



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



Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010**

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

**Open to Public**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

**Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **08/01/10**, and ending **07/31/11**

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>Youngs Lake, Inc</b>		<b>D</b> Employer identification number <b>31-1719210</b>
<input type="checkbox"/> Address change			<b>E</b> Telephone number <b>309-734-7632</b>
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>F</b> Group Exemption Number
<input type="checkbox"/> Initial return	<b>PO Box 162</b>		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 <b>Monmouth IL 61462</b>		
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
<b>G</b> Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B
<b>I</b> Website	▶ <b>N/A</b>		
<b>J</b> Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>7</b> ) ◀ (insert no )	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	(Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **43,700**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

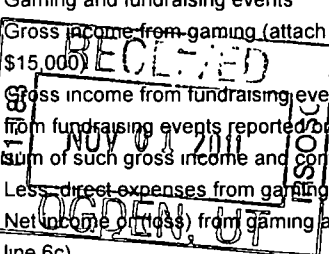
Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>543</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>15,600</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>23,444</b>	
	<b>4</b> Investment income	<b>4</b>	<b>129</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>		
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		
	<b>6</b> Gaming and fundraising events			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>		
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>818</b>		
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>818</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>1,888</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>	<b>1,048</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>840</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>1,278</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>42,652</b>		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>		
	<b>11</b> Benefits paid to or for members	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>3,297</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>310</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>15,449</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>25,102</b>	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>44,158</b>		
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-1,506</b>		
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>26,991</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>25,485</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SCANNED NOV 04 2011





Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Bill Renken, Treasurer 725 West Broadway Located at Monmouth IL ZIP + 4 61462		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
  - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
  - 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
  - b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶  Yes  No

*Bill Renken*  
Signature of officer Date 10/27/11

**Bill Renken**  
Type or print name and title **Treasurer**

Paid Preparer Use Only

Print/Type preparer's name: Joni D. Blackman  
Preparer's signature: *Joni D. Blackman*  
Date: 09/23/11  
Check  if self-employed PTIN: P00057395

Firm's name ▶ Cavanaugh, Davies, Blackman & Cramblet  
Firm's EIN ▶ 30-0031703  
Firm's address ▶ 1021 N Main St, PO Box 318  
Monmouth, IL 61462-0318  
Phone no 309-734-2330

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**Youngs Lake, Inc**

Employer identification number

**31-1719210**

**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Sale of Alum-Scrap Metal	\$ 1,204
Misc-Expense Reimbursement	\$ 74
<b>Total</b>	<b>\$ 1,278</b>

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Fundraisers &amp; Raffles</b>	
Fundraising Expense	\$ 638
<b>Expenses</b>	
Telephone	\$ 478
Equip, Maint, Fuel, & Rep	\$ 2,737
Lake Maint & Cost of Fish	\$ 2,087
Grounds/Shelter House Mnt	\$ 18,540
License & Fees	\$ 10
Office Supplies & Lockbox	\$ 612
<b>Total</b>	<b>\$ 25,102</b>



# Federal Statements

## Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 23,444
Total	\$ <u>23,444</u>

## YOUNG'S LAKE, INC. BOARD FOR 2012

**Executive Board:**

President: Jim Wheeler 700 S.E. 5<sup>th</sup> St. Aledo, IL. 61231 309-738-3306  
 Vice President: Merlin Ray R.R. 1 Box 137 Seaton, IL. 61476 309-586-6871  
 Treasure: Bill Renken 725 W. Broadway Monmouth, IL. 61462 309-734-7632  
 Secretary: Carol Dutton P.O. Box 397 Kirkwood, IL. 61447 309-768-2416

**Board Members:**

Jerry Darrah R.R. 3 Box 66 Monmouth, Il. 61462 309-729-5373  
 Cell 309-337-4634  
 Kristy Darrah R.R. 3 Box 66 Monmouth, IL. 61462 309-729-5373  
 Cell 309-337-1469  
 Jim Dutton P O. Box 397 Kirkwood, Il. 61447 309-768-2416  
 Cell 309-224-8724  
 Larry Frank 506 N. E. Ave. Aledo, Il. 61231 309-582-7107  
 Dee Holford Box 209B Gladstone, Il. 61437 309-627-2735  
 Cell 309-221-8283  
 Kyle Kinzer P.O. Box 433 Monmouth, Il. 61462 309- 536-0624  
 Corrine Krakovec 2,200 36<sup>th</sup> St. Unit 1A Rock Island, IL. 61201 309-786-3659  
 Larry Leighty 211 S. 8<sup>th</sup> St. Monmouth, Il. 61462 309-734-5400  
 Cell 309-255-5294  
 Rick Puckett 312 N. W. 3<sup>rd</sup> Ave. Aledo, Il. 61231 309-582-2214  
 Dale Rothzen 10 180th Ave. Kirkwood, Il. 61447 309 768 2248  
 Dean Sproston 107 S.W. 8<sup>th</sup> Ave.. Aledo, Il. 61231 309-737-4993