

**FINAL FILING COPY**

REZNICK GROUP, P.C.  
4711 W. GOLF ROAD, SUITE 200  
SKOKIE, IL 60076

LAKEVIEW PANTRY  
3831 N. BROADWAY  
CHICAGO, IL 60613-3217

DEAR GARY:

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2009 for:

LAKEVIEW PANTRY as follows...

- 2009 990 - Return of Organization Exempt from Income Tax
- 2009 Schedule A - Public Charity Status and Public Support
- 2009 Schedule B - Schedule of Contributors
- 2009 Schedule D - Supplemental Financial Statements
- 2009 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
- 2009 Schedule M - Noncash Contributions
- 2009 Schedule O - Supplemental Information to Form 990
- 2009 Illinois Form AG990-IL - Charitable Organization Annual Rep.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

Very truly yours,

John Woodbury  
Principal

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REZNICK GROUP, P.C.  
4711 W. GOLF ROAD, SUITE 200  
SKOKIE, IL 60076

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Instructions for filing  
LAKEVIEW PANTRY  
Form 990 - Exempt Organization  
for the period ended December 31, 2009

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Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 15, 2010 with...

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

\*\*\*\*\*

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I ( on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Table with 2 columns: Type or print, and Employer identification number. Includes fields for Name of Exempt Organization (LAKEVIEW PANTRY), Number, street, and room or suite no. (3831 N. BROADWAY), and City, town or post office, state, and ZIP code (CHICAGO, IL 60613-3217).

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) tr ust), Form 990-T (trust other than above), Form 1041- A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of SHEILA Y. KACZYNSKI Telephone No. 630 916-8920 FAX No. 630 916-8925

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2010
5 For calendar year 2009, or other tax year beginning, and ending
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

Table with 2 columns: Description and Amount. Rows 8a (tentative tax), 8b (refundable credits), 8c (Balance Due).

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: REZNICK GROUP, P.C. Title: Date: 4711 W. GOLF ROAD, SUITE 200 SKOKIE, IL 60076

Form **990**

**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. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> LAKEVIEW PANTRY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3831 N. BROADWAY City or town, state or country, and ZIP + 4 CHICAGO, IL 60613-3217	<b>D Employer identification number</b> 36-2734184 <b>E Telephone number</b> (773) 525-7718
	<b>F Name and address of principal officer:</b> BETSY WASSILAK 3831 NORTH BROADWAY CHICAGO, IL 60613		<b>G Gross receipts \$</b> 4,106,476. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ WWW.LAKEVIEWPANTRY.ORG	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1970 <b>M State of legal domicile:</b> IL	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: PROVIDING FOOD TO THOSE LIVING BELOW THE POVERTY LEVEL		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	9
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	600
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	3,331,898.	4,104,511.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,189.	1,965.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	<b>12</b>		3,338,087.	4,106,476.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,544,051.	2,922,554.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	416,629.	489,026.
	<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses, Part IX, column (D), line 25) ▶ 202,161.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	264,363.	475,012.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,225,043.	3,886,592.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	113,044.	219,884.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	724,657.	946,483.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	13,926.	15,868.
<b>22</b>		710,731.	930,615.	

**Part II Signature Block**

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 _____		
	Type or print name and title _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Date _____ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ REZNICK GROUP, P.C. 4711 W. GOLF ROAD, SUITE 200 SKOKIE, IL 60076	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00132284 EIN ▶ 52-1088612 Phone no. ▶ 847-324-7500	

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

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \***

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,454,875. including grants of \$ 2,922,554. ) (Revenue \$ ) PROVIDING FOOD TO THOSE LIVING BELOW THE POVERTY LEVEL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,454,875.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E. . . . .</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I . . . . .</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II. . . . .</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III . . . . .</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I . . . . .</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990-EO with questions 1a through 12b regarding tax compliance, including sections on backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (12); 1b Enter the number of voting members that are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SHEILA Y. KACZYNSKI 17W635 BUTTERFIELD ROAD, STE 140 OAKBROOK TERRACE, IL 630-916-8920

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD KOREY BOARD MEMBER	2.00	X						0.	0.	
BETSY WASSILAK PRESIDENT	2.00	X		X				0.	0.	
ROB CAPPUCCI VICE PRESIDENT	2.00	X		X				0.	0.	
BETSY JENKINS TREASURER	2.00	X		X				0.	0.	
DAN LAYTIN BOARD MEMBER	2.00	X						0.	0.	
NORMAN SHANKER BOARD MEMBER	2.00	X						0.	0.	
PAULINE DRAPER WATTS BOARD MEMBER	2.00	X						0.	0.	
ROBERT TRAHAN BOARD MEMBER	2.00	X						0.	0.	
MARJORIE BROWNSTEIN BOARD MEMBER	2.00	X						0.	0.	
STEPHEN ISAACS BOARD MEMBER	2.00	X						0.	0.	
KARA MIDDENDORF BOARD MEMBER	2.00	X						0.	0.	
SAUNVIT PANDYA SECRETARY	2.00	X		X				0.	0.	



**Part VIII Statement of Revenue**

36-2734184

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	4,104,511.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,931,163.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			4,104,511.			
<b>Program Service Revenue</b>	<b>2a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 3		1,965.		
<b>4</b> Income from investment of tax-exempt bond proceeds . . .				0.			
<b>5</b> Royalties . . . . .				0.			
<b>6a</b> Gross Rents . . . . .		(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .			0.		
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .			0.		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .			0.			
<b>12 Total Revenue.</b> See instructions . . . . .			4,106,476.			1,965.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	2,922,554.	2,922,554.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	438,062.	197,128.	140,180.	100,754.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits . . . . .	50,964.	22,934.	16,308.	11,722.
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	36,656.	18,328.	18,328.	
c Accounting . . . . .	14,846.		14,846.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	91,359.	82,223.	4,568.	4,568.
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	8,959.	8,063.	448.	448.
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING AND PUBLISHING</u> -----	70,576.	7,058.	7,058.	56,460.
b <u>SUPPLIES</u> -----	15,802.	7,111.	5,057.	3,634.
c <u>VEHICLE EXPENSE</u> -----	15,092.	15,092.		
d <u>INSURANCE</u> -----	15,731.	7,079.	5,034.	3,618.
e <u>TELEPHONE</u> -----	9,887.	4,449.	3,164.	2,274.
f All other expenses -----	196,104.	162,856.	14,565.	18,683.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,886,592.	3,454,875.	229,556.	202,161.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	100.	<b>1</b>	1,125.
	<b>2</b> Savings and temporary cash investments . . . . .	483,608.	<b>2</b>	591,454.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	139,600.	<b>8</b>	251,410.
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 173,931.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 79,424.	94,362.	<b>10c</b> 94,507.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,987.	<b>15</b>	7,987.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	724,657.	<b>16</b>	946,483.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,926.	<b>17</b>	9,457.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	6,411.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	13,926.	<b>26</b>	15,868.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	710,731.	<b>27</b>	930,615.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	710,731.	<b>33</b>	930,615.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	724,657.	<b>34</b>	946,483.	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form **990** (2009)



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,369,377.	2,617,222.	2,880,086.	3,331,898.	4,104,511.	15,303,094.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,369,377.	2,617,222.	2,880,086.	3,331,898.	4,104,511.	15,303,094.
<b>5</b> 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), . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						15,303,094.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,369,377.	2,617,222.	2,880,086.	3,331,898.	4,104,511.	15,303,094.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,038.	2,922.	7,386.	6,189.	1,965.	19,500.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						15,322,594.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.87 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.88 %
<b>16a 33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and 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 - 2008.</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"/>
<b>17a 10%-facts-and-circumstances test - 2009.</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 - 2008.</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"/>
<b>18 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</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 lines 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 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

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

**19 a 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 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 ►

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

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization
LAKEVIEW PANTRY

Employer identification number
36-2734184

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

# FINAL FILING COPY

<b>Name of organization</b> LAKEVIEW PANTRY	<b>Employer identification number</b> 36-2734184
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 1,262,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 216,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 293,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 14,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 38,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization <span style="float: right;">LAKEVIEW PANTRY</span>	Employer identification number <span style="float: right;">36-2734184</span>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution						
7		\$ <span style="float: right;">12,800.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
8		\$ <span style="float: right;">10,000.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
9		\$ <span style="float: right;">10,000.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
10		\$ <span style="float: right;">10,000.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
11		\$ <span style="float: right;">20,000.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
12		\$ <span style="float: right;">10,000.</span>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

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<b>Name of organization</b> LAKEVIEW PANTRY	<b>Employer identification number</b> 36-2734184
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 47,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	_____	\$ 13,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	_____	\$ 6,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	_____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# FINAL FILING COPY

Name of organization <b>LAKEVIEW PANTRY</b>	Employer identification number <b>36-2734184</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# FINAL FILING COPY

Name of organization LAKEVIEW PANTRY

Employer identification number

36-2734184

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	_____ _____ _____	\$ <u>26,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# FINAL FILING COPY

Name of organization LAKEVIEW PANTRY

Employer identification number

36-2734184

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	_____ _____ _____	\$ <u>5,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# FINAL FILING COPY

Name of organization <b>LAKEVIEW PANTRY</b>	Employer identification number <b>36-2734184</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution						
37		\$ <u>20,000.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
38		\$ <u>10,000.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
39		\$ <u>5,000.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
40		\$ <u>25,000.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
41		\$ <u>14,500.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
		\$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Person</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

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Name of organization LAKEVIEW PANTRY

Employer identification number

36-2734184

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD DONATION _____ _____ _____	\$ 1,262,429.	VARIOUS _____
2	FOOD DONATION _____ _____ _____	\$ 216,085.	VARIOUS _____
3	FOOD DONATION _____ _____ _____	\$ 293,718.	VARIOUS _____
4	FOOD DONATION _____ _____ _____	\$ 14,300.	VARIOUS _____
5	FOOD DONATION _____ _____ _____	\$ 26,000.	VARIOUS _____
6	FOOD DONATION _____ _____ _____	\$ 38,534.	VARIOUS _____

# FINAL FILING COPY

<b>Name of organization</b> LAKEVIEW PANTRY	<b>Employer identification number</b> 36-2734184
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	FOOD DONATION _____ _____ _____	\$ 12,800.	VARIOUS _____
13	FOOD DONATION _____ _____ _____	\$ 47,095.	VARIOUS _____
14	FOOD DONATION _____ _____ _____	\$ 13,920.	VARIOUS _____
15	FOOD DONATION _____ _____ _____	\$ 6,880.	VARIOUS _____
25	FOOD DONATION _____ _____ _____	\$ 5,500.	VARIOUS _____
26	FOOD DONATION _____ _____ _____	\$ 26,525.	VARIOUS _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

LAKEVIEW PANTRY

Employer identification number

36-2734184

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		101,287.	23,755.	77,532.
d Equipment . . . . .		52,298.	46,410.	5,888.
e Other . . . . .		20,347.	9,259.	11,088.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				94,508.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	4,106,476.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	3,886,592.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	219,884.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	-213,094.
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	-213,094.
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	6,790.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,949,577.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	843,101.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	843,101.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,106,476.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,106,476.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,942,787.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	1,056,195.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,056,195.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,886,592.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,886,592.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## TIMING DIFFERENCE

SCHEDULE D, PART XII, LINE 2D & PART XIII, LINE 2D & PART XI, LINE 8

PART XII, LINE 2D:

THE TAX RETURN IS FOR PEIOD STARTING 1/1/2009 THROUGH 12/31/2009.

HOWEVER, FINANCIAL STATEMENT IS FOR PERIOD 1/1/2009 - 3/31/2010.

THE DIFFERENCE IN GROSS REVENUE IS 843,101.

PART XIII, LINE 2D:

THE TAX RETURN IS FOR PEIOD STARTING 1/1/2009 THROUGH 12/31/2009.

HOWEVER, FINANCIAL STATEMENT IS FOR PERIOD 1/1/2009 - 3/31/2010.

THE DIFFERENCE IN TOTAL EXPENSE IS 1,056,195.

PART XI, LINE 8

THE TAX RETURN IS FOR PEIOD STARTING 1/1/2009 THROUGH 12/31/2009.

HOWEVER, FINANCIAL STATEMENT IS FOR PERIOD 1/1/2009 - 3/31/2010.

THE DIFFERENCE IN INCREASE (DECREASE) IN NET ASSET IS (213,094)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

LAKEVIEW PANTRY

Employer identification number

36-2734184

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DONATION OF FOOD TO NEEDY INDIVIDUALS	9,000		2,922,554.	FMV	FOOD

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

SCHEDULE I, PART III

SCHEDULE I, PART III, ADDITIONAL INFORMATION

THE ORGANIZATION DISTRIBUTES FOOD TO APPROXIMATELY NINE THOUSAND NEEDY INDIVIDUALS AREA WIDE.

SCHEDULE I, PART I

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, QUESTION 2

LAKEVIEW PANTRY KEEPS DETAILED RECORDS OF ALL GRANTS PAID, LETTERS ARE SENT WITH ANY GRANT AWARDS, DETAILING THE GRANTOR'S DESIRED USE OF THE FUNDS (GENERAL OR SPECIFIC USE), RECEIPTS OF EXPENSES IF REQUESTED BY THE GRANTOR, AND ANY ADDITIONAL REPORTING REQUIRED.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization

LAKEVIEW PANTRY

Employer identification number

36-2734184

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	100	2,931,163.	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
27 Other ▶( _____ )				
28 Other ▶( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

JSA

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

SCHEDULE M DETAIL

SCHEDULE M, LINE 19 AND 32A

LINE 19:

THE ORGANIZATION RECIEVES HUNDREDS OF DONATIONS THROUGHOUT THE YEAR. THE  
ITEMS AND MONEY RECEIVED ARE USED TO DISTRIBUTE FOOD TO NEEDY FAMILIES IN  
THE CHICAGO AREA.

LINE 32A:

THE ORGANIZATION USES AN OUTSIDE BROKER TO SELL STOCK DONATIONS RECEIVED  
BY THE ORGANIZATION.

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

LAKEVIEW PANTRY

36-2734184

ATTACHMENT 1

CONFLICT OF INTEREST/COMPENSATION

PART VI, SECTION B, ITEM 12

CONFLICT OF INTEREST:

THE ORGANIZATION HAS A VERY DETAILED CONFLICT OF INTEREST POLICY. ALL DIRECTORS, OFFICERS AND COMMITTEE MEMBERS SIGN ANNUAL WRITTEN CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENTS.

PART VI, SECTION B, ITEM 15

COMPENSATION:

THE EXECUTIVE DIRECTOR'S REVIEW, RESULTING IN A RECOMMENDATION CONCERNING SALARY AND COMPENSATION, IS OVERSEEN BY A TEAM OF BOARD MEMBERS. THEIR RECOMMENDATIONS ARE PRESENTED AND APPROVED BY THE FULL BOARD'S VOTE. OTHER TOP LEVEL STAFF ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND COMPENSATION FUNDS ARE BUDGETED AT THE BEGINNING OF THE YEAR TO BE USED BASED ON THE EMPLOYEE'S PERFORMANCE REVIEW. SALARY DATA, FROM SOURCES SUCH AS ABBOTT & LANGER, GUIDE STAR, AND NON PROFIT TIMES IS USED TO ENSURE AN ACCURATE COMPARATIVE ANALYSIS.

PROCESS OF REVIEWING THE FORM 990

PART VI, SECTION B ITEM 11

A COPY OF THE RETURN IS SENT TO EXECUTIVE DIRECTOR AND OUTSIDE ACCOUNTANT FOR NUMERICAL AND SUBSTANTIVE REVIEW.

**FINAL FILING COPY**

Name of the organization LAKEVIEW PANTRY	Employer identification number 36-2734184
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ATTACHMENT 1 (CONT'D)

PUBLIC DISCLOSURE

PART VI, SECTION C, ITEM 19

ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING NORMAL BUSINESS HOURS.

OTHER EXPENSES (ITEMIZED)

PART IX, LINE 24

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICE	(C) MGMT	(D) FUNDRAISING
-----	-----	-----	-----	-----
BANK CHARGE	8,986	0	449	8,537
MISCELLANEOUS	44,112	19,850	14,116	10,146
VOLUNTEERS	143,006	143,006	0	0
-----	-----	-----	-----	-----
TOTAL	196,104	162,856	14,565	18,683

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LAKEVIEW PANTRY OPENED ITS DOORS IN 1970 WITH THE MISSION OF PROVIDING FOOD TO THOSE LIVING BELOW THE POVERTY LEVEL. TODAY WE NOT ONLY DISTRIBUTE GROCERIES, BUT ALSO HELP CLIENTS ADDRESS THE ISSUES THAT OFTEN LEAD TO FOOD INSECURITY, SUCH AS UNEMPLOYMENT AND HOUSING INSTABILITY.

LAKEVIEW PANTRY IS ONE OF THE LONGEST-LIVED FOOD PANTRIES IN CHICAGO. IT BEGAN OPERATION IN 1969 THROUGH THE EFFORTS OF A FEW DEDICATED NEIGHBORS WHO WANTED TO HELP PEOPLE IN THEIR COMMUNITY WHO WERE STRUGGLING TO SECURE THE FOOD THEY NEEDED.

FINAL FILING COPY

Name of the organization

Employer identification number

LAKEVIEW PANTRY

36-2734184

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	1,965.			1,965.
TOTALS	<u>1,965.</u>			<u>1,965.</u>

**Description of Property**

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
CABINETS	03/31/2000	2,025.	100.000			2,025.	2,025.	2,025.	SL		7.000				
FURNITURE & EQUIPM	05/30/2003	1,204.	100.000			1,204.	960.	1,132.	SL		7.000				172.
FURNITURE & EQUIPM	07/01/2005	8,520.	100.000			8,520.	4,260.	5,477.	SL		7.000				1,217.
2001 FORD TRUECONO	07/12/2001	23,317.	100.000			23,317.	23,317.	23,317.	SL		5.000				
FORD WINDSTAR	02/27/2004	13,543.	100.000			13,543.	13,093.	13,453.	SL		5.000				360.
LEASEHOLD IMPROVEM	08/23/2002	67,357.	100.000			67,357.	15,613.	18,062.	SL		27.500				2,449.
LEASEHOLD IMPROVEM	01/08/2003	2,586.	100.000			2,586.	560.	654.	SL		27.500				94.
LEASEHOLD IMPROVEM	07/31/2004	2,301.	100.000			2,301.	374.	458.	SL		27.500				84.
LEASEHOLD IMPROVEM	07/01/2005	27,075.	100.000			27,075.	3,406.	4,391.	SL		27.500				985.
LEASEHOLD IMPROVEM	07/01/2006	1,273.	100.000			1,273.	115.	161.	SL		27.500				46.
OFFICE EQUIPMENT	05/15/2004	608.	100.000			608.	569.	601.	SL		5.000				32.
OFFICE EQUIPMENT	07/01/2005	4,804.	100.000			4,804.	3,363.	4,324.	SL		5.000				961.
OFFICE EQUIPMENT	07/01/2006	779.	100.000			779.	390.	546.	SL		5.000				156.
OFFICE EQUIPMENT	04/01/2007	5,847.	100.000			5,847.	2,046.	3,215.	SL		5.000				1,169.
FURNITURE & EQUIPM	08/07/2008	77.	100.000			77.	5.	16.	SL		7.000				11.
LEASEHOLD IMPROVEM	11/04/2008	695.	100.000			695.	4.	29.	SL		27.500				25.
OFFICE EQUIPMENT	01/31/2008	345.	100.000			345.	63.	132.	SL		5.000				69.
OFFICE EQUIPMENT	03/13/2008	460.	100.000			460.	77.	169.	SL		5.000				92.
OFFICE EQUIPMENT	03/28/2008	880.	100.000			880.	132.	308.	SL		5.000				176.
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>						173,932.	70,465.	79,424.							8,959.

**Listed Property**

Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>															
<b>TOTALS . . . . .</b>		173,932.				173,932.	70,465.	79,424.							8,959.

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS . . . . .</b>							

\*Assets Retired  
JSA  
9X9024 1.000