



**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
2009**

Lincoln Hills Foundation
PO Box 220
Lincoln, CA 95648

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)

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning _____, **2009, and ending** _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Lincoln Hills Foundation P.O. Box 220 Lincoln, CA 95648</p>	<p>D Employer identification number 68-0488670</p> <p>E Telephone number 916-645-5411</p> <p>F Group Exemption Number..... ▶</p>
--	--	--	---

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.lincolnhillsfoundation.org

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

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ **80,339.**

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1	26,828.
	2	Program service revenue including government fees and contracts.....	2	
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	5,332.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input checked="" type="checkbox"/> ▶		
	6a	a Gross revenue (not including \$ <u>5,400.</u> of contributions reported on line 1).....	6a	47,384.
6b	b Less: direct expenses other than fundraising expenses.....	6b	17,036.	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c	30,348.	
7a	a Gross sales of inventory, less returns and allowances.....	7a		
7b	b Less: cost of goods sold.....	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	Other revenue (describe ▶ _____).....	8	795.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	9	63,303.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)..... <u>See Statement 1</u>	10	18,247.
	11	Benefits paid to or for members.....	11	
	12	Salaries, other compensation, and employee benefits.....	12	
	13	Professional fees and other payments to independent contractors.....	13	
	14	Occupancy, rent, utilities, and maintenance.....	14	
	15	Printing, publications, postage, and shipping.....	15	
	16	Other expenses (describe ▶ <u>See Statement 2</u>).....	16	7,591.
17	Total expenses. Add lines 10 through 16..... ▶	17	25,838.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	37,465.
	19	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).....	19	153,308.
	20	Other changes in net assets or fund balances (attach explanation).....	20	5,360.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	196,133.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments.....	158,668.	199,133.
23	Land and buildings.....		
24	Other assets (describe ▶ _____).....		
25	Total assets.	158,668.	199,133.
26	Total liabilities (describe ▶ <u>See Statement 3</u>).....	5,360.	3,000.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).....	153,308.	196,133.

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

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>See Statement 4</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a).....	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Marcia VanWagner ----- Lincoln, CA 95648	President 0	0.	0.	0.
Mark Dentinger ----- Lincoln, CA 95648	Director 0	0.	0.	0.
Bob Free ----- Lincoln, CA 95648	Treasurer 0	0.	0.	0.
Jean Ebenholtz ----- Lincoln, CA 95648	Secretary 0	0.	0.	0.
John Flaherty ----- Lincoln, CA 95648	VP, Director 0	0.	0.	0.
Vernon Chong ----- Lincoln, CA 95648	Director 0	0.	0.	0.
John Farley ----- Lincoln, CA 95648	Director 0	0.	0.	0.
Karen Foley ----- Lincoln, CA 95648	Director 0	0.	0.	0.
Jerry Johnson ----- Lincoln, CA 95648	Director 0	0.	0.	0.
Steve Natcher ----- Lincoln, CA 95648	Director 0	0.	0.	0.
Andrew Petro ----- Lincoln, CA 95648	Director 0	0.	0.	0.
----- -----				

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 5

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

42a 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
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	49a	X
b If 'Yes,' was the related organization a section 527 organization?.....	49b	

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..... ▶ _____

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 officer) is based on all information of which preparer has any knowledge.

▶ _____ Date _____
Signature of officer

▶ _____
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ Jennifer M. Jensen, CPA Date _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JENSEN SMITH CPAs
PO BOX 160
LINCOLN, CA 95648

Check if self-employed ▶ Preparer's Identifying Number (See instructions) P00544955

EIN ▶ 20-3009309

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

2009

Open to Public Inspection

Name of the organization Lincoln Hills Foundation	Employer identification number 68-0488670
---	---

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 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?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	28,565.	32,942.	23,348.	37,609.	26,828.	149,292.
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 to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3.	28,565.	32,942.	23,348.	37,609.	26,828.	149,292.
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 Public support. Subtract line 5 from line 4.						149,292.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	28,565.	32,942.	23,348.	37,609.	26,828.	149,292.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	956.	2,734.	4,371.	4,619.	5,332.	18,012.
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 Total support. Add lines 7 through 10.						167,304.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	89.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	96.5 %
16a 33-1/3 support test – 2009. 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 stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf Tournamen (event type)	Dine Around Li (event type)	1 (total number)	(Add col. (a) through col. (c))
1	Gross receipts.....	9,156.	7,140.	7,080.	23,376.
2	Less: Charitable contributions.....	5,400.			5,400.
3	Gross income (line 1 minus line 2).....	3,756.	7,140.	7,080.	17,976.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....	736.		736.
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	2,053.	1,561.	47.
10	Direct expense summary. Add lines 4- through 9 in column (d).....				4,397.
11	Net income summary. Combine lines 3, column (d) and line 10.....				13,579.

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 col. (a) through col. (c))
1	Gross revenue.....	29,408.			29,408.
DIRECT EXPENSES	2	Cash prizes.....	10,340.		10,340.
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....	2,099.		
6	Volunteer labor.....	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d).....				12,439.
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....				16,969.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?.....	9a X	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10a	X
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.....	13a	%
b An outside facility.....	13b	100.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

15a		X
------------	--	---

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

17a		X
------------	--	---

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

Lincoln Hills Foundation

68-0488670

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

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:		\$	5,000.
Class of Activity:	NON PROFIT		
Donee's Name:	Alzheimers/Dementia Caregivers Support		
Donee's Address:	635 Violet Lane Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	NON PROFIT		
Donee's Name:	Super Seniors		
Donee's Address:	1750 Alpenglow Lane Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,200.
Class of Activity:	NON PROFIT		
Donee's Name:	Neighborhood Watch		
Donee's Address:	202 Mariemont Court Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	600.
Class of Activity:	NON PROFIT		
Donee's Name:	Lincoln Hills Bereavement Group		
Donee's Address:	1059 Castleberry Lane Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.
Class of Activity:	NON PROFIT		
Donee's Name:	AARP Foundation		
Donee's Address:	P.O. Box 93207 Long Beach, CA 90809		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	NON PROFIT		
Donee's Name:	Del Oro Caregivers' Resource		
Donee's Address:	5725-D Marconi Ave Carmichael, CA 95608		
Relationship of Donee:	None		
Cash Amount Given:		\$	5,000.
Class of Activity:	NON PROFIT		
Donee's Name:	Multiple Sclerosis Group		
Relationship of Donee:	None		
Cash Amount Given:		\$	705.

Lincoln Hills Foundation

68-0488670

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	NON PROFIT		
Donee's Name:	Sun City Lincoln Hills Community Assoc.		
Donee's Address:	965 Orchard Creek Lane Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	908.
Class of Activity:	NON PROFIT		
Donee's Name:	Sun City Lincoln Hills - Bosom Buddies		
Donee's Address:	965 Orchard Creek Lane Lincoln, CA 95648		
Relationship of Donee:	None		
Cash Amount Given:		\$	584.
Class of Activity:	NON PROFIT		
Donee's Name:	Sierra College Foundation		
Donee's Address:	5000 Rocklin Road Rocklin, CA 95677		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising.....	\$	795.
Bank Charges.....		209.
Insurance.....		1,500.
Membership dues.....		135.
Other.....		37.
P.O. Box.....		173.
Postage, Shipping.....		60.
Printing & Copying.....		509.
Required State Fees.....		45.
Supplies Expenses.....		3,464.
Travel & Meetings.....		569.
Website.....		95.
Total	\$	<u>7,591.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 5,360.	\$ 3,000.
Total	<u>\$ 5,360.</u>	<u>\$ 3,000.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

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.

Statement 5
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

Calendar year 2009 or fiscal year beginning month day year, and ending month day year

A First Return Filed? Yes No X 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 LINCOLN, CA 95648
State ZIP Code

C Amended Return? Yes No X No
D Are you a subordinate/affiliate in a group exemption?... Yes No X No
a Is this a group filing for affiliates? See General Instruction L... Yes No X No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? X Yes [] No
d Is this a separate return filed by an organization covered by a group ruling? [] Yes X No
e Federal Group Exemption Number
f Is a roster of subordinates attached? [] Yes X 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. X
H Accounting method used 1 X 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 X 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 X No
K Is the organization exempt under R&TC Section 23701g? [] Yes X 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 X No
M Is the organization a Limited Liability Company? [] Yes X No
N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes X No

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15).

Table with 3 columns: Description, Line Number, Amount. Rows include Expenses (9-10) and Filing Fee (11-15).

Sign Here: Signature of officer, Title, Date, Telephone 916-645-5411
Paid Preparer's Use Only: Preparer's signature JENNIFER M. JENSEN, CPA, Date, Check if self-employed [], Firm's name JENSEN SMITH CPAS, Address PO BOX 160 LINCOLN, CA 95648, Telephone (916) 434-1662

May the FTB discuss this return with the preparer shown above? See instructions. X 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	5,285.
	3	Dividends	●	3	47.
	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	48,179.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	53,511.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	18,247.
	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	24,627.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	42,874.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		158,668.	●	199,133.
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 Total assets		158,668.		199,133.
Liabilities and net worth				
14 Accounts payable		5,360.	●	3,000.
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		153,308.	●	196,133.
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund			●	
22 Total liabilities and net worth		158,668.		199,133.

Schedule M-1 Reconciliation of income per books with income per return			
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	●	37,465.
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	Total. Add line 1 through line 5		37,465.
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	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		37,465.

Lincoln Hills Foundation

68-0488670

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

Income from Special Events.....	\$	47,384.
Total	\$	<u>47,384.</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:		\$ 5,000.

Class of Activity:	NON PROFIT	
Donee's Name:	Alzheimers/Dementia Caregivers Support	
Donee's Street Address:	635 Violet Lane	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		1,000.

Class of Activity:	NON PROFIT	
Donee's Name:	Super Seniors	
Donee's Street Address:	1750 Alpenglowlane	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		1,200.

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:		600.

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:	AARP Foundation	
Donee's Street Address:	P.O. Box 93207	
Donee's City, State, ZIP:	Long Beach, CA 90809	
Relationship of Donee:	None	
Amount Given:		2,000.

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:	Del Oro Caregivers' Resource		
Donee's Street Address:	5725-D Marconi Ave		
Donee's City, State, ZIP:	Carmichael, CA 95608		
Relationship of Donee:	None		
Amount Given:		\$	5,000.
Class of Activity:	NON PROFIT		
Donee's Name:	Multiple Sclerosis Group		
Relationship of Donee:	None		
Amount Given:			705.
Class of Activity:	NON PROFIT		
Donee's Name:	Sun City Lincoln Hills Community Assoc.		
Donee's Street Address:	965 Orchard Creek Lane		
Donee's City, State, ZIP:	Lincoln, CA 95648		
Relationship of Donee:	None		
Amount Given:			908.
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:			584.
Class of Activity:	NON PROFIT		
Donee's Name:	Sierra College Foundation		
Donee's Street Address:	5000 Rocklin Road		
Donee's City, State, ZIP:	Rocklin, CA 95677		
Relationship of Donee:	None		
Amount Given:			1,000.
Total			\$ <u>18,247.</u>

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 & DC</u>	<u>Expense Account/ Other</u>
Marcia VanWagner Lincoln, CA 95648	President 0	\$ 0.	\$ 0.	\$ 0.
Mark Dentinger 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
Bob Free Lincoln, CA 95648	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
Jean Ebenholtz Lincoln, CA 95648	Secretary 0	0.	0.	0.
John Flaherty Lincoln, CA 95648	VP, Director 0	0.	0.	0.
Vernon Chong Lincoln, CA 95648	Director 0	0.	0.	0.
John Farley Lincoln, CA 95648	Director 0	0.	0.	0.
Karen Foley Lincoln, CA 95648	Director 0	0.	0.	0.
Jerry Johnson Lincoln, CA 95648	Director 0	0.	0.	0.
Steve Natcher Lincoln, CA 95648	Director 0	0.	0.	0.
Andrew Petro 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.....	\$ 795.
Bank Charges.....	209.
Insurance.....	1,500.
Membership dues.....	135.
Other.....	37.
P.O. Box.....	173.

Statement 4 (continued)
Form 199, Part II, Line 17
Other Expenses

Postage, Shipping.....	\$	60.
Printing & Copying.....		509.
Required State Fees.....		45.
Special Event Expenses.....		17,036.
Supplies Expenses.....		3,464.
Travel & Meetings.....		569.
Website.....		95.
	Total \$	<u>24,627.</u>