Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or
private foundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All
other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The expressions may be be the Uses a copy of this party of the section 512(b) and the end of the year may use this form.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For the 2009 calendar year, or tax year beginning and ending								
В	Check if	C Name of organization					D Emplo	yer i	dentification number
	Addre	use IRS							
┌	Name change	PARTY PARTY OF DADE DIDGE NED	26-4243224						
	Initial)		R	oom/suite	E Telep	hone	number
	Term						1_	84	7-823-1320
	Amer	rded trops City or town, state or country, and ZIP + 4					F Group) Exe	mption
	Applic	PARK RIDGE, IL 60068					Numt		
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attack	а соп	nple	ted	G Accoun	tıng met	hod	X Cash Accrual
		Schedule A (Form 990 or 990-EZ).				Other (s	pecify)	<u> </u>	
	Websil								he organization is not
<u>J</u>	Tax-ex	empt status (check only one) — 🗶 501(c) (6) ◀ (insert no) 🔲 4947(a)(fule B (Form 990, 990-EZ or 990-PF)
K	Check							an \$2	25,000 A Form 990-EZ or
_		Form 990 return is not required, but if the organization chooses to file a return						•	162 201
		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 9 Revenue, Expenses, and Changes in Net Assets or Fund	990 ins	tead	of Forn	n 990-EZ		<u> </u>	163,391.
P	art I		J Dai	an	ces (5	ee (ne instru	cuons re		55,414.
	1	Contributions, gifts, grants, and similar amounts received					-	2	107,127.
	2	Program service revenue including government fees and contracts					-	3	107,127.
	3	Membership dues and assessments					-	4	850.
	4	Investment income Gross amount from sale of assets other than inventory	5a	I			<u> </u>	•	
	5a	Less cost or other basis and sales expenses	5b	+-					
9	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	OU		,		一	5c	
APRRevenue 010	6	Special events and activities (complete applicable parts of Schedule G). If any amount	ıs from	а	nina, ch	eck here	<u> </u>		
eau.	a	Gross revenue (not including \$ of contributions		30.			-[
€	-	reported on line 1)	l 6a	İ					
∝	ь	Less direct expenses other than fundraising expenses	6b						
A	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c	
	7a	Gross sales of inventory, less returns and allowances	7a						
Щ	b	Less cost of RegistrativeD	7b	$oldsymbol{ol}}}}}}}}}}}}}}$					
Ź	C	B Other revenue (describe)						7c	
SCANNED	В							8	
8	9	Tota Frewenus Add libe 21,2010, 5c, 66,7c, and 8						9	163,391.
	10	Grants and similar amounts paid (attack/gchedule)					-	10	
	11	Bearits parts The There is a second of the s					F	11	
es	12	Salaries, other compensation, and employee benefits					}	12	8,368.
Expenses	13	Professional fees and other payments to independent contractors					}	13	25,258.
쯦	14	Occupancy, rent, utilities, and maintenance					-	14	2,830.
	15	Printing, publications, postage, and shipping	वयः	S1	ים חיב	MENT		15 15	61,714.
	16		تادار		IAID	PILITY	 ' -	17	98,170.
_	17	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)						18	65,221.
ş	19	Net assets or fund balances at beginning of year (from line 27, column (A))							55,222
SSe	19	(must agree with end-of-year figure reported on prior year's return)					Í	19	0.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)						20	
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	•				_	21	_65,221.
Part # Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ									
•	W/ C 17	(See the instructions for Part II)		T		Beginning of			(B) End of year
22	Cas	sh, savings, and investments		ľ			0.	22	68,696.
23		ad and buildings		Ī				23	
24		other assets (describe ► PREPAID EXPENSES) 0						24	1,000.
25		al assets .					0.	25	69,696.
20		al liabilities (describe DEFERRED REVENUE)[0.		4,475.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)		\Box			0.	27	65,221.
933	2171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	tructio	ns.					Form 990-EZ (2009)

	m 990-EZ (2009) TASTE OF PARK RIDGE NFP			<u> 26-</u>	42432	24 Page 2
P	art III Statement of Program Service Accomplishmer	nts (See the instructions for	Part III)		Ex	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	3				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp		ise manner, descri	be) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	(ext) doses, optional
	TASTE OF PARK RIDGE FESTIVAL - A TH			TE		
	THE PARK RIDGE COMMUNITY AND LOCAL				1 1	
	(Grants \$) If this amount includes foreign g	vrante chack hare			28a	
29	(Grants \$) If this amount includes foreign g	grants, check here			200	
45						
					200	
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30						
					1 1	
	(Grants \$) If this amount includes foreign g	grants, check here	<u> </u>	<u>لــا</u>	30a	
31	Other program services (attach schedule)		_		L. I	
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	ب	31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one en	en if not compensated			
		(b) Title and average hours	(c) Compensation		ntnbutions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
		PRESIDENT				
	VENUE, MORTON GROVE, IL 60053	0.00	0.		0.	0.
		SECRETARY				
A]	I, PARK RIDGE, IL 60068	0.00	0.		0.	0.
	AMES BRUNO, 501 SOUTH WESTERN	TREASURER				
Ā	JENUE, PARK RIDGE, IL 60068	0.00	0.		0.	0.
DI	EAN PATRAS, 1621 WEST HABBERTON	DIRECTOR				
ĀΪ	JENUE, PARK RIDGE, IL 60068	0.00	0.		0.	0.
SZ	ANDRA SVIZZERO, 8143 WEST WINNEMAC	DIRECTOR				
	JENUE, NORRIDGE, IL 60706	0.00	0.		0.	0.
	ARBARA TYSINSKI	DIRECTOR				
11	14 MAIN STREET, PARK RIDGE, IL 60068	0.00	0.	l	0.	0.
		DIRECTOR				
	DSEMONT, IL 60018	0.00	0.	ĺ	0.	0.
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932	7/2 08-10	2			Form	990-EZ (20 0 9)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? if "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		}	
	and proxy tax requirements?	35a	ŀ	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36	ŀ	Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	376		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► N/A section 4912 ► N/A section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
Ī	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
c	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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_	organization N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ▶ DAVID IGLOW Telephone no ▶ 1-847-	823	-13	20
		006		
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
Ĭ	If "Yes," enter the name of the foreign country			
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	N/A		
		-	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	\Box		 ,
. •	Form 990-EZ	44	ĺ	X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			*******
	completed instead of Form 990-EZ	45		Х
		Form 9	90-F7	
			(-000)

rom	1990-EZ (2009) TASTE OF PARK RIDGE NEP			20-4243		Page 4
Pa	organizations and section 4947(a)(1) nonexempt charitable t and 51.					
46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to	candidates for public		1	es No
	office? If "Yes," complete Schedule C, Part I			ſ	46	33,10
47	Did the organization engage in lobbying activities? If "Yes," complete Sche	edule C. Part II		Ì	47	-
48	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,				48	_
		•		}	49a	
	If "Yes," was the related organization a section 527 organization?	agamzanon.		ŀ	49b	
	•	a (athau than affice durant		ا ده محدد (محمد داموس		
50	Complete this table for the organization's five highest compensated employee than \$100,000 of compensation from the organization. If there is none, enter	-	ors, trustees and key e	empioyees) who ea	ich rece	vea more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hour per week devoted to position	s (c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	acc	Expense ount and allowances
		-				
f 51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization if there is none, enter "None" N/A	ent contractors who each rec	eived more than \$100	,000 of compensa	ition froi	m the
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of se	rvice (c) Compe	insation
			-			
			_			
đ	Total number of other independent contractors each receiving over \$100,000		>			
Sign Here		ompanying schedules and statem formation of which preparer has a	ents, and to the best of m ny knowledge	y knowledge and bel Date	ief, it is tn	10,
	DAVID IGLOW, PRESIDENT Type or print name and title					
	arer's (m o U	3/7//0 er	neck if self- nployed	parer's identifying nu	mber (See	Instr)
Use (Firm's name (or yours of self-employed). CERTIFIED PUBLIC ACCOUNTS	NTANTS	Phor	ne 🕨		
	address, and ZIP+4 6-6-59 N. AVONDALE CHICAG	O, IL 60631	no	(773)		<u> 1250</u>
May	the IRS discuss this return with the preparer shown above? See instructions			▶ [2	Yes	No

932174 02-08-10

Form 990-EZ (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public

Department of the Treasury

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.

Name of the organization

Employer identification number

	-	TASTE O	F PARK RIDGE	NFP					26	5-4243	224	;
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🗀	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E))							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desci	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital	's nan	ne,
	city, and stat	te:										
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, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 🗀	An organizat	on that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	oublic desc	nbed 1	ın
	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	on that normally rec	eives. (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	p fees, ar	nd gross red	ceipts	from
	activities rela	ited to its exempt fur	nctions · subject to certa	ain except	ions, and (a	2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ex) from bu	sinesses a	acquired b	y the orga	inization a	after June 3	0, 197	7 5
		509(a)(2). (Complete	· · · · · · · · · · · · · · · · · · ·									
10	-	- ,	perated exclusively to te	•	-			-				
11	•	•	perated exclusively for the		•				•			or
			ations described in secti				2). See se e	ction 509(a)(3). Che	ck the box	that	
		· · · <u></u>	organization and compl		-					l .		
	a Type		_i Type II (• •	e III • Func	-	_		لــــا ۵	Type III · C		
e		• - •	at the organization is not		-	-	•		•			'n
		•	han one or more publicly		_				e(a)(1) or s	section 509	(a)(2)	
f	•		ten determination from	ine ino in	анняату	pe i, Type	in, or Type	# III				
_	=	rganization, check th	ris oox organization accepted ai	ov off or o	ontribution	from any	of the follo	04400 DAT	eone?			
9	-		irectly controls, either a			-		- •			Yes	No
		· ·	upported organization?	ione or tog	jetner with	persons	iescribed i	in (ii) ai la l	in DeiOtt,	11g(i)	163	1.40
	_		n described in (i) above?	,						11g(ii)		
		· ·	person described in (i)		e?					11g(iii)		
h		· · · · · · · · · · · · · · · · · · ·	about the supported or							(**********		
••			шос ино осрронос о	g	(0)							
(i) Name	of supported	(ii) EIN	(ili) Type of organization	r ,	organization		u notify the	(vi) is organizati	the	(vii) An	ount o	of
orga	anization		(described on lines 1-9	, ,,	sted in your document?	•		(1) organiz U S	ed in the l	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(356 mandenons))	res	140	res	140	162	140			
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Total												
	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he instruc	tions for			Schedul	e A (Forn	n 990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	Organization	e Described in	Sections 170	(b)(4)(A)(iv) an	d 170(b)(1)(A)(Page 2
	(Complete only if you checke	_			ונטאניזאניזאן מוו		,,,
Se	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
	membership fees received. (Do not						
	Include any "unusual grants.")						
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ļ	
	the organization without charge				ļ <u>.</u>	<u> </u>	
4	Total. Add lines 1 through 3	<u></u>					
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)						
6	Public support. Subtract line 5 from line 4	<u> </u>	ł	<u> L</u>	<u> </u>		
	ction B. Total Support	4 > 0005	7 7 2000	1 () 0007	4 0 0000	4.3.0000	(A T 4.1
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		 			 	
8	Gross income from interest,						
	dividends, payments received on	[
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the			}			
	business is regularly carried on						
10	Other income. Do not include gain						
••	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and sto		····				▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Parl	t II, line 14			15	%
162	33 1/3% support test - 2009.If the o	rganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		_				
t	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual		• • •				▶□
176	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac				· ·	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organization	ation qualifies as a	publicly supporte	d organization		

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

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not	•			5/		
	include any "unusual grants.")					55,414.	55,414.
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					107,127.	107,127.
3	Gross receipts from activities that	•					
	are not an unrelated trade or bus-						
	iness under section 513			<u> </u>			
4	Tax revenues levted for the organ-			1		1	
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge					162 541	160 541
	Total. Add lines 1 through 5					162,541.	162,541.
7 <i>a</i>	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons				<u> </u>		0.
t	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.						0.
•	Add lines 7a and 7b						0.
_8	Public support (Subtract line 7c from line 6)					<u> </u>	162,541.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>		162,541	162,541.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					850	850.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b					850	850.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)					163,391	163,391.
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti		
• •	check this box and stop here	, u	,,	,	,		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (column (f))		15	99.48 %
16	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	• • • • • • • • • • • • • • • • • • • •		16	%
	ction D. Computation of Inve)		<u></u>	
17	Investment income percentage for 20					17	.52 %
18	Investment income percentage from	•	· · · · · ·			18	%
	33 1/3% support tests - 2009. If the	-		on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a	_					►X
ł	33 1/3% support tests - 2008. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	ea, or 19b, check t			P
					Sc	nedule A (Form 9	90 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		TNUOMA
ADVERTISING		7,621.
FEST MEETINGS		1,318.
BANK CHARGES		559.
CHARITABLE DONATIONS		5,381.
MISCELLANEOUS EXPENSE		85.
FEST ENTERTAINMENT EXPENSE		28,250.
ICE, WATER AND BEVERAGE		9,497.
OPERATIONS		3,021.
LIABILITY INSURANCE		2,330.
LICENSES AND FEES		1,326.
SUPPLIES		1,826.
PHOTOGRAPHY		500.
TOTAL TO FORM 990-EZ, LINE 16		61,714.

FO	RM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS , ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT 2					
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO				
B)	DID THE ORG	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO				

990-EZ PĠ 2

STATEMENT 3

TO PROMOTE BUSINESS AND PROFESSIONAL INTEREST IN THE PARK RIDGE COMMUNITY.