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Form **990**

Department of the Treasury Internal Revenue Service

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)

| 2003

2009

OMB No 1545-0047

Open to Public Inspection

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

\ Fo	rthe 2	2009 ca	lendar yea	ır, or tax year beginni	ng 06-01-2009	and ending 05-31-201	.0		
Ch	eck if ap	plicable	Please	C Name of organization LAKE FOREST COLLEGE				D Employer i	dentification number
Add	dress ch	ange	use IRS label or	Doing Business As	-			36-21677 E Telephone	
- Nai	me char	nge	print or type. See	Doing business As				-	
Inıt	al retur	'n	Specific Instruc-		P O box if mail is	s not delivered to street addre	ess) Room/suite	(847) 234	
Ter	mınated	i	tions.	555 N Sheridan Rd				G Gross receip	ts \$ 76,622,077
- Am	ended r	eturn		City or town, state or of Lake Forest, IL 60045		- 4		1	
- App	olication	pending		Lake Folest, IL 60045					
				ne and address of pri	ncipal officer		H(a) Is th	■ ıs a group retu	ırn for
				n Schutt Sheridan Rd			affilia	ates?	ΓYes Γ Nο
				orest,IL 60045			H(b) Are a	II affiliates inclu	uded?
						_	If"N	o," attach a lis	st (see instructions)
Та	x-exem	pt status	У 501(с) (3) 🖪 (insert no)	4947(a)(1) or	527	H(c) Gro	up exemption i	number ►
W	ebsit e	· • www	w lakefores	t edu					
For	n of org	janization	✓ Corporat	tion Trust Associatio	on		L Year of fo	ormation 1857	M State of legal domicile IL
Pa	rt I	Sum	mary						
	1			e organization's miss	-	inificant activities ts college, accredited by	, the North Co	ntral Associat	tion of Colleges and
ט	1	Schools		ge is a national reside	intial liberal ar	ts conege, accredited by	the North Ce	ntrai Associa	tion of Colleges and
aoyemanoe									
2	2	Check t	his hox 🍽		liscontinued its	s operations or disposed	l of more than	25% of its ne	t assets
			•			t VI, line 1a)			3 19
5 ?			_	_		ng body (Part VI, line 1			4 18
*Anumar								•	5 1,451
5		Total number of employees (Part V, line 2a)							6 998
t		7a Total number of volunteers (estimate if necessary)							7a 307,691
		-		iness taxable income			-		7b 0
						·	Pric	or Year	Current Year
	8	8 Contributions and grants (Part VIII, line 1h)					9,963,519	7,638,483	
₽	9							51,923,410	
Revent	10			me (Part VIII, columr	-1,046,600				
ii	11	Other	revenue (P	art VIII, column (A),	1,131,771	1,342,587			
	12			_		art VIII, column (A), lır	ie	61 072 100	62.714.260
	42							61,972,100	
	13 14			ar amounts paid (Part or for members (Part I), lines 1-3)		20,313,023	24,093,642
	15		•	ompensation, employe	5_	0			
\$	15	10)	es, other co	ompensation, employe	26,350,830	26,364,605			
Expenses	16a	Profes	sional fund	Iraısıng fees (Part IX,	column (A), lu		0	0	
ੜੇ	ь	Total fu	ndraising exp	enses (Part IX, column (D), line 25) ▶ 2,025	5,459			
	17	Other	expenses	(Part IX, column (A),	lines 11a-11d		17,762,418	17,917,222	
	18	Total	expenses	Add lines 13–17 (mu	st equal Part I	X, column (A), line 25)		64,426,271	68,375,469
	19	Reven	ue less exp	penses Subtract line	18 from line 1	2		-2,454,171	-4,661,200
26.5 26.5 26.5							_	g of Current	End of Year
net Assers or Fund Balances	20	Total	assets (Da	rt X, line 16)				/ear 138,088,078	143,787,014
8	21							40,308,078	39,973,330
Figure	22					ne 20		97,780,027	103,813,684
	1111		ature Bl					37,700,027	103,013,001
					e examined this re	eturn, including accompanying	schedules and s	tatements, and to	o the best of my knowledge
		and beli	ef, it is true,	correct, and complete De	claration of prepai	rer (other than officer) is base	ed on all informat	ion of which prep	arer has any knowledge
Sign	,						2011	-04-12	
ler		Sign	ature of office	er			Date	-04-13	
		Lesli	e Chapman \	/P for Business Affairs					
			or print nam						
		Preparer	's .			Date	Check If		ntıfyıng number
aid		signature					self- empolyed •	(see instructio	ns)
	arer's	Firm's name (or yours							
	Only	ıf self-er	nployed), and ZIP + 4	*				EIN 🕨	
		audicoo,	and ZII T 4					Phone no 🕨	
	. L - 7 - 1	ــــــــــــــــــــــــــــــــــــــ	4	rn with the property	h = 1				Type TNo
2 V 1	rna IDO	- 4100110	C Thic ratio	to with the preparer	DOWN Shows /	cae inctriictions \			. vac i Na

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Provide post-secondary education leading to a baccalaureate degree Program service expenditures are made in conjunction with the operation of a liberal arts college spread over 107 acres with approximately 56 educational and support buildings. The College is accredited by the North Central Association of Schools, had 1,382 full time equivalent students in the undergraduate level with 113 full time equivalent faculty. 333 Bachelor of Arts degrees were conferred during the year. The College had approximately 1,057 resident students in residence halls.

						Form 990 (2009)
4e	Total program servi	ce expenses►\$	60,849,30	6		
	(Expenses \$	8,254,429 inc	luding grants o	of \$	0) (Revenue \$	8,456,924)
4d	Other program serv	ıces (Describe in Sch	edule O) See a	also Additional Data f	or Description	
		athletics, counseling, admi ming is provided for studen			intercultural programming, and ca	areer development for all students
4c	(Code) (Expenses \$	8,793,649	ıncludıng grants of \$	0) (Revenue \$	499,605)
		es the cost of the library (for ries, hiring expense, Dean's		ecquisitions), other types of	f academic support for students an	d the costs of administration in
4b	(Code) (Expenses \$	4,764,401	ıncludıng grants of \$	0) (Revenue \$	81,228)
					duate program Bachelor of Arts d faculty salaries and benefits	egrees were awarded to 333
4a	(Code) (Expenses \$	39,036,827	including grants of \$	24,093,642) (Revenue \$	46,658,075)
4	Section 501(c)(3) ar allocations to others	nd 501(c)(4) organizat , the total expenses, a	ions and section nd revenue, if a	on 4947(a)(1) trusts a any, for each program		ount of grants and
	If "Yes," describe the	ese changes on Sched	ule O			
3	•	cease conducting, or r	•	•	onducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese new services on So	chedule O			
2	•	undertake any signific r 990-EZ?			r which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Do	auired	Schadu	عما
anu v	CHECKHSL	UI RE	uuneu	Scheuu	110

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete 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.			
	◆ 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.			
	◆ Did the organization report an amount for other assets 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	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	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	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	Yes	
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization 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	25b		No
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	Yes	
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	Yes	
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			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νο
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		No
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		No
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	Yes	

art V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
-------	------------	-----------	----------	------------	---------	------------

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ FR See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		No
כ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νc
:	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
J	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-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Lake Forest, IL 60045 (847) 735-5034

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		100	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, 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 with a taxable entity during the year?	16a		Νο
b	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 the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Form 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			
10	Own website Another's website Upon request			
19	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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Lori Sundberg 555 N Sheridan Rd	ie orga	nızatıor	n ▶ -

Part VIII 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, and current key employees 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, or 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	rerage Position (check all ours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	 1,547,903	0	385,754

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►18

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Solomon Cordwell Buenz Associates 625 North Michigan Ave Chicago, IL 606113112	Architects	259,999
Pepper Construction Group LLC 643 North Orleans Street Chicago, IL 606543608	Construction oversight	5,508,472
Lowery Asset Consulting LLC 20 Wacker Drice Suite 1475 Chicago, IL 60606	Investment Consulting	103,960
Northshore University Health System Highland Park Hospital 777 Park Avenue West Highland Park, IL 60035	Healthcare clinic service	132,299
The Brickman Group Ltd 3630 Solutions Center Chicago, IL 60677	Landscaping and grounds maintenance	106,004
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Page 8

Form 99								Page 9
Part	/1111	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated camp	paigns 1a					
g E E	b	Membership du	es 1b					
ts, a⊞	C	Fundraising eve		0				
<u> </u>	d	Related organiz Government grants	ations 1d	962,585				
ons. sin	e •	_	ons, gifts, grants, and 1f	6,675,898		i		
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above					
S E	h	Total. Add lines	s 1a-1f	▶	7,638,483			
				Business Code				
Program Serwce Revenue	2a	Tuition and fees		611,310	45,495,666	45,495,666	0	0
æ. ≥	ь	Room and Board R	evenue	611,310	8,654,272	8,654,272	0	0
AC.0	С	Other sources		611,310	1,268,836	1,268,836	0	0
Ser.	d							
E S	e							
į.	'	All other progra	im service revenue		0	0	0	0
	g		32a-2f		55,418,774			
	3		ome (including dividend	. F	716,484	0	0	716,484
	4		ar amounts) tment of tax-exempt bond	⊢	0	0	0	0
	5			· · · · · · · · · · · · · · · ·	0	0	0	0
		·	(ı) Real	(II) Personal				
	6a	Gross Rents	1,034,896	0				
	b	Less rental expenses	0	0				
	c	Rental income or (loss)	1,034,896	0				
	d		me or (loss)		1,034,896	277,058	0	757,838
	7a	Gross amount	(ı) Securities 11,505,749	(II) O ther				
	Ь	from sales of assets other than inventory Less cost or	12,907,808	0				
	•	other basis and sales expenses	12,507,000					
	С	Gain or (loss)	-1,402,059	0				
	d	Net gain or (los	s)	▶	-1,402,059	0	0	-1,402,059
enne	8a	Gross income fi	_					
Other Revenue		See Part IV , lin	e 18 a	0				
¥	b с		penses b loss) from fundraising	events - •	0	0	0	0
_	9a		rom gaming activities e 19					
	b c		a penses b loss) from gaming activ	0 0	0	0	0	0
		Gross sales of returns and allo	inventory, less owances .					
	ь	Less cost of a	a oods sold b	0				
	С		loss) from sales of inve	entory 🕨	0	0	0	0
		Miscellaneous		Business Code	445.00-	_	446.00-	<u> </u>
	11a	Glen Rowan Ho		721,000	116,090	0	116,090	
	b	Printing Service		323,100	86,551	0	86,551	0
	C	Ice Rink Rental		713,900	105,050	0	105,050	0
	d e	All other revenu	ue : 11a-11d		0	U	0	0
	12		See Instructions		307,691			
		iotai ievellue.	oce matructions	[63,714,269	55,695,832	307,691	72,263

Form	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	Il other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,093,642	24,093,642		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,178,542	506,401	579,674	92,467
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	o	0
7	Other salaries and wages	19,509,787	16,317,238	2,059,202	1,133,347
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,524,754			94,140
9	Other employee benefits	2,782,464		<u> </u>	166,164
10	Payroll taxes	1,369,058	, ,	 	75,805
11	Fees for services (non-employees)	1,505,036	1,110,525	102,550	,
a	Management	0	0	0	0
a L	-		9,650	-	
-	Legal	15,576	9,630	' 	
C -	Accounting	96,570	0	+,	
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	195,727		,	0
g	Other	3,809,087	<u> </u>	' 	0
12	Advertising and promotion	96,628	93,537	781	2,310
13	Office expenses	2,953,812		· ·	245,693
14	Information technology	459,979		· ·	6,127
15	Royalties	0	0	+	0
16	Occupancy	3,318,158	3,294,273	19,489	4,396
17	Travel	722,197	650,618	11,609	59,970
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	438,281	299,207	29,626	109,448
20	Interest	1,213,281	1,140,506	72,775	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,021,975	2,480,438	541,537	0
23	Insurance	577,509	278,409	290,658	8,442
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)				
а	Equipment purchases	552,187	484,796	67,391	0
ь	Other miscellaneous	446,255	415,305	3,800	27,150
c					
d e					
f	All other expenses	+			
25	Total functional expenses. Add lines 1 through 24f	68,375,469	60,849,306	5,500,704	2,025,459
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	33,373,103	23,313,300	3,330,704	
	complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A)		(B)
	ı				Beginning of year		End of year
	1	Cash—non-interest-bearing			4,178,752		857,009
	2	Savings and temporary cash investments	•		1,084,867	2	1,986,167
	3	Pledges and grants receivable, net	•		10,480,503	3	6,804,549
	4	Accounts receivable, net			1,913,253	4	1,473,737
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			0	5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (n 4958(f)(1)) and			
		Schedule L			0	6	
ssets	7	Notes and loans receivable, net			2,940,683	7	2,809,335
Š	8	Inventories for sale or use			52,166	8	64,067
⋖	9	Prepaid expenses and deferred charges			327,449	9	388,029
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	109,580,911			
	ь	Less accumulated depreciation	10b	44,812,557	52,872,948	10c	64,768,354
	11	Investments—publicly traded securities			32,293,757	11	32,497,756
	12	Investments—other securities See Part IV, line 11			28,369,976	12	28,314,014
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		3,573,724	15	3,823,997	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		138,088,078	16	143,787,014	
	17	Accounts payable and accrued expenses .		5,455,449	17	6,476,865	
	18	Grants payable	2,394,176	18	2,379,928		
	19	Deferred revenue		999,326	19	1,016,214	
	20	Tax-exempt bond liabilities		28,132,410	20	27,464,618	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D		0	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
- 23		persons Complete Part II of Schedule L			О	22	
	23	Secured mortgages and notes payable to unrelated third parties			0	23	
	24	Unsecured notes and loans payable to unrelated third parties			1,255,000	24	940,000
	25	Other liabilities Complete Part X of Schedule D			2,071,690	25	1,695,705
	26	Total liabilities. Add lines 17 through 25			40,308,051	26	39,973,330
<u>~</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
튭	27	Unrestricted net assets			13,544,531	27	25,124,320
8	28	Temporarily restricted net assets			20,895,921	28	15,798,742
Fund Balance	29	Permanently restricted net assets			63,339,575	29	62,890,622
Œ		Organizations that do not follow SFAS 117, check here ► □ and	nd con	nplet e			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Š	33	Total net assets or fund balances			97,780,027	33	103,813,684
	34	Total liabilities and net assets/fund balances			138,088,078	34	143,787,014

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	▼ 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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization LAKE FOREST COLLEGE

Department of the Treasury Internal Revenue Service

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.

Inspection **Employer identification number**

Do.		Door	f D!	blic Charity Ctat	(Δ11				36-216777			
Par				blic Charity Stat						tructions		
	rgani —			e foundation because					,			
1	<u> </u>			on of churches, or as				(1)(A)(I).				
2	 			ın section 170(b)(1)				470/5)/4)/4	\/:::\			
3	<u> </u>			perative hospital serv						=		
4	ı			organization operate cy, and state	ed in conjunc	tion with a h	ospital descr	ibed in secti	on 1/0(b)(1)	(A)(III). En	terthe	
5	Γ	_	-	erated for the benefit	_	or university	owned or ope	erated by a g	overnmental	unıt descri	bed in	
_	_			A)(iv). (Complete Pa	-							
6	<u> </u>			local government or	-							
7	ı	describ	ed in	t normally receives a A)(vi) (Complete Pa		I part of its s	upport from a	government	al unit or fror	n the gener	al public	
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A	.)(vi) (Com	olete Part II))				
9	\sqcap	Anorga	nization tha	t normally receives	(1) more tha	an 331/3% of	fits support f	rom contribu	tions, membe	ership fees,	and gro	SS
				ties related to its ex								
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable inc	ome (less se	ction 511 ta:	x) from bus	inesses	
			_	anızatıon after June 3				•		•		
10	Γ	An orga	nization org	anized and operated	exclusively	to test for pu	ublic safety S	ee section 5 0	09(a)(4).			
11	_	-	_	anized and operated	•	•	•			carry out th	e nurnos	ses of
	•	one or r	more publicly	y supported organiza pes the type of suppo b Type II	tions describ orting organiz	bed in sectio <u>za</u> tion and co	n 509(a)(1)	or section 50 11e through	9(a)(2) See	•	9(a)(3).	Check
e	Γ	other th	-	ox, I certify that the con managers and oth	-		•	•	•	•	•	
f		If the o check t	rganization r his box	received a written de						supporting	j organiz	zation,
g			ugust 17, 2 g persons?	006, has the organiz	ration accept	ted any gift o	or contribution	n from any of	the			
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with pe	ersons descr	ibed in (ii)		Yes	No
				, governing body of the	•				. ,	11g(i		
				r of a person describ		=				11g(i		
		• •	•	ed entity of a person	• •		ove?			11g(ii		
h				g information about t						9(•7]	Ь
		1101140		g illioilliation about t	ine supporte	a organizatio	,,,(3)					
	(i) Name suppo ganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) listyour gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org in the U	e ion in anized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
				· · · · · · · · · · · · · · · · · · ·						1		
										1		
							1			1		
										†		
										1		
Total										†		

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	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						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 36-2167770

Name: LAKE FOREST COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

.	Other	program	SEIVICES
٠.	0	program	50.0.005

(Code) (Expenses \$ 8,254,429 including grants of \$ 0) (Revenue \$ 8,456,924)

Auxiliary services are primarily the cost of providing housing to the students 82% of the students live on campus Students come from 47 states and 71 countries. Other auxiliary programs include costs for faculty housing, printing services, summer conferences, and other services not directly related to the instruction of students.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)													
(A) Name and Title	(B) Average hours per	Posi t		che)		•	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
John Ballantine Trustee	1	Х						0	0	0			
Earl Barnes Trustee	1	X						0	0	0			
Judith Bishop Trustee	1	Х						0	0	0			
Charles Brennan Trustee	1	Х						0	0	0			
William Brown Trustee	1	Х						0	0	0			
Tyler Cain Trustee	1	Х						0	0	0			
John D Carruthers Trustee	1	Х						0	0	0			
David Gorter Trustee	1	Х						0	0	0			
John Greene Trustee	1	Х						0	0	0			
Rıchard Gould III Trustee	1	Х						0	0	0			
Samuel Henry Trustee	1	Х						0	0	0			
James Hunter Trustee	1	Х						0	0	0			
Robert Krebs Trustee	1	Х		х				0	0	0			
William Lowry Trustee	1	Х		х				0	0	0			
Charles Mitchell Jr Trustee	1	Х						0	0	0			
Dennis Nyren Trustee	1	Х						0	0	0			
Stephen Strelsın Trustee	1	Х						0	0	0			
William Parfet Trustee	1	Х		х				0	0	0			
Stephen Schutt President	50		х	х				246,639	0	169,025			
Pamela Gerard VP of Development and Alumnı Relatıons/Secretary of the College	50			х				169,885	0	21,224			
Leslie Chapman VP of Business Affairs/Treasurer of the College	50			х				157,669	0	22,142			
William Motzer VP of Admissions and Career Services	50			х				138,791	0	22,449			
Janet McCracken Provost and Dean of the Faculty	50			х				159,235	0	21,640			
Robert A Flot Dean of Students - beginning 6/1/2009	50			х				96,801	0	40,618			
James Cubit Head Librarian and Director of IT	50					×		122,768	0	20,565			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Jacqueline Slaats Director of Athletics and Senior Advisor to the President	50					х		131,004	0	18,613	
William Martin Professor	40					х		107,650	0	16,034	
Richard Mallette Associate Dean	40					Х		108,654	0	16,498	
Sergio Guglielmi Professor	40					х		108,807	0	16,946	

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As Filed Data -

DLN: 93493104005031

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** LAKE FOREST COLLEGE 36-2167770 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	organización answered res co ronn s	Jo, raiciv, inic	<u> </u>			
		(a) Donor	advised funds	(b) Funds a	ind other accou	nts
1	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					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			nor advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit			•	☐ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organizatı	on answered "Yes" t	to Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check	all that apply)			
	Preservation of land for public use (e g , recreat	ion or pleasure)	Preservation of a	n historically impo	rtantly land area	a
	Protection of natural habitat		Preservation of a	certified historic s	tructure	
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	lified conservation	contribution in the form	n of a conservation	ı	
				Held at	the End of the	Year
а	Total number of conservation easements			2a		
ь	Total acreage restricted by conservation easements	5		2b		
c	Number of conservation easements on a certified his	storic structure inc	luded ın (a)	2c		
d	Number of conservation easements included in (c) a	cquired after 8/17,	06	2d		
3	Number of conservation easements modified, transfe	erred, released, ext	inguished, or terminate	ed by the organiza	tion during	
	the taxable year 🛌	, ,	J ,	, ,	-	
4	Number of states where property subject to conserv		<u>-</u>			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		toring, inspection, han	dling of violations	, and Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforci	ng conservation easer	nents during the y	ear ►	
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing c	onservation easement	s during the year l	► \$	
8	Does each conservation easement reported on line 2	2(d) above satisfy t	the requirements of se	ction	_	_
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?				☐ Yes	No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the				
Par	t III Organizations Maintaining Collection			or Other Simi	lar Assets.	
	Complete if the organization answered					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire.	d for public exhibition	on, education or resear	ch in furtherance		₽,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, e				
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$_		
	(ii) Assets included in Form 990, Part X			► \$_		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA			· -	rovide the	
а	Revenues included in Form 990. Part VIII. line 1	3		▶ \$		0

b Assets included in Form 990, Part X

0

Par	411 Organizations Maintaining Co	llections of Art	<u>, His</u>	torical Tre	<u>eas</u> ı	ures, or O	<u>the</u>	r Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e following th	nat a	re a sıgnıfıca	nt u	se of its co	ollectio	n	
а	Public exhibition		d	┌ Loan o	rexc	hange progr	ams				
ь	Scholarly research		e	Other	Use	ın teachıng					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how	v they further	the	organızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				ılar	Г	Yes	দ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	Y" b	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for contribut	ions	or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г			A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1 d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\	1									
Pa	tt V Endowment Funds. Complete										
		(a)Current Year 53,881,647	(b	9)Prior Year 76,800,930	+ • •	Two Years Back	: (d)	Three Years	Back (e	Four Ye	ears Back
1a L	Beginning of year balance	1,979,682		1,692,745	_		-				
b	Contributions	8,794,927		-19,625,720	+		+				
c d	Grants or scholarships	1,386,421		1,669,734			+				
u e	Other expenditures for facilities	3,123,828		3,316,574	+		+				
Ī	and programs	, ,									
f	Administrative expenses	0		0							
g	End of year balance	60,146,007		53,881,647	'						
2	Provide the estimated percentage of the year	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	0 % %									
b	Permanent endowment - 95 % %										
c	Term endowment ► 5 % %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are held:	and	admınıstered	l for	the			
	organization by (i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations				•		•		3a(ii)	163	N o
ь	If "Yes" to 3a(II), are the related organization						٠. ٠		3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 99	90, P	art X, line	10.				
	Description of investment			(a) Cost or o basis (investm		(b) Cost or ot basis (othei		(c) Accum deprecia		(d) Boo	ok value
1a	and				0	2,257	,533				2,257,533
b i	Buildings			1,989	,211	100,782	,546	41,5	24,629	6:	1,247,128
c l	_easehold improvements				0		0		0		C
d l	Equipment				0	4,551	,621	3,2	87,928		1,263,693
е (Other				0		0		0		0

64,768,354

	nvestments—Other Securities. See	Form 990, Part X, line 12		
(a)	Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	1	Cost or end-of-year market value	
Financial deriv		-		
	equity interests			F
Other Hedge Funds		4,608,944		F
Treage railus		4,000,944		
Real Estate		7,613,367		F
Partnerships		14,276,764		F
Mortgages hel	d on faculty houses	1,814,939		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕒 🕨	28,314,014		
Part VIII I	<mark>Investments—Program Related.</mark> See	Form 990, Part X, line 1	13.	
(a	a) Description of investment type	(b) Book value	(c) Method of valuation	
	bescription of investment type	(b) Book value	Cost or end-of-year market value	
		+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
	ther Assets. See Form 990, Part X, Iir	ne 15		
	(a) Descrip		(b) Book value	
Reneficial inte	rest in trusts held by others			8,427
Bona Issue cos	sts, net of accumulated amortization		81:	5,570
Total (Column	(b) should equal Form 990, Part X, col.(B) line 1	5)		3,997
			5,02	- , - , - ,
	ther Liabilities. See Form 990, Part X			
1	(a) Description of Liability	(b) A mount		
Federal Incom	e Taxes	0		
Annuities		743,484		
Postretirement	t/postemployment liability	952,221		
		,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,695,705		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	63,714,269
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,375,469
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,661,200
4	Net unrealized gains (losses) on investments	4	9,621,821
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	681,582
9	Total adjustments (net) Add lines 4 - 8	9	10,303,403
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,642,203
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	50,119,757
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-13,790,239
3	Subtract line 2e from line 1	3	63,909,996
4	A mounts 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 . 4a -195,727		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	-195,727
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	63,714,269
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1 1	44,086,100
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	-24,093,642
3	Subtract line 2e from line 1	3	68,179,742
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 195,727		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	195,727
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	68,375,469
Pa	rt XIV Supplemental Information		

Complete 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 and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	Collections (historical treasures and similar treasures held as part of collections) which were acquired through purchases or contributions since the College's inception are not reflected in the statements of financial position. As of May 31, 2010 and 2009, the insured value of these items was approximately \$3,300,000 and \$2,900,000 (unaudited)
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Teaching, research, exhibition and publication are the foremost ongoing goals of the Gallery's permanent collection. To best serve the Lake Forest College community and its non-college constituents, the Gallery will continue to collect the best of the past and the present, acquiring art that is of high aesthetic quality and historic importance, objects representative of major period styles and significant movements and directions, objects consonant with the Gallery's current holdings.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment provides revenue to support the general operations of the College, primarily academic and scholarship programs. Individual funds are managed per the donor's intent.
SchD_P10_S00_L00	Schedule D, Part X	The College has received a determination letter from the Internal Revenue Service indicating that it is a tax-exempt organization as provided in Section 501(c)(3) of the Internal Revenue Code of 1986 and except for taxes pertaining to unrelated business income, is exempt from federal and state income taxes. No provision has been made for income taxes in the accompanying financial statements as the College had no material unrelated business income in fiscal years 2010 and 2009. The College adopted guidance issued by the FASB with respect to accounting for uncertainty in income taxes as of June 1, 2007. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The adoption had no effect on the College's financial statements the College recognizes interest and penalites related to unrecognized tax benefits in interest and income tax expense, respectively. The College has no amounts accrued for interest or penalties as of May 31, 2010. The College has applied this criterion to all tax positions for which the statutue of limitations remains open. Tax years open to examination by tax authorities under the statue of limitations include fiscal 2006 through 2009. The College has determined that its tax provisions satisfy the more likely than not criterion and that no provision for income taxes is required as May 31, 2010.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Change in beneficial trusts held by others and change in split interest agreements, \$681,582
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	-24,093,642 scholarships awarded and shown net of revenue on the audit 681,582 change in split interest agreements and change in beneficial interest in trusts held by others
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	\$24,093,642 Scholarships applied to tuition revenue

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

TAKE FOREST COLLEGE

990)

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

36-2167770 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," Νo The College customarily draws a substantial percentage (50%) of its students from outside Illinois, nationwide and world-wide, and follows a racially nondiscriminatory policy. Admissions and recruiting efforts are the best way to make this information known Our policy is on the College Website, on the Online Catalog and on the Admissions application page Lake Forest College does not discriminate against any persons because of race, color, sex, religion or national or ethnic origin. In order to demonstrate that we are following our policy, we point to our enrollment of racial minority students in 2009-2010 which was 16%, we feel this is a meaningful number to qualify for the publicity notice exemption provided by Section 4 03(2)(b) of Rev Proc 75-50 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes

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DLN: 93493104005031

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LAKE FOREST COLLEGE								
					36-2167770)		
Part I General Infor "Yes" to Form 9			de the United States	s. Complete	ıf the organ	ızatıon an	swere	d
1 For grantmakers. Doe	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grants	or		
assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward		
the grants or assistan	ce?					. Гү	es	□ No
2 For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	it funds outsid	e the		
3 Activites per Region (Us	se Schedule F-1	(Form 990) If add	ditional space is needed)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	cy listed in (d) am service, ecific type of) in region	(f) Total e	expend region	 itures
Europe (including Iceland and Greenland)	1	1	Program Services	A cademic pr Paris One o director Abo students per Paris in the f families in the work in inter French langu and take clas A cademic Pi Greece in the involves trav country Notes maintained in Faculty mem	ogram in ffice and one out 15 year live in fall, stay with te Paris area, nships in tage offices sses Also rogram in te spring which yel around the office is n Greece ther travels lents Greece		10	06,086
Central America and the Caribbean	0	0	Investments	students				1
Europe (including Iceland and Greenland)	0	0	Investments					1
oreemand,								
	l	1	I	1				

106,088

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493104005031 OMB No 1545-0047

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public

A KE EO DE	-						Employer identifies	ition number
LAKE FORE	ST COLLEGE						36-2167770	
Part I	General Infor	mation on Gra	nts and Assistance				•	
the se	lection criteria us	ed to award the gra	substantiate the amount of the standard of the					▽ Yes ┌ 「
Part II	Form 990, Part	IV, line 21 for ar	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
org	and address of anization overnment	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter	total number of se	ction 501(c)(3) and	d government organizations					
							•	

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships for tuition expense at Lake Forest College Scholarships for financial need are determined by the Financial Aid Office Scholarships for merit are determined by the Admissions Office Total grants were \$24,093,642 Listed below are the number and total of grants > \$5,000	1257	23,437,334	0		
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	All grants are awarded to enrolled students based on either financial need or merit. Grants are applied directly to the student's tuition account. Scholarships for financial need are determined by the Financial Aid Office. Scholarships for merit are determined by the Admissions Office.
SchI_P03_S00_L00	Schedule I, Part III	Scholarships for tuition expense at Lake Forest College All grants are applied directly to the students' tuition accounts

Compensation Information

DLN: 93493104005031

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

LAK	E FOREST COLLEGE			• •			
				36-2167770			
Pa	rt I Questions Regarding Compensation		<u> </u>				
						Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	, p.o.					
	Travel for companions	 -	Payments for business use of person				
	Tax idemnification and gross-up payments	, -					
	Discretionary spending account	, ·	Personal services (e.g., maid, chaufi				
) Discretionary spending account	'	reisonal services (e.g., maid, chaun	leur, cher)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ				1b	Yes	
2	Did the organization require substantiation prior to rein						
	officers, directors, trustees, and the CEO/Executive D	irecto	or, regarding the items checked in line	e 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	✓ Compensation committee	<u> - </u>	, Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensat	ion committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt VII	(, Section A , line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-control pa	ymer	it?		4a		Νo
b	Participate in, or receive payment from, a supplementa	al non	qualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	ıde th	ne applicable amounts for each item ir	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comi	olete lines 5-9				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of			ny			
а	The organization?				5a		Νο
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue ar	ıy			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," described in lines 6 and 67 If "Yes,			-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in R in Part III		•				
9	If "Yes" to line 8, did the organization also follow the re	ebutt.	able presumption procedure described	d ın Regulatıons	8		Νο
	section 53 4958-6(c)?					1	ı

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Stephen Schutt	(ı) (ıı)	194,093 0	0 0	52,546 0	109,580	62,445 0	418,664 0	0	
Pamela Gerard	(ı) (ıı)	152,819 0	00	17,066 0	16,818 0	4,406 0	191,109 0	0	
Leslie Chapman	(ı) (ıı)	134,150 0	0 0	23,519 0	16,120 0	9,622 0	183,411	0	
Janet McCracken	(ı) (ıı)	158,710 0	0	525 0	16,016 0	5,624 0	180,875	0	
William Motzer	(ı) (ıı)	126,379 0	0	12,413 0	14,560 0	7,889 0	161,241 0	0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	On-campus housing is provided to the President as a condition of employment and is non-taxable under IRC 119 Dues paid at a local private club allow the President's Office to host College functions at that facility since the club does not allow corporate memberships. Because the President does not make personal use of the club, the benefit is considered not taxable.
	Part I, Line 3	The College has written Compensation Guidelines for the President and Officers of the College Compensation for each is benchmarked to that of peers at colleges in the Associated Colleges of the Midwest and the Great Lake Colleges Association Information about level of reward at other national Carnegie IIB colleges is reviewed Data from the Chronicle of Higher Education on president salaries is also reviewed. The Board of Trustees sets annual goals, objectives and strategic initiatives for the President.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The President has a 457f plan During the year, \$86,630 was added to the plan

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Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization

LAKE FOREST COLLEGE

Employer identification number

36-2167770

										36-21	67770			
Pa	rt I Bond Issues													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date	Issued	(e) Issue	(e) Issue Price		cription of	Purpose	(g) Defeased		Iss	alf of uer	
			 					ļ			Yes	No	Yes	No
Α	Illinois Finance Authority	86-1091967	45200FMP1	08-21-2	2008	6,0	00,000	Construct re	creational	l facility		Х		Х
Pa	rt III Proceeds													
				A		_	В			D	<u> </u>		E	
1	Total proceeds of issue		6,044,822	2										
2	Gross proceeds in reserve funds				(0								
3	Proceeds in refunding or defeasar	nce escrows				О				Τ				
4	Other unspent proceeds					0								
5	Issuance costs from proceeds		138,011		1									
6	Working capital expenditures fron	m proceeds		0									,	
7	Capital expenditures from procee	eds	-		5,907,416	6								
8	Year of substantial completion		-	20:	10	1								
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	i a current refunding is	sue?		Х									
10	Were the bonds issued as part of	i an advance refundinç	, issue?		Х									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain at the final allocation of proceeds?	dequate books and re	cords to support	Х										
Par	TIIII Private Business Use	3												
				/	Ą	E	В	(D	<u> </u>		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		х									
2	Are there any lease arrangements which may result in private busing	•	inanced property		×									
For P	Privacy Act and Paperwork Reduction A	Act Notice, see the Inst	ructions for Form 990	1.		Cat No 50	0193E				Schedule	K (Form	990) 20	09

Pai	t III Private Business Use (Continued)											
				4		3		С		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3а	Are there any management or service contracts with respect to the financed property which may result in private business use?	ne		Х								
3b	Are there any research agreements with respect to the financed p which may result in private business use?	roperty		Х								
3с	Does the organization routinely engage bond counsel or other outs counsel to review any management or service contracts or resear agreements relating to the financed property?		x									
Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				0 %						·		
5	Enter the percentage of financed property used in a private busine as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or government	our		0 %								
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and procedu ensure the post-issuance compliance of its tax-exempt bond liabi		Х									
Pa	rt IV Arbitrage											
		,	4		В		С					E
	<u> </u>	Yes	No	Yes	No	Yes	•	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?											

		Ą		В		С		D		E	
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x								
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		Х								

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Name of the organization LAKE FOREST COLLEGE							Er	nployer i	dentificat	ion nun	nber	
Part I Excess Benefit Trai	asacti.	one (se	action 501	(c)(3) a	nd section 501	(c)(A		5-21677				
Complete if the organizat										ie 40b		
1 (a) Name of disq	ualıfıed	person			(b) Desc	ription	n of transa	iction		<u> </u>		ected?
						•				Y	es	No
2 Enter the amount of tax impos section 4958		ne organ			disqualified perso			-	r • \$			
3 Enter the amount of tax, If any		2, abov							• \$			
Part II Loans to and/or I	From 1	Intere	sted Pers	ons								
Complete If the organiz					, Part IV, line 26	, or Fo	rm 990-E					
	(b) Lo					(e) In	(f) Appro		(g)W	ritter	1
(a) Name of interested person and purpose	or fro organiz		(c)O rig principal a		(d)Balance due		ault?			1	agreement?	
	То	From				Yes	No	Yes	No	Yes	Т	No
Leslie Chapman Computer loan per employee												
benefit policy		Х		1,700	1,200		No		No	Yes		
									-	<u> </u>	+	
											+	
Total				▶ \$	1,200			<u> </u>		1		
Total					,							
Complete if the orga	nızatıo					_	27.					
(a) Name of interested pers	on	(Б			en interested per janization	son	(c) A m	ount of g	rant or typ	e of as	sısta	nce
Robert Flot - tuition benefit		O ffi	er								2	2,768
Part IV Business Transact	ions I	nvolvi	na Intere	ested F	Persons.							
Complete If the orga						, line	28a, 28l	o, or 28	c.			
			Relationshi een interest		(c) A mount of		. n			lord	•	ring of ation's
(a) Name of interested perso	n	pei	rson and the		transaction		(d) Descr	iption of	transactio	on r	even	ues?
		0	rganızatıon							Y	es	No
						\perp						

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization LAKE FOREST COLLEGE

Employer identification number

36-2167770

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			
1. Art—Works of art X 1 0 na 2. Art—Fistorical treasures .	ning	ıg	
Art—Flatorical treasures			—
3 Art—Fractional interests			—
4 Books and publications			—
5 Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded X 77 2,867,480 FMV Securities—Publicly traded X 77 2,867,480 FMV Securities—Partnership, LLC, or trust interests Qualified conservation contribution—Other Structures 13 Qualified conservation contribution—Other 15 Real estate—Residential Real estate—Commercial 17 Real estate—Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other F (Flano 27 Other F (Flano 28 Other F (CO) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			—
goods			—
8 Intellectual property			
8 Intellectual property			
9 Securities—Publicly traded .			
10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests			
11 Securities—Partnership, LLC, or trust interests			
or trust interests			
Qualified conservation contribution—Historic structures			
contribution—Historic structures			
contribution—Other			
16 Real estate—Commercial			
17 Real estate—Other			
18 Collectibles			
19 Food inventory			
Taxidermy			
21 Taxidermy			
22 Historical artifacts			—
23 Scientific specimens			—
24 Archeological artifacts			—
25 Other \(\big(\big) \) \(\big) \) \(\big) \) \(\big) \(\big) \(\big) \) \(\big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \(\big) \\ \big) \(\big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \(\big) \\ \big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \(\big) \(\big) \\ \big) \\ \big) \(\big) \\ \big) \\ \big) \\ \big) \(\big) \\ \big) \\\			—
26 Other ►(—
Other ► (—
28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			—
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			—
for which the organization completed Form 8283, Part IV, Donee Acknowledgement			—
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes		9
for exempt purposes for the entire holding period?	res	es No	-
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No	0
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			
contributions?	Yes	<u>es </u>	
		No	0_
b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
SchM_P01_S00_L33	Schedule M, Part I, Line 33	The College does not capitalize works of art in its collection, as allowed under SFAS 116. Other gifts are not reported as revenue on Form 990, Part VIII, line 1g because they were not material. Number of contributions in column (b) refers to number of gifts and not number of items. The number of gifts of securities publicly traded is counted by individual donors and type of stock. Gifts of publicly traded securities are valued by averaging the high and low market prices as of the date of the gift.

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 36-2167770

Name: LAKE FOREST COLLEGE

As Filed Data -

DLN: 93493104005031

OMB No 1545-0047

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization

Employer identification number

36-2167770

LAKE FOREST COLLEGE

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The form was given to the trustee members of the Budget & Audit Committee for review and comment prior to filing. Review was done at a formal meeting of the Committee on April 8th, 2011. Prior to the meeting, the form was reviewed individually by the VP of Business Affairs, the President, and a paid tax preparer. The tax forms are made available to the full Board electronically.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	All interested persons are required to disclose conflicts annually. Forms are sent to Board Members, Senior Administrators, and all Department Managers. The Secretary of the College accumulates all disclosure statements for Board members and furnishes them to the Chairman of the Board. The Secretary of the College will report to the Chairman of the Board those individuals failing to furnish an annual statement. Board Members or Senior Administrators who have declared a conflict of interest, or who have been found to have a conflict of interest, shall refrain from participating in any proposed transaction involving the outside interest held by the Board Member or Senior Administrator including consideration of the transaction or voting, unless the Board or Administration requests information or interpretation for special reasons that are stated on the record or in writing. Should a determination regarding the existence of a conflict of interest matter require an Executive Committee or Board vote to resolve, those concerned shall not be present at the time of the vote. The VP of Business Affairs collects and reviews the forms which are not Board Members or Senior Administrators. Compliance is checked in her office and conflicts are resolved with the review of the President. Noncompliance is a performance issue.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The College has written Compensation Guidelines for the President and Officers of the College The policy has guidelines for positions reporting to the President, those positions include all Officers (VP of Development, VP of Business Affairs, Dean of the Faculty, Dean of Students, VP of Admissions) and some non-officers (Director of Communications and Marketing, AVP of Planning, Athletic Director) Compensation for each is benchmarked to that of peers at colleges in the Associated Colleges of the Midw est and the Great Lakes Colleges Association Information about level of reward at other national Carnegie IIB colleges is reviewed Data published in The Chronicle of Higher Education on salaries from tax forms is also reviewed Salary data is reviewed and set annually by the President for positions reporting to the President The President reviews these salaries with the Chair and Vice Chair of the Board of Trustees The President's salary is reviewed and set annually by a compensation committee in the Board of Trustees and a letter is sent to the VP of Business Affairs with the salary information

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Documents available upon request in the Business Office

ldentifier	Return Reference	Explanation
SchK_P02_S00_L05	· ·	This number includes \$119,542 paid for costs of issuance and \$18,469 paid for credit enhancement fees