

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

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)

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

2009 Open to Public

Form 990 (2009)

OMB No 1545-0047

| | THAI INEVENUE SE | | | unements | Hispection | | | |
|-------------------------|------------------------|---|-------------------------|----------------------------------|----------------------------------|--|--|--|
| <u>A_</u> | For the 2009 c | alendar year, or tax year beginning $05/01/09$, and ending $04/3$ | 30/10 | | | | | |
| 8 | Check if applicable | Please C Name of organization Lake Forest-Lake Bluff | | D Employer identification number | | | | |
| | Address change | use IRS Senior Citizens Foundation | | | | | | |
| \exists | • | label or Doing Business As | | ٦ 36- | 4188968 | | | |
| ᆜ | Name change | type Number and street (or P O box if mail is not delivered to street address) | Room/suite | | hone number | | | |
| \square | Initial return | See 100 E. Old Mill Road | Noonvadite | | 7-283-8557 | | | |
| | Termination | Specific | | | 005 504 | | | |
| \equiv | | Instruc- City or town, state or country, and ZIP + 4 | | G Gross rec | eipts\$ 233,304 | | | |
| \sqsubseteq | Amended return | tions. Lake Forest IL 60045 | <u> </u> | 4 | | | | |
| \bigsqcup | Application pending | F Name and address of principal officer | | H(a) Is this a group return for | | | | |
| | | Richard Kissel | | affiliat H(b) Are al | | | | |
| | | 1270 Winwood Drive | | includ | ed? Yes No | | | |
| | <u>.</u> | Lake Forest IL 60045 | | l If "No. | attach a list (see instructions) | | | |
| <u></u> | Tax-exempt stat | tus X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | | | | | |
| J | Website [.] ▶ | N/A | | H(c) Group | exemption number | | | |
| ĸ | Type of organization | Corporation Trust Association X Other Foundation | L Year of formation | 1997 | M State of legal domicile IL | | | |
| | | ummary | | | | | | |
| | T | describe the organization's mission or most significant activities | | | | | | |
| | 1 | provide partial funding for the Lake Forest Lak | o Bluff Comi | or Cont | ^ ~ | | | |
| 9 | 10 | provide partial funding for the make Forest mak | e Bluit Seni | or cent | er. | | | |
| ä | | | | | | | | |
| ern | | | | | | | | |
| Activities & Governance | 2 Check t | his box ▶ ☐ if the organization discontinued its operations or disposed of more | than 25% of its net a | ssets | | | | |
| ජ | 3 Number | r of voting members of the governing body (Part VI, line 1a) | | 3 | 11 | | | |
| Se | 4 Number | r of independent voting members of the governing body (Part VI, line 1b) | | 4 | 11 | | | |
| ij | 1 | umber of employees (Part V, line 2a) | | 5 | | | | |
| 듅 | | umber of volunteers (estimate if necessary) | | 6 | 24 | | | |
| Ā | 1 | | 7a | | | | | |
| | 1 | oss unrelated business revenue from Part VIII, column (C), line 12 | | 7b | 0 | | | |
| | b Net unr | elated business taxable income from Form 990-T, line 34 | Prior Y | | Current Year | | | |
| | 9 Contrib | utions and grants (Part VIII, line 1h) | | 83,762 | 187,003 | | | |
| ne | 8 Contrib | | <u> </u> | 337702 | 1017003 | | | |
| Revenue | 9 Program | n service revenue (Part VIII, line 2g) | <u> </u> | 46,816 108, | | | | |
| è | 10 Investm | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | ±0,010 | 108,501 | | | |
| _ | 11 Other re | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 005 504 | | | |
| | 12 Total re | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 30,578 | 295,504 | | | |
| | 13 Grants | and similar amounts paid (Part IX, column (A), lines 1–3) | 12 | 24,201 | 112,146 | | | |
| | 14 Benefits | s paid to or for members (Part IX, column (A), line 4) | | | | | | |
| Ś | 15 Salaries | s, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3 | 36,044 | | | | |
| Se | 16a Profess | ional fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| Expenses | b Total fu | ndraising expenses (Part IX, column (D), line 25) ▶ 13,080 | | | | | | |
| ŭ | 17 Other e | xpenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 21,101 | 35,989 | | | |
| 2 | | xpenses Add lines 13–17 (must equal Part IX, column (♠) [म€2月] [VED] | _, | 31,346 | 148,135 | | | |
| 7 | | e less expenses Subtract line 18 from line 12 | | 19,232 | 147,369 | | | |
| 200 8 | e is Kevenu | | | | End of Year | | | |
| Net Assets or | i 20 Total as | ssets (Part X, line 16) JUN 2 8 2010 | 2.22 | 25,454 | 2,372,823 | | | |
| Ass | 21 Total lia | abilities (Part X, line 26) | | | | | | |
| ž | 27 Not 000 | = | | 25,454 | 2,372,823 | | | |
| | | | | 23,131 | 2/3/2/023 | | | |
| F | | ignature Block | | | | | | |
| | U | nder penalties of perjury, I declare that I have examined this return, including accompanying so nd belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based o | chedules and statements | i, and to the be | st of my knowledge | | | |
| | | | | 1// | 7 ~/ | | | |
| Sig | _ | Sester C Pramoray | | 6/ | 15/2010 | | | |
| He | ere 📗 🏲 | Signature of officer | | Date | , | | | |
| | | Lester Hammar Tr | reasurer | | | | | |
| | 7 | Type or print name and title | | | | | | |
| | _ | D | ate Chec | k ıf | Preparer's identifying number | | | |
| Pa | ומ | reparers | self- | | (see instructions) P00925125 | | | |
| Pr | eparer's | | empi | oyed 🕨 🛴 | | | | |
| | e Only | rm's name (or yours Milburn Cain & Co. | | EIN | · | | | |
| | ıf l | self-employed), 4237 Grove Avenue | | Phone | 045 006 6455 | | | |
| | | ddress, and ZIP+4 Gurnee, IL 60031 | | no | <u>847-336-6455</u> | | | |
| 840 | v the IDS disci | use this return with the propagar chawn should (see instructions) | | | I I Van I Na | | | |

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

| Part III | Statement of | Program Servic | e Accomplishments |
|----------|--------------|----------------|-------------------|
| | | | |

| 1 | Briefly describe the organization's mission | |
|---|---|--|
| | | |

To provide partial funding for the Lake Forest Lake Bluff Senior Center.

| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | |
|---|---|-----------|
| 4 | If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O | Yes X No |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | □ |

| 4b (Code |) (Expenses \$ | 70,154 including grants of \$ | 70,154) (Revenue \$ | 31,760 |
|----------|----------------|-------------------------------|----------------------|--------|
| Support | Senior Center | program activities. | | |

4c (Code) (Expenses \$ 21,992 including grants of \$ 21,992) (Revenue \$ 22,183)
Support Senior Center Social Services program.

| 4d | Other program services (Describe in Se | chedule O) | | |
|----|--|------------------------|---------------|----|
| | (Expenses \$ | including grants of \$ |) (Revenue \$ | .) |
| 4e | Total program service expenses ▶ | 112,146 | | |

Form 990 (2009)

| | a | tiv Checklist of Required Schedules | | | |
|------------|---|--|----------|-----|--|
| | | | | Yes | No |
| 1 | | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | ١. | 3,5 | |
| 2 | | complete Schedule A | 1 | X | ├ |
| 3 | | Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _2_ | _^_ | |
| Ŭ | | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | 1 |
| | | Schedule C, Part II | 4 | | х |
| 5 | | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | <u> </u> | | |
| | | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | |
| | | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | |
| | | complete Schedule D, Part I | 6 | | X |
| 7 | | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | | complete Schedule D, Part III | 8 | | X |
| 9 | | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| 40 | | complete Schedule D, Part IV | 9 | | X |
| 10 | | Did the organization, directly or through a related organization, hold assets in term, permanent, or | 40 | х | |
| 11 | | quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | 10 | | |
| • • | | VII, VIII, IX, or X as applicable | 11 | | х |
| | | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | -11 |
| | | Schedule D, Part VI | | | |
| | | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | |
| | 0 | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| | Э | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | |
| | | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| | | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | |
| | | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40 | v | |
| 42/ | | Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 124 | | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | | | |
| 13 | | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| . o 14a | | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | х |
| 15 | | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | 1 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | _X_ |
| 17 | | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | v |
| 20 | | If "Yes," complete Schedule G, Part III | 19 | | $\frac{x}{x}$ |
| 20 | | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 Eorm | 990 | |
| | | | 1 01111 | 220 | (~~~) |

Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|------------|----------|---------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | l . | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| 04- | employees? If "Yes," complete Schedule J | 23 | | <u> </u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | v |
| h | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 240 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 24U | | |
| | with a disqualified person during the year? If 'Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 230 | | |
| ~ | 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 | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u> </u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | <u> </u> |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | |
| | Part IV | 28c | | $\frac{x}{x}$ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | _ | Ì | v |
| . | conservation contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | ,, | | v |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | <u> </u> |
| JZ | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 00 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | ł | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | | | |
| • | III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| | Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | <u>X</u> | |
| | | Form | 990 | ronner |

| Pa | irt V Statements Regarding Other IRS Filings and Tax Compliance | | | | _ | |
|----|---|-----------------|----|-------------|--------------|--|
| | | | | F | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | _ | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | 2 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portabl | е | | | |
| _ | gaming (gambling) winnings to prize winners? | 1 1 | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a] | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns ⁷ | | <u>2b</u> | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | | | | |
| | instructions) | | | | | |
| зa | Did the organization have unrelated business gross income of \$1,000 or more during the year covere | а ву | | 1 22 | | _V |
| | this return? | | | 3a | + | <u> x</u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 4 | 3b | + | _ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | ty | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | anciai | | 4a | | x |
| | account)? | | | 44 | + | ^ |
| D | If "Yes," enter the name of the foreign country | Donk | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign | Dank | | | | |
| F | and Financial Accounts | | | 5a | | x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | tion? | | 5a | ╁ | $\frac{1}{x}$ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. If "Yes," to less 55 as 56 and the organization file Form 2006 T. Disclosure by Tax Exempt Entity Pool | | | 30 | | ^ |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region Prohibited Tax Shelter Transaction? | aromy | | 5c | | |
| 6- | | | | 30 | + | |
| Фa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | E | | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribution | ne or | | - Ja | + | |
| U | gifts were not tax deductible? | 113 01 | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 100 | | \vdash |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | shoor | | | | |
| a | and services provided to the payor? | ,0005 | | 7a | | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs | | | | |
| Ŭ | required to file Form 8282? | | | 7c | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p | | | | | |
| • | benefit contract? | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | T- | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 | | | | | |
| | required? | | | 7h | · | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | <u> </u> |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | <u> </u> |
| 0 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | 1 | | |
| | amounts due or received from them) | 11b | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | 4 | ļ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

36-4188968 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Diane Chikos 100 E. Old Mill Road 847-283-8557 Lake Forest IL 60045

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Name and Title | Average hours per | | | | кан | that ap | oply) | Reportable | Reportable | (F) Estimated | |
|-------------------|----------------------|--------------------------------|-----------------------|--------------|--------------|--|-------|--|--|--|--|
| | . week | Individual trustee or director | Institutional trustee | Officer | Key employee | | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations | |
| Dawn Weston | | | | | | | | _ | | | |
| Trustee | | X | | | | \sqcup | _ | 0 | 0 | | |
| Lloyd Hood | | | | | | 1 1 | | | | | |
| Trustee | | X | | | | \sqcup | | 0 | 0 | (| |
| Joyce Foster | | 1 | | | | | | | | _ | |
| Trustee | | X | <u> </u> | <u> </u> | | \sqcup | | 0 | 0 | (| |
| Tom Grant | | 1 | | | | | | | | | |
| Trustee | | X | | | | \sqcup | | 0 | 0 | (| |
| Patricia Bruce | | | | | | | | | | | |
| Trustee | | X | <u> </u> | | | 1 | | 0 | 0 | | |
| Roger Mohr | | 1 | | | | | į | | | , | |
| Trustee | | X | | | _ | ₩ | | 0 | 0 | (| |
| Richard Kissel | | | | | | | | | | | |
| President | | + | | Х | _ | \vdash | - | 0 | 0 | | |
| Donald Goostrey | | İ | | ١ | | | | | | , | |
| Vice-Pres. | | + | | Х | | | | 0 | 0 | | |
| Charles Fitzgeral | ta iii | | | ١ | | | | | | | |
| Secretary | | | | х | _ | \vdash | | 0 | 0 | | |
| Margaret Lindman | | | | ١ | | | | | | | |
| Exec V-P | | + | | X | | \vdash | | 0 | 0 | | |
| Lester Hammar | | 1 | | | | | | | | , | |
| Treasurer | | + | | Х | | \vdash | | 0 | 0 | (| |
| | | | | | | | | | | | |
| | | | | | | + + | | | | | |
| | ł | | | | | | | | | | |
| | | + | | _ | - | ├ | | | | | |
| | 1 | 1 | | | | | | | | | |
| | - | +- | | - | - | | | | | | |
| | 1 | | | | | | | | | | |
| | | + | \vdash | \vdash | - | \vdash | _ | | | | |
| | 1 | | | | | | | | | | |
| | | ┼ | <u> </u> | | | \vdash | | | | | |

| <u>Part</u> | (A) | (B) | | | ((| C) | | | nd Highest Compensated (D) | (E) | | (F) | - | |
|-------------|--|------------------------------|-------------|-------|---------|-----------------|--------------------------------|-------------|---|--|---|---|--|---------|
| | Name and Title | Average hours per week | or director | | Officer | al Key employee | Highest compensated a employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | , | Estima amoun othe ompens from t organiza and rela rganiza | t of r sation he ation ated | |
| | | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | <u>-</u> | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | | , |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total | | | • | | | | > | | 2422 | | | | |
| | Fotal number of individuals (in eportable compensation from | - | | | tnos | e iis | ied a | DOV | e) who received more than | \$100,000 in | | | | |
| ε | Old the organization list any formployee on line 1a? If "Yes," | complete Sched | dule - | J for | sucl | h ind | lividu | al | - | | | 3 | Yes | No X |
| t | For any individual listed on lini he organization and related o ndividual Did any person listed on line 1 | rganizations grea | ater t | han | \$150 | 00 | Ö? If | "Yes | s," complete Schedule J fo | rsuch | | 4 | | х |
| | services rendered to the organ | nization? If "Yes, | | | | | | | | · · · · · · · · · · · · · · · · · · · | | 5_ | | х |
| 1 (| on B. Independent Contracte Complete this table for your fix compensation from the organi | ve highest compe | ensa | ted ı | ndep | end | ent c | ontr | ractors that received more | than \$100,000 of | | | | |
| | | (A) business address | | | | | | | Descrip | (B) tion of services | | Con | (C) pensa | tion |
| | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | | |
| | | | | | | | | | · | | | | | |
| | otal number of independent of | | | | | | ed to | thos | se listed above) who receiv | ed | | | | |

| Pa | ırt V | III Stater | nent of Reve | nue | | | | | | , age v |
|--|----------|------------------------|-------------------------|----------|-------------|--|----------------------|--|---|---|
| | | - | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats Its | 1a | Federated car | mpaigns | 1a | | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership o | · • | 1b | | | | | | |
| s, ç | С | Fundraising e | | 1c | | | | | | |
| gift | d | Related organ | | 1d | | | | | | |
| S.E. | е | Government grants | | 1e | | 30,000 | | | | |
| tion | f | All other contribution | • | | | | | | | |
| 혈축 | | and similar amounts | not included above | 1f | | 157,003 | | | | |
| gg | g | Noncash contributio | ns included in lines 1a | | <u> </u> | | | | | |
| | h | Total Add line | | | • | ▶ | 187,003 | | | |
| Program Service Revenue | | | | | | Busn. Code | | - | | |
| ven | 2a | | | | | | | | | |
| 8 | b | | | | | | | | | |
| vice | С | | | | | | | | | |
| Ser | d | | | | | | | | | |
| Ë | е | | | | | | | | | |
| bo | f | All other progr | am service reve | nue | | | | | | |
| <u> </u> | g | Total Add line | es 2a-2f | | | • | | | | |
| | 3 | Investment inc | come (including | dıvıder | ids, intere | est, and | | | | |
| | | other sımılar a | mounts) | | | ▶ _ | 108,501 | | | 108,501 |
| | 4 | Income from I | nvestment of tax | c-exem | pt bond p | roceeds 🕨 📙 | | | | |
| | 5 | Royalties | | | | ▶ | | | | |
| | | | (ı) Real | | (II) F | Personal | | | | |
| | 6a | Gross Rents | | | | | | | | |
| | b | Less rental exps | | | | | | | | |
| | С | Rental inc or (loss) | | | | | | | | |
| | d | Net rental inco | | | | <u> </u> | | | | |
| | , a | sales of assets | (i) Securities | s | (11) | Other | | | | |
| | | other than inventory | | | | | | | | |
| | b | Less cost or other | | | | | | | | |
| | | basis & sales exps | | | | | | | | |
| | С | Gain or (loss) | | | L | | | | | |
| | d | Net gain or (lo | | r | | ▶ | | | | ļ |
| e | 8a | | om fundraising eve | nts | | | | | | |
| en | | (not including \$ | | | | | | | | |
| Other Revenu | | | reported on line 1c) | · 1 | | | | | | |
| ē | | See Part IV, line | | a | | | | | | |
| t t | | Less direct ex | | bĺ | | | | | | |
| | | | (loss) from fund | 7 | events | | | | | |
| | 94 | See Part IV, line | om gaming activitie | | | | | | | |
| | h | Less direct ex | | a b | | | | | | |
| | | | (loss) from gam | - L | tuutios | • | | | | |
| | | | f inventory, less | iiig aci | livilles | | | · · · · · · · · · · · · · · · · · · · | | |
| | 104 | returns and all | - | а | | | İ | | | |
| | h | Less cost of g | | ь | | | [| | | |
| | | _ | (loss) from sale | | ventory | • | Ì | | | |
| | | | ellaneous Revenue | | | Busn. Code | | | | |
| | 11a | | | | | | Į. | | | |
| | b | | | | | | | | | |
| | С | | | | | | | | | |
| | d | All other reven | ue | | | | | | | |
| | е | Total. Add line | s 11a–11d | | | • | | | | |
| | 12 | Total Revenue | e. See instructio | ns | | • | 295,504 | 0 | | 108,501 |
| | | | | - | | | | | | Form 990 (2009) |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

| | All other organizations must | complete column (A) but a | re not required to comple | ete columns (B), (C), and (E | 0). |
|-----|--|---------------------------|------------------------------|---------------------------------------|--|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | | | Сурензез | general expenses | Опропаса |
| • | organizations in the U.S. See Part IV, line 21 | 112,146 | 112,146 | | |
| 2 | | 112,140 | | | ······································ |
| 2 | Grants and other assistance to individuals in | | | İ | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | į | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | | 12,782 | | 6,782 | 6,000 |
| | Legal | ,,,,,, | | | 3,000 |
| | <u>*</u> | 8,050 | | 8,050 | ··· |
| | Accounting | 8,030 | | 8,030 | |
| | Lobbying | | | | · |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 7,080 | | | 7,080 |
| 13 | Office expenses | 6,543 | | 6,543 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | · |
| 10 | • | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | · · · · · · · · · · · · · · · · · · · | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,429 | | 1,429 | |
| | | | | | |
| 24 | Other expenses Itemize expenses not | | | | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below) | | | | |
| _ | Postage | 105 | | 105 | |
| a | * Oblage | 103 | | 103 | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 148,135 | 112,146 | 22,909 | 13,080 |
| 26 | Joint costs. Check here ▶ if following | | | | |
| | SOP 98-2 Complete this line only if the | | - | | |
| | organization reported in column (B) joint costs | | | | A+ |
| | from a combined educational campaign and fundraising solicitation | | | | 10.5 |
| DAA | roma dome demontation | <u></u> | L | | Form 990 (2009) |

| Part | X Balance Sheet | | | | |
|----------------------|---|-----------------|-----------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest bearing | | 78,856 | 1 | 122,034 |
| 2 | Savings and temporary cash investments | | 2,047,602 | 2 | 2,134,842 |
| 3 | Pledges and grants receivable, net | | | 3 | |
| 4 | Accounts receivable, net | | 27,498 | 4 | 14,851 |
| 5 | Receivables from current and former officers, directors, tr | ustees, key | | | |
| | employees, and highest compensated employees. Comp | lete Part II of | | | |
| | Schedule L | | | 5 | |
| 6 | Receivables from other disqualified persons (as defined L | inder section | | | |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(E |) Complete | | | |
| | Part II of Schedule L | | | 6 | |
| 7 8 | Notes and loans receivable, net | | | 7 | |
| 8 0 | Inventories for sale or use | | | 8 | |
| ₹ 9 | Prepaid expenses and deferred charges | | 85 | 9 | |
| 10 | Land, buildings, and equipment cost or | | | | |
| | other basis Complete Part VI of Schedule D | 10a | | | |
| l t | Less accumulated depreciation | 10b | | 10c | |
| 11 | Investments—publicly traded securities | | 71,413 | 11 | 101,096 |
| 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| 14 | Intangible assets | | | 14 | |
| 15 | Other assets See Part IV, line 11 | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 2,225,454 | 16 | 2,372,823 |
| 17 | Accounts payable and accrued expenses | | | 17 | |
| 18 | Grants payable | | | 18 | |
| 19 | Deferred revenue | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| | Escrow or custodial account liability Complete Part IV of | Schedule D | | 21 | |
| | | | | | |
| 5 | employees, highest compensated employees, and disqua | | | | |
| <u> </u> | persons Complete Part II of Schedule L | | | 22 | |
| 23 | • | narties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third par | | | 24 | |
| 25 | Other liabilities Complete Part X of Schedule D | | | 25 | - |
| 26 | Total liabilities. Add lines 17 through 25 | | - | 26 | |
| | Organizations that follow SFAS 117, check here ▶ X | and | | | |
| ן לַ | complete lines 27 through 29, and lines 33 and 34. | | | | |
| 27 | Unrestricted net assets | | 2,111,327 | 27 | 2,217,648 |
| 28 | Temporarily restricted net assets | | 114,127 | 28 | 155,175 |
| 2 29 | Permanently restricted net assets | | | 29 | |
| 5 | Organizations that do not follow SFAS 117, check here | ▶ □ | | | |
| | and complete lines 30 through 34. | | | | |
| 0 30 | Capital stock or trust principal, or current funds | | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment | fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or | | | 32 | |
| 27 28 29 31 32 33 34 | Total net assets or fund balances | | 2,225,454 | 33 | 2,372,823 |
| 34 | Total liabilities and net assets/fund balances | | 2,225,454 | _ | 2,372,823 |

Form **990** (2009)

| <u>Form</u> | 990 (2009) Lake Forest-Lake Bluff | 36-4188968 | | Pa | ge 12 |
|-------------|---|-------------------------------------|----|-----|-------|
| Pa | rt XI Financial Statements and Reporting | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Ac | ccrual Other | | | |
| | If the organization changed its method of accounting from a prior year or ch | ecked "Other," explain in | | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an in | dependent accountant? | 2a | | x |
| b | Were the organization's financial statements audited by an independent acc | countant? | 2b | Х | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assur | nes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of | | 2c | x | |
| | If the organization changed either its oversight process or selection process | during the tax year, explain in | | | |
| | Schedule O | | | } | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial | statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both | · | | | |
| | X Separate basis Consolidated basis Both consolidated and | separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an | audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the org | anization did not undergo the | | | |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lake Forest-Lake Bluff

Senior Citizens Foundation

Employer identification number 36-4188968

| | | | 2011102 0202 | | | | | | | | 0200 | | |
|------|-----------|-----------------|--------------------------------|--|--------------|---|----------------|------------------------|--------------|--|-----------------|----------------|--------|
| Pa | art I | Reas | on for Public Charity | Status (All organization | s must | comple | te this | part) | See II | nstruct | tions | | |
| The | orgai | nization is not | a private foundation becau | se it is (For lines 1 through 11, | check onl | y one box | () | | | | | | |
| 1 | \Box | A church, co | nvention of churches, or as: | sociation of churches described | in section | n 170(b)(| 1)(A)(ı). | | | | | | |
| 2 | | A school des | cribed in section 170(b)(1) | (A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | \Box | A hospital or | a cooperative hospital serv | ice organization described in se | ection 170 | (b)(1)(A)(| iii). | | | | | | |
| 4 | П | | • | ed in conjunction with a hospital | | | |)(1)(A)(i | iiı). Ente | er the ho | ospital's nam | e. | |
| | | city, and stat | = | | | | | W-76-76 | ,, | | | -, | |
| 5 | | • | | of a college or university owned | d or operat | ed by a d | overnme | ental un | ıt descr | ihed in | | | |
| Ū | Ш | = | b)(1)(A)(iv). (Complete Part | | or opera | .ca by a g | 0.000 | ontar an | 11 00001 | | | | |
| c | | | | • | | PA/L\/4\/A | | | | | | | |
| 6 | \square | | <u> </u> | governmental unit described in | | • | | . | | | | | |
| 7 | X | • | • | substantial part of its support for | rom a gov | ernmenta | i unit or | trom the | e genera | ai public | | | |
| | | | section 170(b)(1)(A)(vi). (C | | | | | | | | | | |
| 8 | | | | 170(b)(1)(A)(vi). (Complete Par | | | | | | | | | |
| 9 | | An organizat | ion that normally receives (| (1) more than 33 1/3 % of its su | pport from | contribut | tions, me | embersh | np fees | , and gro | oss | | |
| | | receipts from | activities related to its exer | mpt functions—subject to certai | n exception | ns, and (| 2) no mo | ore than | 33 1/3 | % of its | | | |
| | | support from | gross investment income a | ind unrelated business taxable i | ncome (le | ss sectioi | n 511 tax | x) from l | ousines | ses | | | |
| | | acquired by t | he organization after June 3 | 30, 1975 See section 509(a)(2) |). (Comple | te Part III | 1) | | | | | | |
| 10 | | An organizat | ion organized and operated | exclusively to test for public sar | fety See s | section 5 | 09(a)(4). | | | | | | |
| 11 | | An organizat | ion organized and operated | exclusively for the benefit of, to | perform t | he functio | ons of, o | r to carr | y out th | е | | | |
| | | purposes of | one or more publicly suppor | ted organizations described in s | section 50 | 9(a)(1) or | section | 509(a)(| 2) See | section | | | |
| | | 509(a)(3). Ch | neck the box that describes | the type of supporting organizat | tion and co | omplete li | nes 11e | through | 11h | | | | |
| | | a Type | l b Type II | c Type III-Function | nally integi | ated | d | Тур | e III-O | ther | | | |
| е | | | | ganization is not controlled direc | ctly or indi | rectly by | one or m | ore disc | qualified | 1 | | | |
| _ | ш | • | • | s and other than one or more pu | • | | | | - | | 1 | | |
| | | • | section 509(a)(2) | | , | | , | | | | | | |
| f | | , ,, , | , , , , | ermination from the IRS that it is | s a Tyne I | Type II | or Type | III sunn | ortina | | | | |
| • | | - | check this box | citimation from the five that it is | 3 u 1 jpc 1 | , , , pc, | O. 13pc | т оарр | orang | | | | |
| _ | | _ | | ation accounted any gift or contrib | oution from | a any of th | ho | | | | | | \Box |
| g | | _ | _ | ation accepted any gift or contrib | bullon non | i ariy or ti | ile | | | | | | |
| | | following per | | | | | | | | | | [] | T |
| | | | | ontrols, either alone or together | with pers | ons descr | ribed in (| ,II) | | | | Yes | No |
| | | | | of the supported organization? | | | | | | | 11g(i) | | |
| | | • | member of a person descri | `` | | | | | | | 11g(ii | | |
| | | (iii) A 35% c | controlled entity of a person | described in (i) or (ii) above? | | | | | | | 11g(ii | i) | |
| h | | Provide the | following information about | the supported organization(s) | , | | · | | | | | | |
| (1) | | of supported | (ii) EIN | (III) Type of organization | 1 ' ' | organization | , , , , | ou notify | | Is the | , , | nount of | |
| | org | anization | İ | (described on lines 1–9 | | sted in your | | nization in of your | organizat | ion in col ized in the | sup | port | |
| | | | | above or IRC section (see instructions)) | governing | document? | | port? | | \$? | | | |
| | | | | (coc mon zonomo), | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | İ | | | | |
| | | | | | | | | | | | | | |
| | | | | | - | | | | Ì | | | | |
| | | | | | | | İ | | | | | | |
| | | | | | | | - | \vdash | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | ļ | | | ├ | | | |
| | | | | | | 1 | | | | | | | |
| | | | | | | ļ | ļ | | <u> </u> | | | | |
| | | | | | | l | | | | <u> </u> | | | |
| Tota | 1 | | I | 1 | 1 | ŧ | 1 | 1 | 1 | ŧ l | | | |

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

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) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,046,622 344,101 1,190,351 183.762 187,757 2,952,593 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 1,046,622 344,101 1,190,351 183,762 187,757 2,952,593 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) 2,699,049 Public support. Subtract line 5 from line 4 253,544 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 183,762 1,046,622 344,101 1,190,351 187,757 2,952,593 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 26,043 55,182 99,153 75,210 81,163 336,751 sources Net income from unrelated business activities, whether or not the business is 0 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 3,289,344 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ightharpoonsSection C. Computation of Public Support Percentage 7.71% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 2.00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 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 qualifies as a publicly supported organization 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 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 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

| Page | 3 |
|------|---|
| rauc | |

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 19a 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 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page_4

Schedule A (Form 990 or 990-EZ) 2009 Lake Forest-Lake Bluff 36-4188968

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

| | e of the organization | | Employer ide | ntification number |
|--------|--|--|------------------|------------------------------------|
| | ake Forest-Lake Bluff | | | 2252 |
| | enior Citizens Foundation | | 36-4188 | |
| Pa | Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990, | | Accounts. C | complete if |
| | the organization answered Tes to Form 550, | (a) Donor advised funds | (b) Fund | s and other accounts |
| 1 | Total number at and of year | (a) Dollor advised fullus | (5) 1 4/14 | s and other accounts |
| | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | t the coaste held in decoast divised | <u> </u> | |
| 5 | Did the organization inform all donors and donor advisors in writing tha | | | □ v ₂₂ □ N ₂ |
| 6 | funds are the organization's property, subject to the organization's excl | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | | |
| | used only for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other | | □ vaa □ Na |
| Da | purpose conferring impermissible private benefit? art II Conservation Easements. Complete if the organization | anization answered "Ves" to For | m 000 Part | Yes No |
| 1 | Purpose(s) of conservation easements held by the organization (check | | 111 330, 1 art | TV, IIIIG 7 |
| • | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically im | nortant land are | 22 |
| | Protection of natural habitat | Preservation of certified historic | | 5 a |
| | Preservation of open space | Freservation of certified historic | Structure | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | nyation contribution in the form of a cons | onistion | |
| 2 | easement on the last day of the tax year | ivation contribution in the form of a const | EIVARION | |
| | and the second s | | Held | at the End of the Tax Year |
| _ | Total number of conservation easements | | 2a | at the Lind of the Tax Teal |
| | Total acreage restricted by conservation easements | | 2b | |
| | Number of conservation easements on a certified historic structure incl | udod in (a) | 2c | |
| | Number of conservation easements included in (c) acquired after 8/17/ | ` ' | 2d | |
| 3 | Number of conservation easements modified, transferred, released, ex | | | |
| • | the taxable year | tinguished, or terminated by the organiza | tion during | |
| 4 | Number of states where property subject to conservation easement is | acated & | | |
| 4 5 | · · · · · · | | | |
| 3 | Does the organization have a written policy regarding the periodic mon violations, and enforcement of the conservation easements it holds? | noring, inspection, nandling of | | Yes No |
| _ | | and conservation accoments during the | ,02r | 1e3 140 |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforce | cing conservation easements during the y | real | |
| 7 | · | annonyation appearants during the year | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing of \$\infty\$ \$ | conservation easements during the year | | |
| | Does each conservation easement reported on line 2(d) above satisfy t | the requirements of eaching | | |
| 8 | · · · · · · · · · · · · · · · · · · · | ne requirements of section | | Yes No |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | anta in its revenue and evenues statems | nt and | 1e3 140 |
| 9 | In Part XIV, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the | • | | |
| | the organization's accounting for conservation easements | organization's infancial statements that c | 103011003 | |
| Pa | art III Organizations Maintaining Collections of Art, | Historical Treasures, or Other | Similar Ass | ets. |
| | Complete if the organization answered "Yes" to | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report | | eet works of | |
| | art, historical treasures, or other similar assets held for public exhibition | | | |
| | provide, in Part XIV, the text of the footnote to its financial statements t | | | |
| b | If the organization elected, as permitted under SFAS 116, to report in it | | works of art, | |
| | historical treasures, or other similar assets held for public exhibition, ed | | | |
| | provide the following amounts relating to these items | | - | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ⊳ \$ | |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ | - - |
| 2 | If the organization received or held works of art, historical treasures, or | other similar assets for financial dain, pro | ovide the | |
| - | following amounts required to be reported under SFAS 116 relating to t | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ | |
| | Assets included in Form 990, Part X | | ▶ \$ | |
| - | | | · • • | |

| Sche | dule D (Form 990) 2009 Lake Fores | st-Lake Bluf | <u>f</u> | 36-41 | .88968 | Page 2 |
|-----------|--|--|-------------------------|---|----------------------|---------------------|
| Pa | rt III Organizations Maintaining | Collections of Art | , Historical Treas | sures, or Other | Similar Assets | (continued) |
| 3 | Using the organization's acquisition, accession collection items (check all that apply) | n, and other records, ch | eck any of the followi | ng that are a signific | ant use of its | |
| а | Public exhibition | d \ Loan | or exchange progran | ns | | |
| b | Scholarly research | e Othe | | | | |
| С | Preservation for future generations | <u>. </u> | | | - | |
| 4 | Provide a description of the organization's colle Part XIV | ections and explain how | v they further the orga | nization's exempt pi | urpose in | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to l | | | | | Yes No |
| Pa | Irt IV Escrow and Custodial Arrai | ngements. Compl | ete if the organiz | | "Yes" to Form 9 | 90, Part |
| | Is the organization an agent, trustee, custodiar | | | ner assets not | | |
| | included on Form 990, Part X? | . or other mioninously | | | | Yes No |
| ь | If "Yes," explain the arrangement in Part XIV a | nd complete the follows | ng table | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | Amount |
| С | Beginning balance | | | | 1c | |
| | Additions during the year | | | | 1d | |
| | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | 1f | |
| 2a | Did the organization include an amount on For | m 990, Part X, line 21? | | | <u> </u> | Yes No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | |
| Pa | rt V Endowment Funds. Comple | ete if organization | answered "Yes" t | o Form 990, Pa | ırt IV, line 10. | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 111,204 | 103,972 | | | |
| b | Contributions | | | | | |
| С | Net investment earnings, gains, | | | | | |
| | and losses | 2,314 | 7,232 | *************************************** | | · · · · · |
| d | Grants or scholarships | | = | | | |
| е | Other expenditures for facilities | | | | | |
| | and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 113,518 | 111,204 | | L | |
| | Provide the estimated percentage of the year | | | | | |
| | Board designated or quasi-endowment ▶ _1 | . <u>0</u> 0 <u>.</u> 0 <u>0</u> % | | | | |
| | Permanent endowment ▶ % | | | | | |
| | Term endowment ▶ % | | | | | |
| 3a | Are there endowment funds not in the possess | ion of the organization | that are held and adm | inistered for the | | Г <u></u> Т., |
| | organization by | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) X |
| _ | (ii) related organizations | | had to DO | | | 3a(ii) X |
| ۵ | If "Yes" to 3a(ii), are the related organizations i | | | | | 3b |
| -4 Da | nt VI Investments—Land, Buildir | | |) Part V line 1 | <u> </u> | |
| <u>ra</u> | Description of investment | (a) Cost or other basis | (b) Cost or oth | | cumulated | (d) Book value |
| | Description of investment | (investment) | basis (other) | 1 ' ' | eciation | (a) Book value |
| 12 | Land | ,y | | | | |
| | Buildings | | | | | |
| | Leasehold improvements | | - | | | |
| | Equipment | | | | | |
| | Other | | | | | |
| | Add lines 1a through 1e (Column (d) must equ | ual Form 990 Part Y o | olumn (B) line 10(c)) | | | |

Schedule D (Form 990) 2009

| Schedule D (Form 990) 2009 Lake Forest-Lake Bluf | | 36-4188968 | Page 3 |
|--|--|---|-------------|
| Part VII Investments—Other Securities. See Form 99 | | + | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | е |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | - | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form 99 | 90. Part X. line 13 | <u></u> | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | | Cost or end-of-year market value | • |
| | | | |
| | | | |
| | | | |
| | | | |
| | ļ | | |
| | - | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15 | | | |
| (a) Description | | (b) Boo | ok value |
| | | | - |
| | ** | | |
| | | | · |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| Table (Oal mar (b) march and English 200 Barb V and (D) to 45 | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 2 | 25 | <u> </u> | |
| 1 (a) Description of liability | (b) Amount | | |
| Federal income taxes | (2) | † | |
| ossial mostle taxos | | 1 | |
| | | | |
| | <u> </u> | 7 | |
| | |] | |
| | | | |
| | | | |
| | |] | |
| | |] | |
| | | | |
| | | 1 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | i | | |

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| Sche | dule D (Form 990) 2009 Lake Forest-Lake Bluff 36-41889 | <u> 8</u> | Page 4 |
|--------------|--|--|---------------------------------------|
| Pa | art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States | nents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 295,504 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 148,135 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 147,369 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | · · · · · · · · · · · · · · · · · · · |
| 7 | Prior period adjustments | 7 | <u> </u> |
| 8 | Other (Describe in Part XIV) | 8 | -28,394 |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | -28,394 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 118,975 |
| Pa | irt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 267,110 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities 2b | 1 1 | |
| С | Recoveries of prior year grants 2c | 1 | |
| d | Other (Describe in Part XIV) | 1 | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 267,110 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV.) 4b 28,394 | 1 | |
| | Add lines 4a and 4b | 4c | 28,394 |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 295,504 |
| | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return | |
| 1 | Total expenses and losses per audited financial statements | 1 | 148,135 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | 1 | |
| | Other losses 2c | 1 | |
| ď | | 1 | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 148,135 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 210/233 |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIV) | | |
| | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 148,135 |
| | rt XIV Supplemental Information | <u> </u> | 110,133 |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b | | |
| | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete | | |
| | eart to provide any additional information | | |
| | art XI, Line 8 - Reconcilation of Changes - Other | | |
| | are wil nine of a vecoustration of changes - other | | |
| _ U <u>1</u> | nrealized Gain on Investment | <u>. </u> | <u>28,394</u> |
| | | | |
| | | – – · | |
| _ P_3 | art XII, Line 4b - Revenue Amounts Included on Return - Oth | er_ | |
| | | | 20 304 |
| _ 01 | nrealized Gain on Investment | | |
| | | _ | |
| _ | | | |
| | | | |
| | | | |

| Schedule. | D (Fo | rm 9 | 90) 20 | 009 | L | ak(| e : | Foi | res | st. | - La | ıke | B | luf | f | | | | | | | 3 | 6 - • | 41 | .88 | 96 | 8 | | | | | | Page 5 |
|--------------|-------|------|--------|-----|------|------|-----|-------|------|------|------|-----|---|-----|---|---|---|---|---|---|---|---|------------|----|-----|----|---|---|---|---|---|---|------------|
| Schedule. | IV | Su | pple | mer | ital | Info | orm | natio | on (| (coi | ntın | ued |) | - | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | | | |
| | | | | _ | _ | _ | _ | | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | | | | _ | _ | _ | _ | _ | | _ | | | | _ | _ | | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | | _ | | - | _ | _ | _ | _ | - · | _ | _ | _ | _ | _ | _ | _ | _ | _ | – – |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | | _ | _ | _ | _ | - - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | - – | _ | _ | _ | _ | _ | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | | _ | _ | _ | _ | _ | _ | | | - – | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | | _ | _ | - - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | _ | _ | _ | _ | _ | _ | _ | | | - – | | _ | _ | | _ | _ | _ | _ | | _ | | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | | | | _ | _ | _ | _ | _ | _ | _ | | | - – | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | | | | | | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | | _ | | | | _ | _ | _ | _ | - | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | _ | | | _ | - | _ | _ | _ | _ | | | | | _ | _ | _ | | _ | _ | _ | _ | | _ | | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | - – | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | _ | _ | _ | | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | - | _ | _ | | | | | _ | _ | _ | | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | - | _ | | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | - | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | _ | _ | - - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | | | _ | | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | | _ | _ | _ | _ | _ | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | _ | | | _ | _ | _ | _ | _ | _ | _ | | | | _ | _ | _ | _ | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | _ | |

| 5 |
|---------------|
| ₹ |
| - |
| 32 |
| n |
| _ |
| _ |
| $\overline{}$ |
| = |
| Ò |
| Ñ |
| ≊ |
| 2 |
| Ξ. |
| 9 |
| 0 |
| |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Senior Citizens Foundation

Name of the organization Lake Forest-Lake Bluff

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 2009

Inspection

Employer identification number

36-4188968

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

▶ Attach to Form 990.

ŝ Transportation Equip × Financial support Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant Social Services Social Services or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 20,000 21,992 15,381 53,841 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? IL 60045 IL 60045 60045 IL 60045 (a) Name and address of organization Senior Resource Commission 님 or government Senior Transportation Social Worker Program 100 E old Mill Road 100 E Old Mill Road 100 E old Mill Road 100 E Old Mill Road Senior Advocate Lake Forest Lake Forest Lake Forest Lake Forest Part 1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

Schedule 1 (Form 990) 2009

) DAA

Page 2 36-4188968

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Lake Forest-Lake Bluff Part III

| _ | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other) |
|---------|--|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| : | | | | | | |
| | | | | | | |
| | | | | | | |
| Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information | omplete this part to p | provide the information | on required in Part I, | line 2, and any other addition | onal information |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

the City of Lake Forest, Illinois. The City of Lake Forest administers and All funds are turned over to the Senior Resource Commission, an agency of

monitors the funds except for payments made to Family Services for the

Senior Advocate.

Schedule I (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization

Lake Forest-Lake Bluff Senior Citizens Foundation

Employer identification number 36-4188968

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Audit Report and 990 reviewed by Treasurer and Board prior to filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request.

6/14/2010 11³⁴ AM

36-4188968

Federal Statements

Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | | Postal Code | Acquired after 6/30/75 |
|-----------------|--------------|----------------------------|----|----------------|------------------------|
| Interest Earned | \$ 81,163 | | 14 | | |
| Total | \$ 81,163 | | | | |

Schedule A, Part II, Line 5 - Excess Gifts

| Donor Name | | Excess | | |
|------------|------|----------|-----|-----------|
| | \$ 2 | ,764,836 | \$ | 2,699,049 |
| Total | \$ 2 | ,764,836 | \$_ | 2,699,049 |