Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning MAY 1, 2023 and	ending A	<u>PR 30, 2024</u>	ı						
	heck if pplicable	C Name of organization LAKE FOREST-LAKE BLUFF		D Employer identif	ication number						
	Addres										
	Name change	Doing business as		36-41889	68						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 100 E OLD MILL ROAD	Room/suite	E Telephone number 847-810-4675							
	⊐return/ termin ated			G Gross receipts \$	1,038,758.						
Amended TAKE FOREGO II 60045											
	Applica-										
	pending F Name and address of principal officer: SIEVE FOISIC for subordinates? Yes A No										
T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1	a list. See instructions						
	Vebsit	IIII I II DAGGOODD II II OO G	01 027	H(c) Group exemption							
		organization: Corporation Trust Association X Other	L Year		M State of legal domicile; IL						
		Summary	= 1001	or formation, — = = = 1	otato or logal dollilollo, ——						
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ P1	ROVIDE	PARTIAL FU	NDING FOR						
Governance		THE LAKE FOREST-LAKE BLUFF SENIOR CENTER									
nar	l	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.						
Ver	l			3	15						
		Number of independent voting members of the governing body (Part VI, line 1b)			15						
დ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0						
iţie		Total number of volunteers (estimate if necessary)			15						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12									
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11									
				Prior Year	Current Year						
•	8	Contributions and grants (Part VIII, line 1h)		71,148.	109,018.						
nge	l	Program service revenue (Part VIII, line 2g)		0.	 						
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		185,799.	185,677.						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.							
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		256,947.	294,695.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		239,420.	210,125.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ē	l .	Total fundraising expenses (Part IX, column (D), line 25)	00.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,044.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		292,464.							
	19	Revenue less expenses. Subtract line 18 from line 12		-35,517.	23,637.						
O. Ses			Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		4,324,619.	4,678,801.						
Net Assets or	21	Total liabilities (Part X, line 26)		0.	0.						
2	22	Net assets or fund balances. Subtract line 21 from line 20		4,324,619.	4,678,801.						
	ırt II	Signature Block									
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.							
		Olerakura af afficar		Data							
Sig		Signature of officer		Date							
Here STEVE POTSIC, PRESIDENT											
	Type or print name and title										
Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Poste Date Check PTIN											
Paid			OMTN2 (
-	arer	Firm's name PASQUESI SHEPPARD LLC		Firm's EIN	36-4049282						
use	Only	Firm's address 585 BANK LANE		5. 0.4	17 224 E000						
	LAKE FOREST, IL 60045 Phone no. 847 – 234 – 5000										
		RS discuss this return with the preparer shown above? See instructions			X Yes No						
LHA	For	Paperwork Reduction Act Notice, see the separate instructions. 332001 1:	2-21-23		Form 990 (2023)						

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION rogram Service Accomplishments

Form 990 (2023)

Part III | Statement

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO CREATE AN AWARENESS IN LAKE FOREST AND LAKE BLUFF OF THE INTERESTS
	AND NEEDS OF SENIOR CITIZENS; TO SUPPORT THE ACTIVITIES AND FACILITIES
	OF DICKINSON HALL, THE SENIOR CENTER SERVING LAKE FOREST AND LAKE
	BLUFF; TO PROVIDE MATERIAL AND FINANCIAL SUPPORT TO THE LAKE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 127,085 • including grants of \$) (Revenue \$)
ти	PROVIDE SUPPORT FOR SENIOR CENTER PROGRAM ACTIVITIES, CAPITAL
	IMPROVEMENTS, AND TRANSPORTATION PROGRAM
	IMPROVEMENTE, AND TREMBLORITION PROGRAM
4b	(Code:) (Expenses \$83,040. including grants of \$83,040.) (Revenue \$)
	PROVIDE SUPPORT FOR SOCIAL SERVICE PROGRAMS FOR SENIOR CITIZENS,
	INCLUDING SENIOR ADVOCATE AND SOCIAL WORKER
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 210, 125.
	Form 990 (2023)

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION

Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
_	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		_X_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		х
_	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	11d 11e		X
f		1 IE		
'	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	, ,	12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	IIu		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	· · · · · · · · · · · · · · · · · · ·	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION

Part IV Checklist of Required Schedules (continued)

	· (continued)			
22	Did the expenization report more than \$5,000 of grants or other exciptance to by for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
^=	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	JO	43	
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on 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?	10	x	

332004 12-21-23

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this nature. 19 If I state least one is reported on line 2a, did the organization field all required federal employment tax returns? 29 A 10 If the organization have uniterated business gross income of \$1.00 or more during the year? 20 If Vers, "task filled a Form 980°T for this year? // Vor 10 line 3b, provide an explanation on Schedule O. 30 If Yes, "the fill of the Common of Yes and the Common of Yes and the Yes and the Yes and Ye				Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 22 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 33 If If Yes, it has it filed a Form 990-1 for this year? If Yes' to line 3b, provide an explanation on Schedule 0 34 A ray time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 35 Was the organization appared to a prohibitotic tax shelter transaction at any time during the tax year? 36 Was the organization appared to a prohibitotic tax shelter transaction at any time during the tax year? 37 Wes' to line 5a or 5b, did the organization that It was or is a party to a prohibitotic tax shelter transaction? 38 Des the organization have among dross recepts that was or is a party to a prohibitotic and shelter transaction and prohibitotic any contributions that were not tax deductible as charitable contributions under section 170(c). 39 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 If Yes, 'did the organization necess of S's made party as contribution and party for goods and services provided to the payor? 31 If Yes, 'did the organization necess of S's made party as contribution and party for goods and services provided to the payor? 32 If Yes, 'did the organization selected payor, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 32 If Yes, 'did the organization exceeds an optimised payor organization selected and the payor of the goods or services provided? 33 If Yes, 'did the organization organization organization induced to qualific	2 a				
3a Dt the coganization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'I had find a form 900 of the this year? If 'No' to line 8b, provide an explanation on Schedule O 4c 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 leuch as a bank account, securities account, or other financial account()? 4c 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 5c But Yes, 'end the name of the foreign country 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not acceptable that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles and charitable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 8c Was the organization receive a contribution under section 170(c). 8c Was the organization received a contribution under section 170(c). 8c Was the organization received a contribution of the value of the goods or services provided? 9c Was the organization received a contribution of qualified intellectual property, did the organization file a form 1084-07 and 100 the organization neceived a contribution of qualified intellectual property, did the organization file a form 1084-07 and 100 the sponsoring organizations make any taxable distributions under section 49687 9c Sponsoring organizations makes any taxable distributions under section 49687 9c Was the organizati		filed for the calendar year ending with or within the year covered by this return	Ц		
b if "Yes," and account in a foreign country (such as a bank account, securities 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 accounts ("Fest," either the name of the foreign country (such as a bank account, securities account, or other financial accounts ("FBAR). 50 If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts ("FBAR). 50 If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts ("FBAR). 50 If "Yes," either beneath of the organization that it was or is a party to a prohibitot tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization file Form 8885.72 51 If "Yes," either the organization have an account and such as a protection of the organization solicitic any contributions that were not tax deductible as charitable contributions? 51 If "Yes," either organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 52 Organization shalt may receive deductible contributions under section 170(c). 53 If the organization receive a payment in excess of \$75 made party as a combution and party for goods and services provided to the payor? 54 If "Yes," eith the organization newly the donor of the value of the goods or services provided? 55 If the organization receive a payment in excess of \$75 made party as a combution and party for goods and services provided to the payor? 56 If the organization receive a payment in excess of \$75 made party as a combution and party for goods and services provided to the payor? 56 If the organization receive a contribution of organization and party for goods and services provided? 57 Organization and payment in excess of \$75 made party as a combution of the goods or services provided? 58 If the organization the services are provided to the goods or servic	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
4a Aray time during the calendary 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 accounts; and in the property of the proper	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, "enter the name of the foreign country See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxeble party notify the organization file Form 8886-77 6c If Yes to line Sa or Sb, did the organization file Form 8886-77 6d Does the organization and unanual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 If Yes," did the organization notify the donor of the value of the goods or services provided? 7 If If Yes," did the organization notify the donor of the value of the goods or services provided? 7 If Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If Wes, and the organization received a contribution of care, boats, anyphanes, or other vehicles, did the organization file a Form 1988-07 8 Sponsoring organization near any stable distributions under section 4966? 9 Sponsoring organization have excess business holdings at any time during the year? 10 If the sponsoring organization make any taxable distributions under section 4966? 110 If the sponsoring organization make any taxable distributions under section 4966 110 If the sponsoring organization make any taxable distributions under section 4966 110 If the organization have excess business holdings a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c 1 "Yes" to line 5a or 5b, did the organization for Foreign Bank and Financial Accounts (FBAR). 5c 2 Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles exhantable contributions? 5c 3 X 5c 3 X 5c 3 X 5c 4 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of a schariable contributions or gits were not tax deductibles of tax deductibles or tax eductibles or the schariable contribution and spartly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 2822 filed during the year 7d If the organization received a contribution of payor to indirectly, to pay premiums on a personal benefit contract? 7e X 7f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-C? 8 Sponsoring organizations maintaining donor advised funds. 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-C? 8 Sponsoring organizations make any taxabilidia intellectual property, did the organization file a Form 1988-C? 9 Sponsoring organizations make any taxabilidia intellectual property of the foreign maintaining donor advised funds. 10 If the organization shall an experi	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or St., did the organization file Form 888617? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Obes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6c Obes the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6c Obes the organization state may receive appriment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7c Organization state may receive appriment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7d Organization service and nority the donor or the value of the goods or services provided? 7d Organization service and nority the donor or the value of the goods or services provided? 7d Organization service and nority the donor or the value of the goods or services provided? 7d Organization received and function of qualified intellectual property, did the organization flevent organization flevent payor payor permitures, directly or indirectly, on a personal benefit contract? 7r Organization received and contribution of qualified intellectual property, did the organization flevent payor required to maintaining donor advised funds. 8 Did the sponsoring organization make any taxable distributions and onor advised fund maintained by the sponsoring organization make any taxable distributions and oner section	b	• • • • • • • • • • • • • • • • • • • •			
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 Y			4		
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X 19 X 19 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 Person 4720, Schedule O.					<u> </u>
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X If "Yes," see the instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O.			14b	+	\vdash
If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	ı		4-		_ v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X			15		$+^{\Delta}$
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		16		y
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10		10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	.,		17	1	
,			"		

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	X	$ldsymbol{ld}}}}}}}}}$
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," d	escribe			
	on Schedule O how this was done			12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$					
а	The organization's CEO, Executive Director, or top management official			15a		<u> X</u>
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedIL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's both DIANE CHIKOS $-\ 847-810-4675$	oks and	d records			
	100 E. OLD MILL ROAD, LAKE FOREST, IL 60045					

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l					<u>lour</u>	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAUL LEMIEUX	3.00	ļ								
VICE PRESIDENT		Х		X				0.	0.	0.
(2) STEVE POTSIC	3.00									
PRESIDENT	1 2 00	Х		X				0.	0.	0.
(3) JOANN DESMOND	3.00	٠,		,,					_	
TREASURER	2 00	Х		X				0.	0.	0.
(4) CATHY WALDECK SECRETARY	3.00	٠,		x				0.	0.	_
(5) JIM BLANDA	1.00	Х		Α.				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(6) MARK DEWART	1.00	^						0.	0.	· ·
DIRECTOR	1.00	X						0.	0.	0.
(7) JERRY HENRY	1.00	^						· ·	0.	· ·
DIRECTOR	1.00	X						0.	0.	0.
(8) BOB KARLBLOM	1.00								0.	-
DIRECTOR	1.00	x						0.	0.	0.
(9) HOWARD KERR	1.00							· ·	•	
DIRECTOR	1100	х						0.	0.	0.
(10) JACK MEIERHOFF	1.00									
DIRECTOR		х						0.	0.	0.
(11) MARK DILLON	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(12) GALE STRENGER WAYNE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ELLARD PFAELZER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DONNA SLAYTON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JILL ROSA	1.00									
DIRECTOR		Х		_				0.	0.	0.
		-								
		1								
		_	_	_		_	_			

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗiς	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi neck r			one	Reportable	Reportable		Est	imate	d
		hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	า		ount (of
		week			u a u	10010	1711 43		from	from related			ther	
		(list any hours for	irecto						the	organizations	- 1	comp		
		related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	^U /		m the	
		organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-1120)		•	nizati relate	
		below	Individual trustee or director	rtiona	_	nploy	st col	-	1000 1120)			orgar		
		line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			-											
											_			
	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)					<u>.</u>			0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable				_
	compensation from the organization													0
												,	Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	higl	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization				
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	ers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of comp	ensat	ion fror	n	
	the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	r wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C))	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompen		n
								\dashv						
								\dashv						
_	Tatal assault as affin day and day a salest a sa	and continues to the		_:4 -	14	LIL		<u> </u>	ah aa\haa	un tin au				
2	Total number of independent contractors (in	· ·	ot IIn	ıııtec	101	nos) ا		rea	above) who received mo	ore than				

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ņς	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
င်္ခ ရွ		Fundraising events 1c					
fts,		d Related organizations 1d					
ig ig		e Government grants (contributions)	10,000.				
ons, Sir			10,000.				
utic	1	All other contributions, gifts, grants, and	99,018.				
ĕ		similar amounts not included above 1f	99,010.				
ont		Noncash contributions included in lines 1a-1f		100 010			
O g		n Total. Add lines 1a-1f		109,018.			
		+	Business Code				
Ce	2 8	·					
e vi	ı	·					
Se	•						
ev	•	d					
Program Service Revenue	•	·					_
Ā	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		195,095.			195,095.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 734,645.	()				
		Less: cost or other basis					
ø		and calce expenses 744 063					
ž		and sales expenses 7b 744,063. Gain or (loss) 7c -9,418.					
ther Revenue		A Not soin or (loss)		-9,418.			-9,418.
<u>ت</u> ۳		Net gain or (loss)		J, 410•			J, 410•
	8 8	· · · · · · · · · · · · · · · · · · ·					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	ı	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
,			Business Code				
ous	11 a	a					
ane Duc	ı						
Miscellaneous Revenue	(
lisc Be		All other revenue					
2	_ (Total. Add lines 11a-11d					
	12	Total revenue. See instructions		294,695.	0.	0.	185,677.

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Do no	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	210 125	210 125		
	and domestic governments. See Part IV, line 21	210,125.	210,125.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
a i	Management				
b l	Legal				
	Accounting	14,275.		14,275.	
	Lobbying				
e F	Professional fundraising services. See Part IV, line 17				
f I	Investment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25,				
(column (A), amount, list line 11g expenses on Sch 0.)	21,598.		21,598.	
	Advertising and promotion	10 500		10 500	
	Office expenses	10,583.		10,583.	
	Information technology				
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
		1,177.		1,177.	
	Insurance Other expenses, Itemize expenses not covered	± ; ± ; ; •		± , ± , , •	
á	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a I	FUNDRAISING EXPENSES	13,300.			13,300
b		.,			.,
c .					
d					
е /	All other expenses				
	Total functional expenses. Add lines 1 through 24e	271,058.	210,125.	47,633.	13,300
6 ,	Joint costs. Complete this line only if the organization				
1	reported in column (B) joint costs from a combined				
(educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		25,393.	1	18,880.
	2	Savings and temporary cash investments		25,079.	2	51,994.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of th	nese persons		5	
	6	Loans and other receivables from other disqui				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Donat and a company of the company of the company			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	_ 10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	4,274,147.	11	4,607,927.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed		4,324,619.	16	4,678,801.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
ű	22	Loans and other payables to any current or fo	rmer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
abil		controlled entity or family member of any of the	nese persons		22	
Ë	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	ies 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, c	heck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		3,694,607.	27	4,021,013.
Ва	28	Net assets with donor restrictions		630,012.	28	657,788.
ınd		Organizations that do not follow FASB ASC	958, check here			
Ŧ		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	
Net	32	Total net assets or fund balances		4,324,619.	32	4,678,801.
	33	Total liabilities and net assets/fund balances		4,324,619.	33	4,678,801.
						Form 990 (2023

Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			95 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	271	L,0	58.
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,324	4,6	19.
5	Net unrealized gains (losses) on investments	5	330),5	45.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,678	3,8	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

ZUZ3Open to Public

Inspection

Employer identification number Name of the organization LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION 36-4188968 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

SENIOR CITIZENS FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	117,046.	48,961.	99,415.	71,148.	109,018.	445,588.
2	Tax revenues levied for the organ-						
	ization'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	117,046.	48,961.	99,415.	71,148.	109,018.	445,588.
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)						77,271.
6	Public support. Subtract line 5 from line 4.						77,271. 368,317.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	117,046.	48,961.	99,415.	71,148.	109,018.	445,588.
	Gross income from interest,					•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	192,778.	123,714.	257,784.	144,328.	195,095.	913,699.
9	Net income from unrelated business	,	•	•	·	•	•
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1359287.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	
	First 5 years. If the Form 990 is for the	•	,			-	-
	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	27.10 %
	Public support percentage from 2022					15	23.17 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2022. If the o		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-			T
h	10% -facts-and-circumstances test	-		• • •	-		
~	more, and if the organization meets the	_					. = . • • •
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				,, a, c. 110	,		(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u>
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a	_	
9b		
9c		
40-		
10a		
10b		
ule A (Forr	n 990)	2023

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Schedule A (Form 990) 2023

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: [[-] fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

	t V Type III Non-Functionally Integrated 509		nizations (continu	10d)	0 4100 000 Page 1
	ion D - Distributions	(u)(o) eupperg e.gu	COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent real
_ <u>-</u>	Amounts paid to perform activity that directly furthers exemp			•	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets	_	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovido detano in		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>a</u>	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II line 10: Part II line 17a or 17b: Part III line 12:
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE FOR BOTH THE CURRENT AND
PRIOR YEAR IS IN EXCESS OF 20%. THE ORGANIZATION ANNUALLY SOLICITS PUBLIC
SUPPORT. THE ORGANIZATION'S GOVERNING BODY REPRESENTS THE BROAD INTERESTS
OF LOCAL SENIOR CITIZENS RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF
DONORS. THE ORGANIZATION REGULARLY RECEIVES ONE-TIME BEQUESTS WHICH SKEWS
THE PUBLIC SUPPORT PERCENTAGE.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	103,000.	75,814.
CAROLE STROH	28,643.	1,457.
Fotal Excess Contributions to Schedule A, Part II, Line 5		77,271.

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

LAKE FOREST-LAKE BLUFF

2023

OMB No. 1545-0047

SENIOR CITIZENS FOUNDATION 36-4188968 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

LAKE FOREST-LAKE BLUFF
SENIOR CITIZENS FOUNDATION

Employer identification number

36-4188968

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAROLE STROH 100 E OLD MILL ROAD LAKE FOREST , IL 60045	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KRISTEN BRENNAN 100 E OLD MILL ROAD LAKE FOREST , IL 60045	\$5,205.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN CULLEN 100 E OLD MILL ROAD LAKE FOREST , IL 60045	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

LAKE FOREST-LAKE BLUFF
SENIOR CITIZENS FOUNDATION

Employer identification number

36-4188968

Part II No	oncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	·
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncestrationally given	(See instructions.)	Date received
		Ψ	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		(-)	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
_			
(a) No.	(In)	(c)	(a)\
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	

Name of organization **Employer identification number** LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION 36-4188968 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION

Employer identification number 36-4188968

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
	impermissible private benefit?		Yes No
Pa			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing cons	ervation easements during the vear
		J , , , , , , , , , , , , , , , , , , ,	<i>5</i> ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	ements that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its Dark VIII the text of the feature to the fe		•
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			The state of the s
2	If the organization received or held works of art, historical trea		ncial gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

		LAKE FORE	EST-LAKE BLUF	F					
	dule D (Form 990		TIZENS FOUND					4188968	
Par	t III Organi	zations Maintaining Col	lections of Art, Hist	orical Tre	asures, o	r Other	Similar Ass	sets (continu	ıed)
3	Using the organi	ization's acquisition, accession,	and other records, chec	k any of the f	ollowing that	t make si	gnificant use of	its	
	collection items	(check all that apply).							
а	Public exh	nibition	d 🗌	Loan or exc	hange progra	am			
b Scholarly research e Other									
С		on for future generations							
4		ption of the organization's colle	ctions and explain how t	hey further th	e organizatio	on's exem	npt purpose in F	Part XIII.	
5		did the organization solicit or re							
		se funds rather than to be maint						Yes	☐ No
Par		v and Custodial Arrange						IV. line 9. or	
		an amount on Form 990, Part X		J			,	,	
	Is the organization	on an agent, trustee, custodian,	or other intermediary for	contribution	s or other as	sets not	included		
		art X?						Yes	X No
h		the arrangement in Part XIII and							
-	ii roo, oxpiaiir	and arrangement in rate 7th and	a complete the lenewing	Labio.				Amount	
С	Beginning balan	ce					1c		
d		the year							
e		ring the year							
f							1f		
2a		tion include an amount on Forn						Yes	No
	-	the arrangement in Part XIII. Ch							Η"
Par		ment Funds Complete if the					D.		
				Prior year	(c) Two yea		(d) Three years b	ack (e) Four	ears back
1a	Beginning of year	ar balance	611,816.	637,197.	71	3,710.	569,5		525,079.
b									-
C		earnings, gains, and losses	79,950.	8,619.	-4	2,013.	180,5	15.	-8,080.
d	Grants or schola		·	•		,	•		
e	Other expenditu								
_			49,565.	34,000.	3	4,500.	36,3	86.	47,418.
f	. •	xpenses	,	,			•		,
g	End of year bala		642,201.	611,816.	63	7,197.	713,7	10.	569,581.
2	•	nated percentage of the current	t vear end balance (line 1	g. column (a)) held as:		•		,
– a		ed or quasi-endowment	%	9, 00.0 (0)	,				
b	Permanent endo	· 	<u></u> %						
c	Term endowmer	07 2000							
		s on lines 2a, 2b, and 2c should	egual 100%.						
За		ment funds not in the possessi	•	at are held ar	nd administe	red for the	e		
	organization by:	·	on or are organization and					[·	res No
	-	ganizations?						3a(i)	Х
	(ii) Related orga							1 1	X
b		Ba(ii), are the related organization							
4		XIII the intended uses of the organization							I
		Buildings, and Equipmer		iuilus.					
		e if the organization answered "		V, line 11a. S	ee Form 990	, Part X,	line 10.		
	Descri	ption of property	(a) Cost or other	(b) Cost	or other	(c) A	ccumulated	(d) Book	value
			basis (investment)	basis	(other)	dep	oreciation		
1a	Land								

Schedule D (Form 990) 2023

e Other

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market valu
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	n Form 990. Part IV. line	11d See Form 990 Part X line 15	
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tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line escription		(b) Book value
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Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	4.		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financia		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	,			
_	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TAIL Supplemental Information	line 18.)	5	· VI
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TAIL Supplemental Information	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
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5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. TXIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
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5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,
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5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. † XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	5	: XI,

Schedule D (Form 990) 2023

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information. LAKE FOREST-LAKE BLUFF

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LAKE FORE SENIOR CI	ST-LAKE BI TIZENS FOU						Employer identification number $36-4188968$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process. 	stance?						
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCES COMMISSION 100 E OLD MILL RD LAKE FOREST, IL 60045			77,520.	0.			FINANCIAL SUPPORT
SENIOR TRANSPORTATION 100 E OLD MILL RD LAKE FOREST, IL 60045			49,565.	0.			TRANSPORTATION SERVICE
THE JOSSELYN CENTER, NFP 405 CENTRAL AVE NORTHFIELD, IL 60093	36-2217996		55,421.	0.			social services
FAITH IN ACTION 1510 OLD DEERFIELD RD HIGHLAND PARK, IL 60035	14-1955977		25,000.	0.			SOCIAL SERVICES
			,				
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table				3.
3 Enter total number of other organizations	s listed in the line 1	table					

SENIOR CITIZENS FOUNDATION 36-4188968 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I LINE 2 FUNDS ARE TURNED OVER TO THE SENIOR RESOURCE COMMISSION, AN AGENCY OF THE CITY OF LAKE FOREST, ILLINOIS. THE CITY OF LAKE FOREST ADMINISTERS AND MONITORS THE FUNDS. FUNDS GRANTED TO THE JOSSELYN CENTER, NFP FOR SALARY AND ASSOCIATED COSTS FOR THE SENIOR ADVOCATE ARE MANAGED BY THE SENIOR RESOURCES COMMISSION AND THEY AND THE SENIOR RESOURCES MANAGER (AN EMPLOYEE OF THE CITY OF LAKE FOREST) SUPERVISE THE SENIOR ADVOCATE. THE SENIOR

Part IV Supplemental Information
ADVOCATE IS AN EMPLOYEE OF THE JOSSELYN CENTER, NFP, A 501(C)(3)
NOT-FOR-PROFIT CORPORATION.
FUNDS GRANTED TO FAITH IN ACTION ARE TO PROVIDE DEFINED SOCIAL SERVICES
IN THE FOUNDATION'S SERIVCE AREA. THE GRANT AND THE SERVICES PROVIDED
ARE SUPERVISED BY THE SENIOR RESOURCES COMMISSION. FAITH IN ACTION IS
A 501(C)(3) NOT-FOR-PROFIT CORPORATION.

Schedule I (Form 990)

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

LAKE FOREST-LAKE BLUFF SENIOR CITIZENS FOUNDATION **Employer identification number** 36-4188968

·
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOREST-LAKE BLUFF SENIOR RESOURCES COMMISSION
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE COMPLETE 990 IS PRESENTED TO THE BOARD FOR REVIEW AND
APPROVAL PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
EACH RESPONSIBLE PERSON IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM
IDENTIFYING ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST,
WHICH ARE THEN COMMUNICATED TO THE BOARD.
EODM 000 DADE UT GEGETON G. LINE 10.
FORM 990, PART VI, SECTION C, LINE 19:
INFORMATION IS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

For Office Use Only	ILLINOIS CHARITABLE	ORGANIZATION A	ANNUAL	REPORT				AG990-I
PMT#		ney General Kwam st Bureau, 115 S. I		St	CO	# 01	Re -032-34	vised 1/2 1
		nicago, IL 60603					II items attach	
AMT	Report for	the Fiscal Period:			X		IRS Return	ou.
				Make Checks			Financial State	ments
INIT	Beginning	05/01/2023	F I	Payable to Ilinois Charity			d Financial Sta Form IFC	tements
	& Ending	04/30/2024		Bureau Fund	X		ual Report Fili	ng Fee
						\$100 La	te Report Filing	j Fee
ederal ID# <u>36-418896</u>	68	MO DAY YR	Date or	ganization was	created	:	04/10/1	L997
Are contributions to the organiza		No				N	10 DAY	YR
•	REST-LAKE BLUFF			YEAR-END				
	CITIZENS FOUNDATION			AMOUNTS		A) (A)	4 670	0.01
Mail Address: 100 E OI				A) ASSETS	.0	A) \$	4,678	
City, State: LAKE FOR Zip Code: 60045	RESI, IL			B) LIABILITIE		B) \$ C) \$	4,678	801
Zip Gode. 00045				U) NET ASSE	10	υ) φ	4,070	, 001
I. SUMMARY OF AL	LL REVENUE ITEMS DURING	THE YEAR:		PERCENTA	GE		AMOUNT	
D) PUBLIC SUPPORT, C	CONTRIBUTIONS AND PROGRAM SERVICE	REV. (GROSS AMTS.)		33.60		D) \$	99	,018.
,	NTS AND MEMBERSHIP DUES	,		3.39		E) \$,000.
F) OTHER REVENUES				63.00	6 %	F) \$	185	677.
	NCOME AND CONTRIBUTIONS RECEIVED (A			10	00 %	G) \$	294,	,695.
	LL EXPENDITURES DURING 1	THE YEAR:						
H) OPERATING CHARITA	ABLE PROGRAM EXPENSE				%	H) \$		
I) EDUCATION PROGRA	AM SERVICE EXPENSE				%	I) \$		
J) TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I))			%	J) \$		0.
J1) JOINT COSTS ALLOC	CATED TO PROGRAM SERVICES (INCLUDED	O IN J)	\$	Т				
K) GRANTS TO OTHER (CHARITABLE ORGANIZATIONS			77.52	0 %	K) \$	210	,125.
L) TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITURE (ADD .	J & K)		77.52	0 %	L) \$	210	,125.
M) MANAGEMENT AND	GENERAL EXPENSE			17.57	3 %	M) \$	47,	,633.
N) FUNDRAISING EXPE	NSE			4.90	7 %	N) \$	13,	,300.
0) TOTAL EXPENDITUR	ES THIS PERIOD (ADD L, M & N)			10	00 %	0) \$	271,	,058.
III. SUMMARY OF AL	L PAID FUNDRAISER & CON							
PROFESSIONAL FUNDRA	Report of Individual Fundraising Campaign (Form IFG). One for each Pi	FR.)					
	NOENO, ISED BY PAID PROFESSIONAL FUNDRAISEI	RS		10	00 %	P) \$		0.
O) TOTAL FUNDDAISED	RS FEES AND EXPENSES				%	Q) \$		
Q) TOTAL FUNDRAISER	IS I LES AIND EVLEINSES				70	<i>α,</i> ψ		
R) NET RECEIVED BY THE	HE CHARITY (P MINUS Q=R)				%	R) \$		
	RAISING CONSULTANTS:	III TANTQ				S) \$		0.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: U) NAME, TITLE:

V) NAME, TITLE: V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES 398091 02-13-24

W) DESCRIPTION: LAKE FOREST SENIOR RESOURCES COMMISSION X) DESCRIPTION: Y) DESCRIPTION:

List on back side of instructions CODE 117 W)# X) #

T) \$

U) \$

V) \$

Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	7.		Х
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: OPPENHEIMER INVESTMENTS, CHICAGO, IL			
	THE FEDERAL SAVINGS BANK, CHICAGO, IL			
	LAKE FOREST BANK & TRUST, LAKE FOREST, IL			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DIANE CHIKOS - 847-810-4675			
	● ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

STEVE POTSIC

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JOANN DESMOND

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

ELIZABETH A. SLOWINSKI

02-13-24

PREPARER (PRINT NAME)

SIGNATURE

DATE