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Form 990-EZ

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

OMB No 1545-1150

2009

Open to Public Inspection

AF	or	the 2009	calenda	ar year, or tax year beginning , 2009, and	d ending			
В	heck	if applicable	Piease	C Name of organization		D	Employer identification number	
		dress	use IRS	THE KENSINGTON CONSERVANCY				
-	label or C. C. CEODCE CONTINUED I					2	6-4403946	
-	Number and street for D.O. have if mail in not delivered to street address). Deamfourte					E Telephone number		
-	Н .	tal return	type See				·	
		mination lended	Specific		04	_ (847) 735-8764	
	_ reti	TILL)	Instruc-	City or town, state or country, and ZIP + 4		F	Group Exemption	
<u> </u>	per	plication ading	tions	LAKE FOREST, IL 60045			Number • • • ▶	
	•	Section 5	501(c)(3)	organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Account	ing me	ethod X Cash Accrual	
				a completed Schedule A (Form 990 or 990-EZ).	Other (s	pecify)	· - -	
					H Check	•	if the organization is not	
1.4	Neb	site: >	WWW.k	KENSINGTONCONSERVANCY.ORG	required	to atta	ach Schedule B (Form 990,	
J٦	ax-e	exempt sta	atus (che	eck only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ,	or 990)-PF)	
				anization is not a section 509(a)(3) supporting organization and its gross recei	ots are norma	ally no	ot more than \$25 000 A	
				90 return is not required, but if the organization chooses to file a return, be sure to				
-				line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E		S	169,911.	
	rt I			Expenses, and Changes in Net Assets or Fund Balance				
	1			gifts, grants, and similar amounts received		1	167,744.	
	2			ce revenue including government fees and contracts		2		
	3					3	1,955.	
	4		tment inc	ues and assessments		4	212.	
	ı					-	212.	
	5			from sale of assets other than inventory				
		D Less	cost or o	ther basis and sales expenses 5b	_	_		
ø				fom sale of assets other them inventory (Subtract line 5b from line 5a)		5c		
Revenue	6			activities (complete applicable parts of Schedule S) If any amount is from gaming, check here	▶ ⊔ ∣			
Š	1	a Gross	revenue	of contributions		1		
æ		report	ted on lin	e 40 O pa σa				
		b Less	dırect ex	penses other than fundraising expenses 6b				
				loss) from special events and activities (Subtract line 6b from line 6a)		6с		
	7	a Gross	sales of	inventory, less returns and allowances				
				oods sold				
		c Gross	profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8			(describe ▶)	8		
	9	Total	revenu	e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	169,911.	
	10	Grant	s and sın	nilar amounts paid (attach schedule)		10		
	11	Benef	fits paid to	o or for members		11		
S	12	Saları	es, other	compensation, and employee benefits		12		
nsı	13			ees and other payments to independent contractors		13		
xpenses	14			nt, utilities, and maintenance		14		
ũ	15	Printir	ng, public	ations, postage, and shipping		15		
	16			es (describe ATCH 2		16	70,021.	
	17			ses. Add lines 10 through 16		17	70,021.	
	18	Exces	s or (def	icit) for the year (Subtract line 17 from line 9)		18	99,890.	
Net Assets	19			und balances at beginning of year (from line 27, column (A)) (must agree with				
\ss	_			ure reported on prior year's return)	l	19	-202,839.	
at /	20			in net assets or fund balances (attach explanation)		20		
ž	21			und balances at end of year Combine lines 18 through 20	i i	21	-102,949.	
Pa				heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form		_		
				(See the instructions for Part II) (A) Beginni		1	(B) End of year	
22	C	ash savini		evestments ATCH 3	80,367.	22	17,339.	
23						23		
24	75.00					75,022.		
25		otal asse			80,367.		92,361.	
26				escribe ATCH 5	283,206.		195,310.	
27	NI.	ot seente	or fund		202 839		-102 949	

9E1008 3 000 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions 7809AT B72U 8/6/2010

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Form **990-EZ** (2009)

PAGE 1

	n 990-EZ (2009)			36-	<u>-44</u> 03946	5	Page 2
Pa	rt III Statement of Program Service Accomplishme	ents (See the instruct	ions for Part III.)			penses	
	at is the organization's primary exempt purpose? PROMOTE POS					for section and 501(c)(4)	
Des	cribe what was achieved in carrying out the organization's exe	mpt purposes In a clea	r and concise mann	er,	organizatio	ons and section trusts, optional	
	cribe the services provided, the number of persons benefited, and			le	for others		
28	ESTABLISHMENT, DEVELOPMENT, MAINTENANCE		OF NATURE				
	RESERVES AND PROGRAMS IN THE ST. JOSEPH						
	CONSERVATION AND PRESERVATION OF THE NAT	URAL ECOSYSTEMS.					
	(Grants \$) If this amount includes	foreign grants, check here		28a	1		
29							
	(Grants \$) If this amount includes	foreign grants, check here		29a	<u> </u>		
30							
			4.544.				
		foreign grants, check here		30a	t		
31				<u></u>			
	(Grants \$) If this amount includes	foreign grants, check here		31a	1		
32	Total program service expenses (add lines 28a through 31a)	<u> </u>		▶ 32			
Pa	rt IV List of Officers, Directors, Trustees, and Key Employ			7		r Part IV)	
'	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		ntributions to benefit plans &	(e) Exper account a	nse
	(a) Name and address	devoted to position	enter -0)		compensation	other allowa	
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<u>A</u>	TTACHMENT 6		-0-		-0-		-0-
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Dot the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. If the organization have unrelated business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining with the organization of hor organization of hore organization organization of hore organization organization organization of hore organization organization organization organization organization organization organization organization 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 pendo covered by this return? If Yes, "Complete Schedule I, Part II and enter the total amount involved 38b 90 00 00 00 00 00 00 00 00 00 00 00 00	Part	Other information (Note the statement requirements in the instructions for Part V)			
description of each activity. 4 Were any changes made to the organization of governing documents? If "Yes," attach a conformed copy of the changes. 5 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 990-T, attach a statement explaning why the organization of the report the income on Form 990-T and but the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 bif "Yes," has it filed a tax return on Form 990-T for this year? 5 bif "Yes," has it filed a tax return on Form 990-T for this year? 5 bif "Yes," has it filed a tax return on Form 990-T for this year? 5 bif "Yes," complete specification, dissolution, termination, or significant dosposition of net assess the standard of the organization of the specific properties of Schedule N. 5 certain 91 "Yes," complete specification and searched in the instructions ▶ 37a				Yes	No
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	33				
st if the organization has income from bisuness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T all Dd the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(9) notice, reporting, and proxy tax requirements? b if "Yes," has it filed a tax return on Form 990-T for this year? b If "Yes," has it filed a tax return on Form 990-T for this year? 37a		description of each activity	33		Х
15 If the organization had income from business achieves, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990.7 Latch a statement explaining why the organization did not report the income on Form 990.7 at 0 dt the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990.7 for this year? b If "Yes," can be the production, dissolution, dissolution, or significant dosposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as desorbed in the instructions ▶ 37a 37b 37a 37a 37b 37a 37b 37b 37a 37b 37b 37a 37b	34		1		١
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a Dd the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(a) notice, reporting, and proxy tax requirements? b If "Yes," has if filled a tax return on Form 990-T for this year? 35 Dd the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spheticable parts of Schedule N	35			JA 14	
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b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 8866-T List the states with which a copy of this return is filled ▶IL. List the states with which a copy of this return is filled ▶IL. Located at ▶500 N. WESTERN AVENUE, SUITE 204 LAKE FOREST, I ZIP+4 ▶ 60045 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. c 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 ▶ 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 Form 990-EZ 45 In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? I	70 u				٠, ·
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person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I c 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 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed III. List the states with which a copy of this return is filed III. List the states with which a copy of this return is filed III. Located at Sou N. WESTERN AVENUE, SUITE 204 LAKE FOREST, I Zip+4 Sou4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign county See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. C 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 county Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. 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 county All the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041 - Check here. At a put me during the calendar year, did the organization within the meaning of section 512(b)(13)? If Yes, No All the organization accounts of Form 990-EZ in lieu of Form 1041 - Check here. At a put me during t	-			. **	-
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Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	7(a)(1) nonexempt cha	nexempt charita iritable trusts mu	ble trusts only. st answer questi	All secons 46-	tion 49b				
46 D	old the organization engage in direct or indirect	political campaign activit	es on behalf of o	r in opposition to		res No				
candidates for public office? If "Yes," complete Schedule C, Part I										
47 D										
	ind the organization make any transfers to an exem i "Yes," was the related organization a section 527			• • • • • • • • •	49a	X				
50 C	complete this table for the organization's five hig mployees) who each received more than \$100,00	hest compensated emplo		officers, directors,		and ke				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àcco	xpense unt and lowances				
NONE		1								
		_								
	otal number of other employees paid over \$100,00	0 ▶ NOI	UE.		L					
	(a) Name and address of each independent contractor paid in			of service	(c) Comp	ensation				
NONE					· · · · · · · · · · · · · · · · · · ·					

d To	otal number of other independent contractors recei	ving over \$100,000	▶ NON	E						
	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete Declaration of pr	nis retum, including accompanying reparer (other than officer) is base	schedules and stateme d on all information of w	nts, and to the best of m	y knowledg owledge	je				
Sign Here	Sugnature of officer		Da	ate/	, <u>.</u>					
	Type or print name and title	utive Direc	Crok	lug 121	10					
Paid Preparer	Preparer's signature Naundus	Date 08/06/2	010 Check if self- employed ▶	Preparer's identifying nu	-	nstructions)				
Preparer' Use Only	yours if self-employed),	BOX 1109 SAULT STE MARI	EII EII	N ▶ 98-0127						
May the I	RS discuss this return with the preparer shown abo		L, ON, CANADA, FI		XYes	No				
						FZ (2009)				

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE KENSINGTON CONSERVANCY

Employer identification number

C/O GE	ORGE COV	INGTON							36-44	103946
Part I	Reason fo	or Public Char	ity Status (All organi	zations m	ust compl	ete this p	oart) Se	e instruc	tions	
The organ	nization is no	t a private founda	ation because it is (For	lines 1 thro	ough 11, ch	eck only c	one box)			
1 🔲	A church, co	onvention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectic	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3	A hospital o	r a cooperative h	ospital service organiza	ation descri	bed in se	ction 170	(b)(1)(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	hospital's name, city, and state									
5	An organiza	ation operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6	A federal, st	tate, or local gove	ernment or government	al unit desc	inbed in s	section 17	70(b)(1)(A	\)(v).		
7 X	An organiza	ation that norma	lly receives a substan	tial part of	its support	from a q	governme	ental unit	or from	the general public
			(1)(A)(vi). (Complete F	•						
8		-	in section 170(b)(1)(•					
9			lly receives (1) more							
			ted to its exempt fun		•		-			
			ment income and un						511 tax)	from businesses
—			after June 30, 1975							
10			nd operated exclusively							
11			and operated exclusion							
		•	ublicly supported orga					•	•	, , ,
	a Typ	Г	at describes the type of	supporting Typ				lines i re	ī	vpe III - Other
e		L	trype ii ertify that the organiz			-	-	rectly by	· — ·	, ,
الـــا			on managers and oth				-			· · · · · · · · · · · · · · · · · · ·
		r section 509(a)(=	ci tilali oli	e or more	publicly .	supported	olganiz	allons de	Scribed in Section
f			i a written determinat	tion from t	the IRS tha	atıtısa	Type I	Type II o	r Type III	Supporting
•						21 11 13 G	1900 1,	, , pc 11, c	i type iii	, supporting
g			the organization accept			on from a	nv of the			
3	following pe			, <u>-</u>			,			
			or indirectly controls	. either ale	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No
			erning body of the supp							11g(i) X
			erson described in (i) ab							11g(iı) X
	-		of a person described in	• •	bove?					11g(in) X
h	Provide the	following informa	tion about the supporte	ed organiza	tion(s).					
	of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) Amount of
orga	enization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizat	ion in col zed in the	support
		1	(see instructions))	governing			port?	U	S?	
				Yes	No	Yes	No	Yes	No	
						 	 -			
									 	
Total										
		<u> </u>	<u> </u>	l				L		<u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Par	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)							
Sec	tion A. Public Support							
Cal	endar year (or fiscal year 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 any "unusual grants")	9,710	43,521	102,111	172,418.	169,699	497,459	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	9,710	43,521	102,111.	172,418.	169,699.	497,459	
5	The portion of total contributions by each				*****			
	person (other than a governmental unit or				,	5		
	publicly supported organization) included			.`				
	on line 1 that exceeds 2% of the amount			, * 4	Ch			
_	shown on line 11, column (f)	11 /12 11 /12	* * 3		kî <u> </u>			
6	Public support. Subtract line 5 from line 4	.2. : .		(Z)	<u>"</u>	<i>A</i> . i	497,459	
	tion B. Total Support					1		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	9,710	43,521	102,111	172,418	169,699	497,459	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,168	2,201	1,470	2,432	212	7, 402	
		1,100	2,201	1,470	2,432	212	7,483	
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	<i>.</i> (%)	, t t -	1. 2	1 14 14	", "	504,942	
12	Gross receipts from related activities, etc. (se	e instructions)				12		
13	First five years If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2009 (line					14	98.52 %	
15	Public support percentage from 2008 Sc	chedule A, Part I	ll, line 14			15	47.63%	
16a	a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check							
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organization	1		▶ [X]	
b	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							
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 me							
	Part IV how the organization meets t							
	organization						.`▶□	
b	10%-facts-and-circumstances test - 2	2008. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line	
	15 is 10% or more, and if the orga							
	Explain in Part IV how the organization							
	supported organization							
18	Private foundation. If the organization	n did not check	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see	
	instructions							
						chedule A (Form 99		

Page 3

Scheule A (Form 990 or 990-EZ) 2009 36 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)

	tion A. Public Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е) 2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include							l
	any "unusual grants ")					ļ		
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the					Ì		
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							Į
4	Tax revenues levied for the organization's	-	<u> </u>	1				
·	benefit and either paid to or expended on its behalf							
5	The value of services or facilities							_
•	furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5	<u> </u>	 	 	 	 		-
6								
7 a	Amounts included on lines 1, 2, and 3				1			1
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13							
	for the year			 	 	 		
	Add lines 7a and 7b		1.	 	-	 		 -
8	,							İ
300	tion R. Total Support	L	J	4	<u> </u>	L		1
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 (0) 2000	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(6) 2007	(a) 2006	(e) 2009	(f) Total
	Amounts from line 6							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or							
_	loss from the sale of capital assets		1					1
	(Explain in Part IV)	ĺ						1
3	Total support. (Add lines 9, 10c, 11,			1				
	and 12)				ļ]
4	First five years. If the Form 990 is for	the organization	n's first second	third fourth o	r fifth tax vear a	s a s	ection 501	(c)(3)
•	organization, check this box and stop here	_			•			` ' ' ' _
Sac	tion C. Computation of Public Sur			 		<u>· · · · </u>	· · · · · ·	
15	Public support percentage for 2009 (line 8, c			(f)		45		%
						15		
16	Public support percentage from 2008 Schedu					16		%
	tion D. Computation of Investmen		<u></u>					
17	Investment income percentage for 2009 (lin			3, column (f))		17		%
8	Investment income percentage from 2008				<i>.</i>	18		%
19 a	33 1/3 % support tests - 2009. If the o							_
	17 is not more than 33 1/3 %, check the	his box and sto	op here The org	ganızatıon qualifie	es as a publicly	suppo	ted organi	ızatıon ▶
b	33 1/3 % support tests - 2008. If the org	anization did not	t check a box on	fine 14 or line 1	9a, and line 16 is	more	than 33 1/3	3 %, and
	line 18 is not more than 331/3 %, check							. —
20	Private foundation If the organization	did not check	a box on line	14, 19a, or 19	b, check this bo	x and	see instr	ructions ►
SA 1 1 00								90 or 990-EZ) 2009
		:30:18 AM	V 09-7.1					PAGI

Schedule A (Form 990 or 990-EZ) 2009

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION INTEREST INCOME

AMOUNT

212.

TOTAL

212.

ATTACHMENT	2

FORM 990EZ, PART I - OTHER EXPENSES

BANK CHARGES AND INTEREST THE KENSINGTON CONSERVANCY - CANADIAN PROFESSIONAL FEES

TOTAL

9,586. 57,500.

2,935.

70,021.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING <u>OF YEAR</u>	END OF YEAR
CASH	80,367.	17,339.
TOTALS	80,367.	17,339.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION

END OF YEAR

MARKETABLE SECURITIES

75,022.

TOTALS

75,022.

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION BEGINNING OF YEAR

END OF YEAR

MORTGAGES AND OTHER NOTES PAYABLE

283,206.

195,310.

TOTALS

283,206. 195,310.

OYE
/ EMPL
KEY
AND
TRUSTEES
, DIRECTORS,
LIST OF OFFICERS,
OF
LIST
_ VI
PART IV
990EZ,
FORM

36-4403946

ATTACHMENT 6

TITLE AND AVERAGE	HOURS PER WEEK	DEVOTED TO POSITION
		NAME AND ADDRESS

1.00 PRESIDENT 500 N. WESTERN AVENUE LAKE FOREST, IL 60045 PETER WELLES

VICE PRESIDENT 1.00 500 N. WESTERN AVENUE LAKE FOREST, IL 60045 PEGGY FOSTER

VICE PRESIDENT 500 N. WESTERN AVENUE LAKE FOREST, IL 60045 HUGH MACDONALD

LAKE FOREST, IL 60045 500 N. WESTERN AVENUE JOHN (TERRY) HAIGHT

500 N. WESTERN AVENUE LAKE FOREST, IL 60045 CARLA BUMBACO

500 N. WESTERN AVENUE BEBE BULLOCK

1.00 SECRETARY

TREASURER 1.00

DIRECTOR

ATTACHMENT 6 (CONT'D)

36-4403946

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS

DEVOTED TO POSITION TITLE AND AVERAGE HOURS PER WEEK

204

LAKE FOREST, IL 60045

DAVID HOFMANN

500 N. WESTERN AVENUE

1.00

DIRECTOR

LAKE FOREST, IL 60045

SALLY BEHR SCHENDEL 500 N. WESTERN AVENUE

1.00

DIRECTOR

LAKE FOREST, IL 60045

ERROL CALDWELL

DIRECTOR 1.00

RICHARD WARREN

DIRECTOR 1.00

DIRECTOR

500 N. WESTERN AVENUE 204 LAKE FOREST, IL 60045

KEVIN ELLIS

SARAH VINCENZO 500 N. WESTERN AVENUE

1.00 DIRECTOR

8:30:18 AM V 09-7.1

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ATTACHMENT 6 (CONT'D)

36-4403946

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS

HOURS PER WEEK DEVOTED TO POSITION TITLE AND AVERAGE

LAKE FOREST, IL 60045 204

DIRECTOR

1.00

ALICE HILL 500 N. WESTERN AVENUE 204

LAKE FOREST, IL 60045

GRAND TOTALS

FORM 990EZ, PART V - EXPLANATION FOR LINE 35

N/A

6 For a