

Short Form Return of Organization Exempt From Income Tax

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

2012

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning _____, **2012, and ending** _____,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>Lincoln Hills Foundation P.O. Box 220 Lincoln, CA 95648</p>	<p>D Employer identification number 68-0488670</p> <p>E Telephone number 916-434-6852</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.lincolnhillsfoundation.org

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

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 87,140.

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

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

	1 Contributions, gifts, grants, and similar amounts received	1	35,854.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	2,409.
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		29,639.
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		19,238.
	c Less: direct expenses from gaming and fundraising events 6c		22,226.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		26,651.
	7a Gross sales of inventory, less returns and allowances 7a		
	b Less: cost of goods sold 7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		
	8 Other revenue (describe in Schedule O) 8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ 9		64,914.
	10 Grants and similar amounts paid (list in Schedule O) See Schedule O 10		32,904.
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		500.
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		2,789.
	16 Other expenses (describe in Schedule O) See Schedule O 16		6,199.
	17 Total expenses. Add lines 10 through 16. ▶ 17		42,392.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		22,522.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		273,576.
	20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O 20		4,645.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ 21		300,743.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	273,576.	300,678.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O		65.
25 Total assets	273,576.	300,743.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,576.	300,743.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Provided grants to various community organizations to further the Foundation's mission of enriching the lives of local seniors.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Vernon Chong Grant Chair	3	0.	0.	0.
Debbie Wagner Director	2	0.	0.	0.
Bob Free Treasurer	24	0.	0.	0.
Jean Ebenholtz Secretary	8	0.	0.	0.
John Eberhardt Director	2	0.	0.	0.
Barbara Oden Director	2	0.	0.	0.
Dennis Wagner Director	2	0.	0.	0.
John Farley Director	2	0.	0.	0.
Jerry Johnson President	2	0.	0.	0.
David Hathaway Director	2	0.	0.	0.
Jim Helzer Vice President	2	0.	0.	0.
Klara Kleman Director	2	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

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

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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		X
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b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

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

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

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

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

Sign Here

Signature of officer _____ Date _____

Bob Free _____ **Treasurer**

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Jennifer M. Jensen, CPA	Jennifer M. Jensen, CPA			P00544955
Firm's name ▶ JENSEN SMITH CPAs	Firm's EIN ▶ 20-3009309		Phone no. 9164341662	
Firm's address ▶ PO BOX 160	LINCOLN, CA 95648			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Lincoln Hills Foundation	Employer identification number 68-0488670
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	37,609.	26,828.	37,023.	49,319.	35,354.	186,133.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	37,609.	26,828.	37,023.	49,319.	35,354.	186,133.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						186,133.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	37,609.	26,828.	37,023.	49,319.	35,354.	186,133.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,619.	5,332.	4,724.	5,346.	2,409.	22,430.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						208,563.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	89.25 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	87.71 %
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<u>Dine Around Li</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add column (a) through column (c))	
1	Gross receipts	15,338.		15,338.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	15,338.		15,338.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,547.		7,547.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,547.
11	Net income summary. Combine line 3, column (d), and line 10			7,791.	

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
				(add column (a) through column (c))	
1	Gross revenue	25,880.	3,759.	29,639.	
DIRECT EXPENSES	2	Cash prizes	10,815.	1,600.	12,415.
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses	1,428.	836.	2,264.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			14,679.	
8	Net gaming income summary. Combine lines 1, column (d) and line 7			14,960.	

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Lincoln Hills Foundation

Employer identification number

68-0488670

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

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

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

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

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

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

Lincoln Hills Foundation

68-0488670

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

Class of Activity:	NON PROFIT	
Donee's Name:	Seniors First	
Donee's Address:	11566 D Avenue	
	Auburn, CA 95603	
Relationship of Donee:	None	
Cash Amount Given:		\$ 16,500.

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

Advertising and Promotion.....	\$	395.
Bank Charges.....		1,354.
Conference/Convention/Meeting.....		10.
Equipment.....		99.
Insurance.....		1,140.
Membership dues.....		135.
Office Expenses.....		88.
P.O. Box.....		218.
Postage.....		419.
Printing & Copying.....		1,919.
Required State Fees.....		45.
Signs/Banners/Bags.....		18.
Supplies Expenses.....		252.
Website.....		107.
	Total	\$ 6,199.

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments.....	\$	4,645.
	Total	\$ 4,645.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges.....	\$ 0.	\$ 65.
	Total	\$ 65.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year **2012** or other tax year beginning _____, 2012, and ending _____, _____

2012

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)	Print or Type	(<input type="checkbox"/> Check box if name changed and see instructions.) Lincoln Hills Foundation P.O. Box 220 Lincoln, CA 95648	D Employer identification number (Employees' trust, see instructions.) 68-0488670 E Unrelated business activity codes (see instructions.)
C Book value of all assets at end of year 300,743.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **Bob Free** Telephone number ▶ **916-645-5380**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach statement) See Statement 1	12		
13 Total.	Combine lines 3 through 12	13	1,323.	1,323.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)
(except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach statement)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach statement)	28		
29 Total deductions.	Add lines 14 through 28	29		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		1,323.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		1,323.
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		323.

Part III Tax Computation

35 Organizations Taxable as Corporations. (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34.....		35 c	48.
36 Trusts taxable at trust rates. (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		36	
37 Proxy tax. (see instructions).....		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....		39	48.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	40 a		
b Other credits (see instructions).....	40 b		
c General business credit. Attach Form 3800 (see instructions).....	40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40 d		
e Total credits. Add lines 40a through 40d.....	40 e		0.
41 Subtract line 40e from line 39.....	41		48.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	42		
43 Total tax. Add lines 41 and 42.....	43		48.
44 a Payments: A 2011 overpayment credited to 2012.....	44 a		
b 2012 estimated tax payments.....	44 b		
c Tax deposited with Form 8868.....	44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44 d		
e Backup withholding (see instructions).....	44 e		
f Credit for small employer health insurance premiums (Attach Form 8941).....	44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total...▶	44 g		
45 Total payments. Add lines 44a through 44g.....	45		0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47		48.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48		
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ Refunded ▶	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes', see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach statement)	4 a				Yes
b Other costs (att. stmt.).....	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		No
5 Total. Add lines 1 through 4b.....	5				

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

Signature of officer _____ Date _____ Title **Treasurer** May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
Jennifer M. Jensen, CPA **Jennifer M. Jensen, CPA** _____ **P00544955**
 Firm's name ▶ **JENSEN SMITH CPAs** Firm's EIN ▶ **20-3009309**
 Firm's address ▶ **PO BOX 160**
LINCOLN, CA 95648 Phone no. **9164341662**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(2)		
(3)		
(4)		
Total		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach stmt)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5 Average adjusted basis of or allocable to debt-financed property (attach statement)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on page 1, Part II, line 14. ▶

Statement 1
Form 990-T, Part I, Line 12
Other Income

Net Income (Loss) From Special Events.....	\$	1,323.
	Total	<u>1,323.</u>

Statement 2
Form 990-T, Part II, Line 20
Charitable Contributions

Charitable Contributions.....	\$	0.
Income Percent Limit.....		32.
Allowed Charitable Contributions		<u>0.</u>

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name

LINCOLN HILLS FOUNDATION

Address (suite, room, or PMB no.)

P.O. BOX 220

City

LINCOLN

State

CA

ZIP Code

95648

California corporation number

C2372745

FEIN

68-0488670

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final Return Dissolved Surrendered (Withdrawn)
 - Merged/Reorganized Enter date: _____

E Check accounting method:

- 1 Cash 2 Accrual 3 Other

F Federal return filed?

- 1 990T 2 990 (PF) 3 Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No

If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? Yes No

If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No

If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

CACA1112L 10/11/12

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	51,286.	
	2	Gross dues and assessments from members and affiliates.	●	2		
	3	Gross contributions, gifts, grants, and similar amounts received.	●	3	35,854.	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.				
	This line must be completed. If the result is less than \$50,000, see General Instruction B ...				4	87,140.
	5	Cost of goods sold.	●	5		
	6	Cost or other basis, and sales expenses of assets sold.	●	6		
	7	Total costs. Add line 5 and line 6.		7		
Expenses	8	Total gross income. Subtract line 7 from line 4.	●	8	87,140.	
	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	64,618.	
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	22,522.	
	11	Filing fee \$10 or \$25. See General Instruction F.		11		
	12	Total payments.		12		
	13	Penalties and Interest. See General Instruction J.		13		
	14	Use tax. See General Instruction K.	●	14		
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.		15		

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

Sign Here	Signature of officer	TREASURER	Title	Date	● Telephone
					916-434-6852
Paid Preparer's Use Only	Preparer's signature	JENNIFER M. JENSEN, CPA	Date	Check if self-employed <input type="checkbox"/>	● PTIN
	Firm's name (or yours, if self-employed) and address	JENSEN SMITH CPAS PO BOX 160 LINCOLN, CA 95648			P00544955
					● FEIN
					20-3009309
					● Telephone
					9164341662

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	1,395.
	3	Dividends	●	3	1,014.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule.	●	7	48,877.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	51,286.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	32,904.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule	●	17	31,714.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	64,618.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		273,576.	●	300,678.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM. 5			●	65.
13	Total assets		273,576.		300,743.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		273,576.	●	300,743.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		273,576.		300,743.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	22,522.	7	Income recorded on books this year not included in this return. Attach sch.	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6		22,522.
6	Total. Add line 1 through line 5		22,522.				

Lincoln Hills Foundation

68-0488670

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

Income from Special Events.....	\$ 48,877.
Total	<u>\$ 48,877.</u>

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

Class of Activity:	NON PROFIT	
Donee's Name:	Seniors First	
Donee's Street Address:	11566 D Avenue	
Donee's City, State, ZIP:	Auburn, CA 95603	
Relationship of Donee:	None	
Amount Given:		\$ 16,500.

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

Class of Activity:	NON PROFIT	
Donee's Name:	Neighborhood Watch	
Donee's Street Address:	202 Mariemont Court	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		675.

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

Class of Activity:	NON PROFIT	
Donee's Name:	Friends of the Lincoln Library	
Donee's Street Address:	P.O. Box 394	
Donee's City, State, ZIP:	Lincoln, CA 95648	
Relationship of Donee:	None	
Amount Given:		2,200.

Class of Activity:	NON PROFIT	
Donee's Name:	Del Oro Caregivers' Resource	
Relationship of Donee:	None	
Amount Given:		5,000.

Class of Activity:	NON PROFIT	
Donee's Name:	Alzheimers Caregivers Support Group	
Relationship of Donee:	None	
Amount Given:		1,500.

Lincoln Hills Foundation

68-0488670

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

Class of Activity:	NON PROFIT		
Donee's Name:	Bereavement Group		
Relationship of Donee:	None		
Amount Given:		\$	250.
Class of Activity:	NON PROFIT		
Donee's Name:	Parkison's Support Group		
Relationship of Donee:	None		
Amount Given:			1,570.
Class of Activity:	NON PROFIT		
Donee's Name:	Fibromyalgia Support Group		
Relationship of Donee:	None		
Amount Given:			500.
Class of Activity:	NON PROFIT		
Donee's Name:	Multiple Sclerosis Group		
Relationship of Donee:	None		
Amount Given:			705.
Class of Activity:	NON PROFIT		
Donee's Name:	AARP		
Relationship of Donee:	None		
Amount Given:			100.
Class of Activity:	NON PROFIT		
Donee's Name:	Adaptive Golf		
Relationship of Donee:	None		
Amount Given:			1,704.
		Total \$	<u>32,904.</u>

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

Current Officers:

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Vernon Chong P.O. Box 220 Lincoln, CA 95648	Grant Chair 3.00	\$ 0.	\$ 0.	\$ 0.
Debbie Wagner PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.

Lincoln Hills Foundation

68-0488670

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

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Bob Free P.O. Box 220 Lincoln, CA 95648	Treasurer 24.00	\$ 0.	\$ 0.	\$ 0.
Jean Ebenholtz P.O. Box 220 Lincoln, CA 95648	Secretary 8.00	0.	0.	0.
John Eberhardt PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Barbara Oden P.O. Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Dennis Wagner PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
John Farley P.O. Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Jerry Johnson P.O. Box 220 Lincoln, CA 95648	President 2.00	0.	0.	0.
David Hathaway P.O. Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Jim Helzer PO Box 220 Lincoln, CA 95648	Vice President 2.00	0.	0.	0.
Klara Kleman PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Accounting Fees.....	\$	500.
Advertising and Promotion.....		395.
Bank Charges.....		1,354.
Conference/Convention/Meeting.....		10.
Equipment.....		99.
Insurance.....		1,140.
Membership dues.....		135.
Office Expenses.....		88.
P.O. Box.....		218.
Postage.....		419.
Postage and Shipping.....		830.
Printing & Copying.....		1,919.
Printing and Publications.....		1,959.
Required State Fees.....		45.
Signs/Banners/Bags.....		18.
Special Event Expenses.....		22,226.
Supplies Expenses.....		252.
Website.....		107.
	Total \$	<u>31,714.</u>

Statement 5
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges.....		65.
	Total \$	<u>65.</u>

California Exempt Organization Business Income Tax Return

Calendar Year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

Corporation/Organization Name LINCOLN HILLS FOUNDATION		California corporation number C2372745	
Address (suite, room, or PMB no.) P.O. BOX 220		FEIN 68-0488670	
City LINCOLN	State CA	ZIP Code 95648	

A First Return Filed? Yes No

B Is this an education IRA within the meaning of R&TC Section 23712? Yes No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

D Final Return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 Enter date _____

E Amended Return Yes No

F Accounting Method Used: (1) Cash (2) Accrual (3) Other

G Nature of trade or business _____

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No

I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No

K Unrelated Business Activity (UBA) Code _____

L Is this a Hospital? Yes No
 If "Yes," attach IRS Schedule H (Form 990)

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30. ●	1	323.
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 6 or Part B, line 2. See instructions. ●	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1. ●	3	323.
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30. ●	4	
Tax Computation	5 Unrelated business taxable income from line 3 or line 4. ●	5	323.
	6 Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses. ●	6	
	7 Net Operating Loss deduction. See General Information N. ●	7	
	8 Add line 6 and line 7. ●	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5. ●	9	323.
	10 Tax 8.84 % x line 9. See General Information J. ●	10	29.
	11 a New jobs credit, amount generated. ● a) _____ 11 b) Amount claimed. ●	11 b)	
c Tax credits from Schedule B. See instructions. ●	11 c)		
d Total Credits. Add line 11b and 11c. ●	11 d)		
Total Tax	12 Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-. ●	12	29.
	13 Alternative minimum tax. See General Information O. ●	13	
	14 Total tax. Add line 12 and line 13. ●	14	29.
Payments	15 Overpayment from a prior year allowed as a credit. ●	15	
	16 2012 estimated tax payments. See instructions. ●	16	
	17 2012 withholding (Form 592-B and/or 593.) See instructions. ●	17	
	18 Amount paid with extension (form FTB 3539). ●	18	
	19 Total payments and credits. Add line 15 through line 18. ●	19	
Refund (Direct Deposit of Refund) or Amount Due	20 Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions. ●	20	29.
	21 Overpayment. Subtract line 14 from line 19. See instructions. ●	21	
	22 Enter amount of line 21 to be applied to 2013 estimated tax. ●	22	
	23 Use tax. See instructions. ●	23	
	24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21. ●	24	
	a Fill in the account information to have the refund directly deposited. Routing number ●	24 a)	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ●	24 c)	
	25 Penalties and interest. See General Information M. ●	25	1.
26 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result. ●	27	30.	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales	b	Less returns and allowances	c	Balance.	●	1 c		
2	Cost of goods sold and/or operations (Schedule A, line 7)						●	2	
3	Gross profit. Subtract line 2 from line 1c						●	3	
4 a	Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)						●	4 a	
b	Net gain (loss) from Part II, Schedule D-1						●	4 b	
c	Capital loss deduction for trusts						●	4 c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule						●	5	
6	Rental income (Schedule C)						●	6	
7	Unrelated debt-financed income (Schedule D)						●	7	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)						●	8	
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)						●	9	
10	Exploited exempt activity income (Schedule G)						●	10	
11	Advertising income (Schedule H, Part III, Column A)						●	11	
12	Other income. Attach schedule SEE STATEMENT 1						●	12	1,323.
13	Total unrelated trade or business income. Add line 3 through line 12						●	13	1,323.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I						●	14	
15	Salaries and wages						●	15	
16	Repairs						●	16	
17	Bad debts						●	17	
18	Interest. Attach schedule						●	18	
19	Taxes. Attach schedule						●	19	
20	Contributions. See instructions and attach schedule						●	20	
21 a	Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)						●	21 a	
b	Less: depreciation claimed on Schedule A. See instructions						●	21 b	
22	Depletion. Attach schedule						●	22	
23 a	Contributions to deferred compensation plans						●	23 a	
b	Employee benefit programs. See instructions						●	23 b	
24	Other deductions. Attach schedule						●	24	
25	Total deductions. Add line 14 through line 24						●	25	
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13						●	26	1,323.
27	Excess advertising costs (Schedule H, Part III, Column B)						●	27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26						●	28	1,323.
29	Specific deduction. See instructions						●	29	1,000.
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28						●	30	323.

Sign Here

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

Signature of officer	Title	Date	Telephone
	TREASURER		916-434-6852

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	PTIN
JENNIFER M. JENSEN, CPA		<input type="checkbox"/>	P00544955
Firm's name (or yours, if self-employed) and address			FEIN
JENSEN SMITH CPAS			20-3009309
PO BOX 160			Telephone
LINCOLN, CA 95648			9164341662
May the FTB discuss this return with the preparer shown above? See instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
4b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.

1	Enter credit name _____ code no. _____	1	
2	Enter credit name _____ code no. _____	2	
3	Enter credit name _____ code no. _____	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c	4	

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name _____	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Is this organization electing the Alternate Method – Single-Sales Factor Formula?
 If 'Yes,' complete Part B. If 'No,' complete Part A. Yes No

Part A. Standard Method – Three Factor Formula. Complete if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.)	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

Part B. Alternate Method – Single-Sales Factor Formula. Complete if the corporation elects the single-sales factor formula. This is an irrevocable annual election	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property		
					%		
					%		
					%		
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%					
(a)	Deductions directly connected (attach schedule)	(a)	Gross income reportable, column 2 x column 3	(b)	Deductions directly connected with personal property (att sch)	(c)	Net income includible, column 5(a) less column 5(b)
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6							

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7.....					

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8.....					
Enter gross income from members (dues, fees, charges, or similar amounts).....					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10.....					
5 Add columns 6 and 11.....					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9.....					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10.....							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

2012

5806

Underpayment of Estimated Tax by Corporations

For calendar year 2012 or fiscal year beginning month _____ day _____ year 2012, and ending month _____ day _____ year _____

Corporation name **LINCOLN HILLS FOUNDATION** California corporation number **C2372745**

Part I Figure the Underpayment

1	Current year's tax. See instructions.				1	29.
		(a)	(b)	(c)		(d)
2	Installment due dates. See instructions.	2	4/16/12	6/15/12	9/17/12	12/17/12
3	Percentage required. See instructions.	3	30% (not less than min.)	70% less 1st	70% less prior	100% less prior
4	Amount due. See instructions.	4	9.	11.		9.
5 a	Amount paid or credited for each installment.	5 a				
5 b	Overpayment from previous installment. See instructions.	5 b				
6	Add line 5a and line 5b.	6				
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). (If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.)	7	9.	11.		9.

Part II Exceptions to the Penalty

If Exception A, line 8a is met for all four installments, do not attach this form to the return.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A — Regular Corporations, line 26.								
8 b	Exception A — Large Corporations. See instructions.								
9	Exception B (line 42) met?								
10	Exception C (line 64) met?								

Part III Figure the Penalty If line 7 shows an underpayment for any installment and one of the three exceptions was not met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.	11	5/15/13	5/15/13		5/15/13
12	Number of days from date shown on line 2 to date shown on line 11.	12	394	334		149
13	Number of days on line 12 before 7/01/12.	13	75	15		
14	Number of days on line 12 after 6/30/12 and before 1/01/13.	14	184	184		14
15	Number of days on line 12 after 12/31/12 and before 7/01/13.	15	135	135		135
16	Number of days on line 12 after 6/30/13 and before 1/01/14. See instructions.	16				
17	Number of days on line 12 after 12/31/13 and before 2/15/14.	17				
18	No. of days on line 13 x 4% x line 7 No. of days in taxable year	18	0.07	0.02		
19	No. of days on line 14 x 3% x line 7 No. of days in taxable year	19	0.14	0.17		0.01
20	No. of days on line 15 x 3% x line 7 No. of days in taxable year	20	0.10	0.12		0.10
21	No. of days on line 16 x % (see instrs) x ln 7 No. of days in taxable year %	21				
22	No. of days on line 17 x % (see instrs) x ln 7 No. of days in taxable year %	22				
22 a	Add amounts for each column from line 18 through line 22.	22 a	0.31	0.31		0.11
22 b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 42a; Form 100W, line 41a; Form 100S, line 41a; or Form 109, line 25.	22 b				1.

Part IV Exceptions Worksheets Even if line 7 shows an underpayment for any installment, the Franchise Tax Board (FTB) will not assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

Exception A – Prior Year's Tax – Regular Corporations

23 Prior year's tax (the return must have been for a full 12 months).....										23	
		(a)		(b)		(c)		(d)			
		30% (not less than min.)		70%		70%		100%			
24 Enter line 23 x the percentage shown.										24	
25 Amount paid by the installment due date (cumulative).....										25	
26 If line 25 is greater than line 24, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 8a. If line 24 is greater than line 25, the exception was not met. Check 'No' here and check the applicable 'No' box in Part II, line 8a.										26	
		Yes	X No	Yes	X No	Yes	X No	Yes	X No		

Exception A – Prior Year's Tax – Large Corporations

Use this exception only if prior year tax is less than current year tax.

27 Current year's tax					27	
			1st Installment		2nd Installment	
28 a Installment due. Enter line 23 x 30%.....					28a	
b Installment due. Enter line 27 x 70%.....					28b	
29 Amount paid by the installment due date (cumulative).....					29	
30 Compare the amount on line 28 with the amount on line 29. If line 28 is greater than line 29, the exception was not met. Check 'Yes' or 'No' and check applicable boxes on line 8b. To meet this exception you must check 'Yes' for both installments.					30	
		Yes	No	Yes	No	

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B – Tax on Annualized Current Year Income

Enter number of months for each period. See instructions ▶

										(a)		(b)		(c)		(d)			
31 Enter taxable income for each annualization period										31									
32 Annualization amounts. See instructions.										32									
33 a Annualized taxable income. Multiply line 31 by line 32										33a									
b R&TC Section 23802(e) deduction (S corps only) ..										33b									
c Net income. Subtract line 33b from line 33a										33c									
34 Tax. Multiply line 33c by the current tax rate										34									
35 Tax credits for each payment period										35									
36 Subtract line 35 from line 34										36									
37 Other taxes*										37									
38 Total tax. Add line 36 and line 37										38									
39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3										39		30%		70%		70%		100%	
40 Installment due. Multiply line 38 by line 39										40		(not less than min)							
41 Amount paid by the installment due date (cumulative).....										41									
42 If line 41 is greater than line 40, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 9. If line 40 is greater than line 41, the exception was not met. Check 'No' here and check the applicable 'No' box in Part II, line 9.										42		Yes	No	Yes	No	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income tax, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Part IV Exceptions Worksheets Continued

Exception C – Tax on Annualized Seasonal Income		(a)	(b)	(c)	(d)				
		1st 3 months	1st 5 months	1st 8 months	1st 11 months				
43	Enter taxable income for the following periods:								
43 a	Taxable year beginning in 2009.								
43 b	Taxable year beginning in 2010.								
43 c	Taxable year beginning in 2011.								
44	Enter taxable income for each period for the taxable year beginning in 2012 ...								
		1st 4 months	1st 6 months	1st 9 months	Entire year				
45	Enter taxable income for the following periods:								
45 a	Taxable year beginning in 2009.								
45 b	Taxable year beginning in 2010.								
45 c	Taxable year beginning in 2011.								
46	Divide the amount in each column on line 43a by the amount in column (d) on line 45a.								
47	Divide the amount in each column on line 43b by the amount in column (d) on line 45b.								
48	Divide the amount in each column on line 43c by the amount in column (d) on line 45c.								
49	Add line 46 through line 48.								
50	Divide line 49 by 3.								
		1st 4 months	1st 6 months	1st 9 months	Entire year				
51 a	Divide line 44 by line 50.								
51 b	R&TC Section 23802(e) deduction. (S corp only) . . .								
51 c	Net income. Subtract line 51b from line 51a.								
52	Tax. Multiply line 51c by the current tax rate.								
53	Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a.								
54	Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b.								
55	Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c.								
56	Add line 53 through line 55.								
57	Divide line 56 by 3.								
58	Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)								
59	Tax credits for each payment period.								
60	Subtract line 59 from line 58.								
61	Other taxes*								
		(not less than min.)							
62	Total tax. Add line 60 and line 61.								
63	Amount paid by the installment due date (cumulative).								
64	If line 63 is greater than line 62, the exception was met. Check 'Yes' here and check the applicable 'Yes' box in Part II, line 10. If line 62 is greater than line 63, the exception was not met. Check 'No' here and check the applicable 'No' box in Part II, line 10	Yes	No	Yes	No	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Statement 1
Form 109, Part I, Line 12
Other Income

Net Income (Loss) from Special Events.....	\$	<u>1,323.</u>
Total	\$	<u><u>1,323.</u></u>

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



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

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/12 ending 12/31/12) list:
 Gross annual revenue \$ 64,914. Total assets \$ 300,743.

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

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

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

Organization's area code and telephone number 916-434-6852
 Organization's e-mail address PRESIDENT@LINCOLNHILLSFOUNDATION.ORG

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

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