c from line 6) tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	544,047.				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
	Amounts from line 6	122,207.	104,265.	110,618.	96,844.	110,113.	544,047.				
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,102.	7,049.	6,496.	649.	188.	15,484.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.				
c	: Add lines 10a and 10b	1,102.	7,049.	6,496.	649.	188.	15,484.				
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.				
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(c)	559,531. D(3)				
Sec	organization, check this box and tion C. Computation of Pu		ercentage								
	Public support percentage for 20			e 13 column (ft)		15	97.2%				
	Public support percentage from			e 13, column (1))	•	16	97.1%				
	tion D. Computation of Inv			· ·-			37.170				
	Investment income percentage f				mn (f))	17	2.8%				
18	•	·			11111 (17)	18	3.0 %				
	18 Investment income percentage from 2008 Schedule A, Part III, line 17 19 a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
	b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions					

Schedule A	<u> (Form 990 o</u>	r 990 <u>-EZ)</u>	2009 S	chool	District	t 103 Le	arning_		36-4068	477F	² age 4
Part IV	Suppleme Part II, Iin	e ntal Info e 17a or	ormatior 17b; ar	i. Comp id Part I	lete this p II, line 12.	art to pro . Provide	vide the ex any other	xplanations additional i	required by Panformation. Se	art II, line 10, e instructions	 5
									·		<u>-</u>
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

^{varne or (ne organization} School Distri Fund Foundati		arning				36-406847	
Fundraising Activities, Comp.	lete if the organ	nization ar	nswered 'Y	res' to Form 990, Part I	V, line	7	<u> </u>
1 Indicate whether the organization i	raised funds thi	rough any	of the foll	_ `			
Mail solicitations				Solicitation of non-	governn	nent grants	
Internet and email solicitations	3			Solicitation of gove	rnment	grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme	ent with ar	ny individu	ial (including officers, di	rectors,	trustees or key :7	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the			raisers) p	oursuant to agreements	under w	mich the fundra	liser is to be
		T			(v) Ar	nount paid to	
(i) Name of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	dy or control ibutions?	from activity	Turiur	col (ı)	organization
		Yes	No				
		1.00	1112				
	<u> </u>	1			 		
			1				
		1					
		1					
		ļ			ļ		
			<u> </u>		 -		
Total			<u> </u>	hait funds or has been	notified	it is avampt fro	m registration
List all states in which the organiz or licensing.	ation is registe	rea or lice	insed to so	olicit iulius of flas been	nounea	it is exempt in	on registration
-							

Par	<u>t II</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	erm 990, Part IV, lii gross receipts area	ne 18, ater tha	or in \$5,0	00
R			(a) Event #1 Various auctio (event type)	(b) Event #2 Back to School (event type)	(c) Other Events (total number)	(d) T (Add co	otal Evel of (a) thr	nts
RE>#ZUE	1	Gross receipts	55,633.	44,971.			100,	604.
Ĕ	2	Less. Charitable contributions						
	3_	Gross income (line 1 minus line 2)	55,633.	44,971.			100,	604.
	4	Cash prizes .						
	5	Noncash prizes						
D-RECT	6	Rent/facility costs						
	7	Food and beverages						
X P	8	Entertainment						
EXPESSES	9	Other direct expenses	16,353.	9,376.			25,	729.
S	l	Direct expense summary Add lines 4- th Net income summary Combine lines 3, of			>			729. 875.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or re	ported	more t	nan
かい こうしょう			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add c	otal gam ol (a) the col (c))	ing rough
Ë	1	Gross revenue						
D X	2	Cash prizes						
DIRECT	3	Non-cash prizes						
S	4	Rent/facility costs		!		-		
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes% No	Yes%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	>			
9	Ente	er the state(s) in which the organization of	perates gaming activitie	es			YES	NO
ā	ıls tl	ne organization licensed to operate gaming lo, explain					9a	
•								
		re any of the organization's gaming license (es,' explain:	es revoked, suspended	or terminated during the	e tax year?		0 a	-
•								
11		s the organization operate gaming activiti					11	<u> </u>
12	ls tl adn	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed t	0 .	12	

Schedule G (Form 990 or 990-EZ) 2009 School Dist	rict 103 Learning	36-406847	7	Page	3
			١	ES NO	
13 Indicate the percentage of gaming activity operated	ın.				
a The organization's facility		13a %			
b An outside facility		13b %			
14 Enter the name and address of the person who prep	ares the organization's gaming/specia	al events books and records			
Name· •			:		
Address ►					
15a Does the organization have a contact with a third pa	-	-	15a		_
b If 'Yes,' enter the amount of gaming revenue receive of gaming revenue retained by the third party \$	ed by the organization \$	and the amount			
c If 'Yes,' enter name and address of the third party					
Name· ►		· 			
Address.		·			
16 Gaming manager information					
Name •		· 			
Gaming manager compensation ► \$					
Description of services provided					
Description of services provided					
Director/officer Employee	Independent contrac	etor			
17 Mandatory distributions			L		
a Is the organization required under state law to make state gaming license?	charitable distributions from the gam	ning proceeds to retain the	17a		
b Enter the amount of distributions required under state	te law to be distributed to other exem	ipt organizations or spent in the			_
organization's own exempt activities during the tax y	vear ►\$				_
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990)-EZ) 200	09

2009 · 	Federal Statements School District 103 Learning Fund Foundation		Page 1
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name: Donee's Address:	Education School District 103 1370 North Riverwoods Road Lincolnshire, IL 60069		
Cash Amount Given:		\$	113,000.
Donee's Name: Donee's Address:	Scholarship: Emily Mitchell 31 Dukes Lane Lincolnshire, IL 60069		
Cash Amount Given:		\$	1,000.
Donee's Name: Donee's Address:	Half Day School 239 Olde Half Day Road Lincolnshire, IL 60069		
Description of Property: Date of Gift: Book Value:	Playground Equipment 12/30/2009 11,819.		
Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV:	cost		11,819.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Annual report filing fee Bank fees Insurance		\$ Total \$	25. 331. 1,970. 2,326.
Statement 3		IOCAL \$	2,326.
Form 990-EZ, Part III Organization's Primary Exempt Purpo	se		
Grants to the elementary school fitness center programs.	ol school district #103 to fund t	the health and	

Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No No

School District 103 Learning Fund Foundation Board of Directors 2009-2010

Dawn Anderson (ex-officio)

District 103 PTO 108 Fallstone Drive LF Home: 847-735-1562

Sharon Blahnik (1 – 2011)

President

155 S. Brook Hill Lane VH Cell: 224-430-0378

Ron Caprariello (1 – 2012)

Treasurer

2201 Apple Hill Lane Buffalo Grove, IL 60089 Home: 847-478-1539 Cell: 847-209-5463

David Fatina (1 – 2011) 271 Pembroke Lane LF

Home: 847-735-1975

Jan Feder (2 – 2011) 425 Old Mill Cir LF Home: 847-283-6055

Larry Fleming (ex-officio)

Superintendent, District 103 1370 Riverwoods Road LI Home: 847-883-0087 Office: 847-295-4030

Fax: 847-295-9196

Gary Gordon (ex-officio) District 103 Board of Ed

29 Brunswick Lane LI Home: 847-235-2814 Roberta Hancock (1 – 2010)

Vice President 32 Portshire Drive LI Home: 847-945-7195

Elizabeth Imus (2 – 2010)

7 Dukes Lane LI Home: 847-945-3561 Cell: 847-668-4511

Garrin Kapecki (1 – 2010)

314 Whytegate Court LF Home: 847-615-1585

Lara Kirts (1 – 2012) 44 Wiltshire Drive LI Home: 847-948-7789

Pat McCarthy (1 – 2010) 222 Stone Fence Road VH Home: 847-913-9386

Stephanie Pither (1 – 2012)

11 Royal Ct LI

Home: 847-236-9305

Debra Ponce de Leon (1 – 2011) 200 Pinyon Pine Court N. BG

Home: 847-821-8730

Cindy Powell (1 – 2010)

Secretary

227 White Fence Court VH Home: 847-732-0247

Larry Rivkin (ex-officio)

District 103Board of Ed 36 Coldstream Cicle LI Home: 847-236-9112 **Laura Russo** (1 – 2011) 8 Exmoor Lane LI Home 847-236-0411

Tanya Schwartz (1 – 2012) 45 Coldstream Circle LI

Home: 847-236-1188

Michelle Sherman (1 – 2011)

District 103 PTO

2411 Overview Drive BG Home: 847-883-8898

Scott Treiber (1 – 2010)

4 Fox Trail LI

Home: 847-607-8481 Cell: 847-989-0842

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Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

Pit you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (a-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 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you life Form 990-BL. (5090, 8870, group returns, or a composite or consolided 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 this form, visit waw ris goverlief and cicks on e-file for Charities & Nonprofits Type or print Type or Print Type or School District 103 Learning File by the deads for the file of the file of the file for the file of the file 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 this form, visit way ris goverlief and cicks on e-file for Charities & Nonprofits The form 990-T (Instead of the file of the	nternal Revenue	Service		File a separa	ate application for ea	ich return.				
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the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, 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 this form, visit www irs govietile and click on e-file for Charities & Nonprofits. Type or print Type or print School District 103 Learning Fund Foundation Number, street, and room or suite number If a PO box, see instructions School District 103 Learning Fund Foundation Number, street, and room or suite number If a PO box, see instructions Buffalo Grove, IL 60089 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-T (corporation) Form 990-T (trust other than above) Form 990-F Form 6069 Form 990-F Form 990-F Form 1041-A The books are in the care of Ron Caprariello Telephone No (847) 478-1539 FAX No If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box The extension will cover Ti request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20_10_, to file the exempt organization return for the organization named above The extension is for the organization's return for. X calendar year 20_09_ or tax year beginning, 20, and ending, 20, and ending, 20, and ending, 20	\II other corp ncome tax re	oorations (incl eturns	udıng 1120-C filers)	, partnerships, RE	MICS, and trusts mu	st use Form 700	14 to request	an exter	nsion of time to	file
School District 103 Learning Fund Foundation School District 103 Learning	he additional form 990-T	l (not automa Instead, you r	tic) 3-month extensi must submit the fully	ion or (2) you file y completed and s	Forms 990-BL, 6069, signed page 2 (Part II	or 8870, group	returns, or a	composi	te or consolidat	ted
File by the deater forming your constructions Seath State		Name of Exempt	Organization					Employer	identification number	er
Fund Foundation Number, street, and room or suite number: If a PO box, see instructions See		School D	istrict 103	Learning						
File by the due date for filing your return See instructions 201 Apple Hill Lane City, town or post office, state, and 2IP code For a foreign address, see instructions Buffalo Grove, IL 60089 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-BL Form 990-T (corporation) Form 990-EZ Form 990-FF Form 990-T (trust other than above) Form 990-PF Form 990-PF Form 1041-A Form 8870 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 it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box The extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 Leading Total Apple Hill Lane Number (Set N) box The extension is for the organization's return for. All calendar year 20 09 Tax year beginning, 20, and ending 20, and ending 20, and ending 20	rint	Fund Fou	ndation	Learning				36-40	68477	
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City, town or post office, state, and ZIP code. For a foreign address, see instructions Buffalo Grove, IL 60089 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-BL Form 990-T (corporation) Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 6069 Form 990-PF Form 990-PF Form 1041-A Telephone No (847) 478-1539 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) check this box If it is for part of the group, check this box In request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 The extension is for the organization's return for the organization named above The extension is for the organization's return for. X calendar year 20 09 or Take the state of the separate application for each return for the description. The post of return to be filed (file a separate application for each return) Form 990-T (corporation) Form 4720 Form 4720 Form 5227 Form 6069 Form 980-T Form 8870 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 the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box The extension is for the organization's return for the organization named above The extension is for the organization's return for.	ling your	2201 App	le Hill Lane							
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Form 990-PF Form 1041-A Form 8870 The books are in the care of Ron Caprariello Telephone No (847) 478-1539 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) Check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover Tequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 The extension is for the organization's return for. X calendar year 20 09 Tax year beginning Tequest an automatic 3-month (6 months for a corporation return for the organization named above and ending The extension is for the organization's return for.	Form 990)-BL	Ī	Form 990-T (see	ction 401(a) or 408(a)) trust)	Form 522	27		
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The extension is for the organization's return for. X calendar year 20 09 or tax year beginning, 20, and ending, 20	-		-	•	•					
X calendar year 20 09 or tax year beginning, 20, and ending, 20					ization return for the	organization na	med above			
tax year beginning, 20, and ending, 20			-	eturn for.						
2. If this tax year is for less than 12 months, check reason:	▶ ∐	tax year begi	nning	, ²⁰ , ^a	ind ending	, 20				
I this tax year is to less than 12 months, check reason	2 If this ta	ax year is for	less than 12 months	s, check reason	Initial return	Final retur	n 🗌 C	hange in	accounting per	ıod
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.	3a If this a	pplication is f indable credit	or Form 990-BL, 99 s See instructions	0-PF, 990-T, 4720	, or 6069, enter the t	entative tax, les	s any	3a \$		0.
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.	b If this a made 1	pplication is f nclude any p	or Form 990-PF or toor year overpayme	990-T, enter any r int allowed as a cr	efundable credits and edit	d estimated tax	payments	3b \$		0.
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	deposit	with FTD cou	ct line 3b from line ipon or, if required,	3a. Include your p by using EFTPS (ayment with this forn Electronic Federal Ta	n, or, if required ax Payment Syst	, tem)	3c \$		0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions			o make an electron	ic fund withdrawal	with this Form 8868,	, see Form 8453	-EO and For	m 8879-l	EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.