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Short Form

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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

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A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C ENDOWMENT CARE FUND OF LAKESIDE CEMETERY C/O HERGET BANK 33 SOUTH FOURTH ST PEKIN, IL 61554	D Employer identification number 37-6035543
			E Telephone number 309-347-1131
			F Group Exemption Number ►
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
I Website: ► N/A		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (13) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 148,003.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
RECEIVED 02 JUL 09 EXPENSES ASSETS	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 26,788.
	5a Gross amount from sale of assets other than inventory	5a 109,641.
	b Less cost or other basis and sales expenses	5b 141,936.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	SEE STATEMENT 1
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	► <input type="checkbox"/>
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ► SEE STATEMENT 2)	8 11,574.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	► 9 6,067.
	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13 975.	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► SEE STATEMENT 3)	16 21,249.	
17 Total expenses Add lines 10 through 16	► 17 22,224.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -16,157.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 934,386.	
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21 918,229.	

Part II Balance Sheets . If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II)	
(A) Beginning of year (B) End of year	
22 Cash, savings, and investments	934,386. 22 918,229.
23 Land and buildings	23
24 Other assets (describe ► _____)	24
25 Total assets	934,386. 25 918,229.
26 Total liabilities (describe ► _____)	0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	934,386. 27 918,229.

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

1P

Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did 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-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year?

38a 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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

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 ► **0.**

d 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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's

books are in care of ► **HERGET BANK** Telephone no ► **309-347-1131**
Located at ► **33 SOUTH FOURTH ST PEKIN IL** ZIP + 4 ► **61554**

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 ►

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign 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 ►

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

	Yes	No
44		X
45		X

44 Did 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)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI **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.

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		
47		
48		
49a		
49b		

50 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'.

f Total number of other employees paid over \$100,000

51 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

d Total number of other independent contractors each receiving over \$100,000

Sign Here	<p>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.</p> <p><input checked="" type="checkbox"/> <u>Jeffrey A. Lange</u>, A.S.S.T. V.P. - Trust Officer Signature of officer</p> <p><input checked="" type="checkbox"/> <u>Jeffrey A. Lange</u> Type or print name and title</p>	
	<input checked="" type="checkbox"/> <u>5/14/2010</u>	Date

Paid Pre- parer's Use Only	Preparer's signature ► <i>Thomas G. In</i> CPA	Date <i>1/30/10</i>	Check if self employed ► <input type="checkbox"/>	Preparer's Identifying Number (See Instructions) <i>P35738556</i>
	Firm's name (or yours if self employed), address, and ZIP + 4 ► <i>WOLF, TESAR & COMPANY, P.C.</i>	► <i>133 N. PARKWAY DR.</i>	EIN ► <i>36-3322365</i>	Phone no ► <i>(309) 346-4106</i>
	PEKIN, IL 61554			

May the IRS discuss this return with the preparer shown above? See instructions.

► X Yes No

BAA

Form 990-EZ (2009)

2009

FEDERAL STATEMENTS

PAGE 1

ENDOWMENT CARE FUND OF LAKESIDE CEMETERY
C/O HERGET BANK

37-6035543

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 109,641.
COST OR OTHER BASIS: 141,936.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -32,295.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -32,295.

STATEMENT 2
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

LOT SALES \$ 11,574.
TOTAL \$ 11,574.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CEMETERY MAINT. \$ 14,718.
FIDUCIARY TRUSTEE FEES \$ 6,531.
TOTAL \$ 21,249.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FIDUCIARY FOR THE FUNDS OF THE LAKESIDE CEMETERY

STATEMENT 5
FORM 990-EZ, PART VI
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? NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO