



**Lincoln Hills  
FOUNDATION**

*Serving the Lincoln Senior Community*

**RETURN OF ORGANIZATION EXEMPT FROM  
INCOME TAX: SHORT FORM 990-EZ AND  
CALIFORNIA FORM 199**

**TAX YEAR  
2010**

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Lincoln Hills Foundation  
PO Box 220  
Lincoln, CA 95648

**2010 TAX RETURN**

Client Copy

**Client:** LHF

**Prepared for:** Lincoln Hills Foundation  
P.O. Box 220  
Lincoln, CA 95648  
916-645-5411

**Prepared by:** Jennifer M. Jensen, CPA  
JENSEN SMITH CPAs  
PO BOX 160  
LINCOLN, CA 95648  
(916) 434-1662

**Date:** July 14, 2011

**Comments:**

**Route to:** \_\_\_\_\_

JENSEN SMITH CPAs  
PO BOX 160  
LINCOLN, CA 95648

Lincoln Hills Foundation  
P.O. Box 220  
Lincoln, CA 95648

**2010 Exempt Org. Return**  
prepared for:

**Lincoln Hills Foundation**  
P.O. Box 220  
Lincoln, CA 95648

**JENSEN SMITH CPAs**  
PO BOX 160  
LINCOLN, CA 95648

**JENSEN SMITH CPAS  
PO BOX 160  
LINCOLN, CA 95648  
(916) 434-1662**

July 14, 2011

Lincoln Hills Foundation  
P.O. Box 220  
Lincoln, CA 95648

Dear Client:

Your 2010 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. No tax is payable with the filing of this return.

Enclosed is your 2010 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the California return on or before December 15, 2011 to:

**FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$25 payable by August 15, 2011. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before August 15, 2011 to:

**REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470**

Please be sure to call us if you have any questions.

Sincerely,

Jennifer M. Jensen, CPA

**JENSEN SMITH CPAs**  
PO BOX 160  
LINCOLN, CA 95648  
(916) 434-1662

Client LHF  
July 14, 2011

**Lincoln Hills Foundation**  
P.O. Box 220  
Lincoln, CA 95648

**FEDERAL FORMS**

Form 990-EZ Schedule A Schedule G Schedule O Form 8453-EO	2010 Return of Organization Exempt from Income Tax Organization Exempt Under Section 501(c)(3) Fundraising or Gaming Activities Supplemental Information Declaration for Electronic Filing
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**CALIFORNIA FORMS**

Form 199 Form RRF-1	2010 California Exempt Organization Return 2011 Registration/Renewal Fee Report
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**FEE SUMMARY**

Preparation Fee	\$	400.00
In-Kind Donation of Services		(400.00)
Amount Due	\$	<b>0.00</b>

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, \_\_\_\_\_  
**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**  
 ▶ See instructions

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Lincoln Hills Foundation

Employer identification number

68-0488670

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	_____
2 a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	59,342.
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	_____
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5 b	_____

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ \_\_\_\_\_ ▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
 Signature of officer Date Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ _____	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	JENSEN SMITH CPAs PO BOX 160 LINCOLN, CA 95648			EIN
					Phone no. (916) 434-1662

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ _____				Firm's EIN ▶ _____
	Firm's address ▶ _____				Phone no. _____

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2010

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_, **2010, and ending** \_\_\_\_\_,

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Lincoln Hills Foundation	68-0488670
<input type="checkbox"/> Name change	P.O. Box 220	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	Lincoln, CA 95648	916-645-5411
<input type="checkbox"/> Terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		..... ▶
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ www.lincolnhillsfoundation.org

**J Tax-exempt status** (ck only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 87,575.

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

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

	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	37,023.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	4,724.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	24,882.
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	20,750.
	<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	28,233.
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	17,399.
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O) See Schedule O	<b>8</b>	196.
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	59,342.
	<b>10</b> Grants and similar amounts paid (list in Schedule O) See Schedule O	<b>10</b>	14,850.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	11,466.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	26,316.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	33,026.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	196,133.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	229,159.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990-EZ** (2010)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.) See Schedule O

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37 a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <b>38 b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39 a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39 b</b> N/A		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed ▶ CA		

**42 a** The organization's books are in care of ▶ Bob Free Telephone no. ▶ 916-645-5380  
 Located at ▶ P.O. Box 220 Lincoln CA ZIP + 4 ▶ 95648

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

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

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

<b>Sign Here</b>	Signature of officer		Date		
	Bob Free		Treasurer		
Type or print name and title.					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jennifer M. Jensen, CPA				P00544955
	Firm's name	JENSEN SMITH CPAs		Firm's EIN	20-3009309
	Firm's address	PO BOX 160 LINCOLN, CA 95648		Phone no.	(916) 434-1662

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization <b>Lincoln Hills Foundation</b>	Employer identification number <b>68-0488670</b>
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**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 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11 g (i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>(A)</b>									
<b>(B)</b>									
<b>(C)</b>									
<b>(D)</b>									
<b>(E)</b>									
<b>Total</b>									

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	32,942.	23,348.	37,609.	26,828.	37,023.	157,750.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	32,942.	23,348.	37,609.	26,828.	37,023.	157,750.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						157,750.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	32,942.	23,348.	37,609.	26,828.	37,023.	157,750.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,734.	4,371.	4,619.	5,332.	4,724.	21,780.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						179,530.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	87.9%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	89.2%
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Gala (event type)	Dine Around Li (event type)	(total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	11,175.	7,990.	19,165.	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	11,175.	7,990.	19,165.	
DIRECT EXPENSES	4	Cash prizes	1,012.		1,012.	
	5	Noncash prizes				
	6	Rent/facility costs		30.	30.	
	7	Food and beverages	7,456.		7,456.	
	8	Entertainment	200.		200.	
	9	Other direct expenses	1,271.	1,900.	3,171.	
	10	Direct expense summary. Add lines 4- through 9 in column (d)				11,869.
	11	Net income summary. Combine line 3, column (d), and line 10				7,296.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue	24,882.		24,882.	
	2	Cash prizes	9,442.		9,442.	
DIRECT EXPENSES	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	1,747.		1,747.	
DIRECT EXPENSES	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				11,189.
	8	Net gaming income summary. Combine lines 1, column (d) and line 7				13,693.

9 Enter the state(s) in which the organization operates gaming activities: CA

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Lincoln Hills Foundation

Employer identification number

68-0488670

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

The purpose of Lincoln Hills Foundation is to receive donations and generate other funds in order to provide services and financial support to sponsor assistance programs primarily designed to meet, in a significant manner, the physical or social needs of the senior residents of Sun City Lincoln Hills and the surrounding community of Lincoln, California.

The mission of the Lincoln Hills Foundation is to promote and fund innovative solutions that will enable senior residents of the community of Lincoln to remain in their homes and enjoy their independent lifestyles.

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Lincoln Hills Foundation

68-0488670

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

Miscellaneous.....	\$	196.
Total	\$	<u>196.</u>

**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid In Excess of \$5,000**

Class of Activity:	NON PROFIT	
Donee's Name:	Seniors First	
Donee's Address:	11566 D Avenue	
	Auburn, CA 95603	
Relationship of Donee:	None	
Cash Amount Given:		\$ 7,500.

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

Advertising.....	\$	2,270.
Bank Charges.....		537.
Books, Subscriptions, Ref.....		767.
Insurance.....		3,000.
Membership dues.....		135.
Other.....		100.
P.O. Box.....		176.
Postage.....		44.
Printing & Copying.....		2,675.
Required State Fees.....		45.
Supplies Expenses.....		562.
Travel & Meetings.....		300.
Unrealized Loss on Investment.....		738.
Website.....		117.
Total	\$	<u>11,466.</u>

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 3,000.	\$ 3,500.
Total	<u>\$ 3,000.</u>	<u>\$ 3,500.</u>

Lincoln Hills Foundation

68-0488670

**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Vernon Chong P.O. Box 220 Lincoln, CA 95648	President 0	\$ 0.	\$ 0.	\$ 0.
Mark Dentinger P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Bob Free P.O. Box 220 Lincoln, CA 95648	Treasurer 0	0.	0.	0.
Jean Ebenholtz P.O. Box 220 Lincoln, CA 95648	Secretary 0	0.	0.	0.
John Flaherty P.O. Box 220 Lincoln, CA 95648	Vice President 0	0.	0.	0.
Barbara Oden P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Janet Pawloski P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
John Farley P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Karen Foley P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Jerry Johnson P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Steve Natcher P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Andrew Petro P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Calendar year 2010 or fiscal year beginning month day year, and ending month day year

**A** First Return Filed?  Yes  No  
**B** Type of organization Exempt under Section 23701... **D** (insert letter)  **CORP #** C2372745  
 IRC Section 4947(a)(1) trust...

Corporation/Organization Name **LINCOLN HILLS FOUNDATION** FEIN **68-0488670**

Address **P.O. BOX 220** City State ZIP Code

**LINCOLN, CA 95648**

**C** Amended Return?  Yes  No  
**D** Are you a subordinate/affiliate in a group exemption?  Yes  No  
**a** Is this a group filing for affiliates? See General Instruction L.  Yes  No  
**b** If 'Yes,' enter the number of affiliates. ....  
**c** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.)  
**d** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**e** Federal Group Exemption Number. ....  
**f** Is a roster of subordinates attached?  Yes  No  
**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date. ....  
**F** Check the box if the organization filed the following federal forms or schedule:  
**1**  990T **2**  990PF **3**  (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F.  
 No filing fee is required.  Yes  No  
**H** Accounting method used **1**  Cash **2**  Accrual **3**  Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.  Yes  No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$ .....  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	<b>1</b>	50,552.
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. ....	<b>3</b>	37,023.
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B. ....	<b>4</b>	87,575.
	<b>5</b> Cost of goods sold. ....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. ....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6. ....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4. ....	<b>8</b>	87,575.
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. ....	<b>9</b>	54,549.
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	<b>10</b>	33,026.
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. ....	<b>11</b>	
	<b>12</b> Total payments. ....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. ....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. ....	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. ....	<b>15</b>	

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

Signature of officer **TREASURER** Title Date Telephone **916-645-5411**

Preparer's signature Date Check if self-employed  Preparer's PTIN/SSN **P00544955**

Firm's name (or yours, if self-employed) and address **JENSEN SMITH CPAS** Telephone **20-3009309**  
**PO BOX 160**  
**LINCOLN, CA 95648** Telephone **(916) 434-1662**

May the FTB discuss this return with the preparer shown above? See instructions.  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	4,624.
	3	Dividends	●	3	100.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	45,828.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	50,552.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	14,850.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 3	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See Instructions)	●	16	
	17	Other. Attach schedule. SEE STATEMENT 4	●	17	39,699.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	54,549.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		199,133.	●	232,659.
2	Net accounts receivable			●	
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule			●	
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule			●	
13	<b>Total assets</b>		199,133.		232,659.
<b>Liabilities and net worth</b>					
14	Accounts payable		3,000.	●	3,500.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		196,133.	●	229,159.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		199,133.		232,659.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	33,026.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		33,026.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		33,026.

## Lincoln Hills Foundation

68-0488670

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Income from Special Events.....	\$	45,632.
Miscellaneous.....		196.
	Total	<u>\$ 45,828.</u>

**Statement 2**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Class of Activity:	NON PROFIT	
Donee's Name:	Seniors First	
Donee's Street Address:	11566 D Avenue	
Donee's City, State, ZIP:	Auburn, CA 95603	
Relationship of Donee:	None	
Amount Given:		\$ 7,500.

Class of Activity:	NON PROFIT	
Donee's Name:	Super Seniors	
Donee's Street Address:	1750 Alpenglow Lane	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		1,300.

Class of Activity:	NON PROFIT	
Donee's Name:	Neighborhood Watch	
Donee's Street Address:	202 Mariemont Court	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		500.

Class of Activity:	NON PROFIT	
Donee's Name:	Lincoln Hills Bereavement Group	
Donee's Street Address:	1059 Castleberry Lane	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		250.

Class of Activity:	NON PROFIT	
Donee's Name:	Sun City Lincoln Hills - Bosom Buddies	
Donee's Street Address:	965 Orchard Creek Lane	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		2,000.

Class of Activity:	NON PROFIT	
Donee's Name:	Friends of the Lincoln Library	
Donee's Street Address:	P.O. Box 394	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		800.

Lincoln Hills Foundation

68-0488670

**Statement 2 (continued)**  
**Form 199, Part II, Line 9**  
**Contributions, Gifts, Grants, and Similar Amounts Paid**

Class of Activity: NON PROFIT  
 Donee's Name: St. Vincent de Paul  
 Relationship of Donee: None  
 Amount Given: \$ 2,500.  
 Total \$ 14,850.

**Statement 3**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Vernon Chong P.O. Box 220 Lincoln, CA 95648	President 0	\$ 0.	\$ 0.	\$ 0.
Mark Dentinger P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Bob Free P.O. Box 220 Lincoln, CA 95648	Treasurer 0	0.	0.	0.
Jean Ebenholtz P.O. Box 220 Lincoln, CA 95648	Secretary 0	0.	0.	0.
John Flaherty P.O. Box 220 Lincoln, CA 95648	Vice President 0	0.	0.	0.
Barbara Oden P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Janet Pawloski P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
John Farley P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Karen Foley P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.

Lincoln Hills Foundation

68-0488670

**Statement 3 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jerry Johnson P.O. Box 220 Lincoln, CA 95648	Director 0	\$ 0.	\$ 0.	\$ 0.
Steve Natcher P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Andrew Petro P.O. Box 220 Lincoln, CA 95648	Director 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Advertising.....	\$ 2,270.
Bank Charges.....	537.
Books, Subscriptions, Ref.....	767.
Insurance.....	3,000.
Membership dues.....	135.
Other.....	100.
P.O. Box.....	176.
Postage.....	44.
Printing & Copying.....	2,675.
Required State Fees.....	45.
Special Event Expenses.....	28,233.
Supplies Expenses.....	562.
Travel & Meetings.....	300.
Unrealized Loss on Investment.....	738.
Website.....	117.
Total	<u>\$ 39,699.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>120730</u>  <b>LINCOLN HILLS FOUNDATION</b> <small>Name of Organization</small>  <b>P.O. BOX 220</b> <small>Address (Number and Street)</small>  <b>LINCOLN, CA 95648</b> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>C2372745</u>  Federal Employer ID No. <u>68-0488670</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/10 ending 12/31/10) list:  
 Gross annual revenue \$ 59,342. Total assets \$ 232,659.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 916-645-5411  
 Organization's e-mail address PRESIDENT@LINCOLNHILLSFOUNDATION.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

<b>BOB FREE</b>	<b>TREASURER</b>	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>