Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JULY 1, 2007, and ending JUNE 30, 20 08

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE KALO FOUNDATION OF PARK RIDGE

Number and street (or P O box, if mail is not delivered to street address): c/o DENNIS VAN GIESEN 110 SHORELAND DRIVE

Room/suite:

City or town, state or country, and ZIP + 4: PARK RIDGE, IL 60068

D Employer identification number: 45 : 0547664

E Telephone number: (847) 823-8152

F Group Exemption Number ▶ NA

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ KALOFOUNDATION.ORG

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

J Organization type (check only one)— ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	7,790
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	—
	4	Investment income		4	29
	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 (attach schedule)		5c	—
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 3,654		
	b	Less: direct expenses other than fundraising expenses	6b 3,755		
	c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a		6c	(101)
	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 ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	7,718
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping. INSURANCE AND OFFICE SUPPLIES		15	1,865
	16	Other expenses (describe ▶ PROMOTION)		16	250
	17	**Total expenses.** Add lines 10 through 16	▶	17	2,115
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9		18	5,603
	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	9,416
	20	Other changes in net assets or fund balances (attach explanation)		20	—
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	15,019

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

(See page 60 of the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	9,416	22	15,019
23	Land and buildings	—	23	
24	Other assets (describe ▶ _____)	—	24	
25	**Total assets**	9,416	25	15,019
26	**Total liabilities** (describe ▶ _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	9,416	27	15,019

✓ 9 2

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? HISTORICAL PRESERVATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 SEE MATERIAL ATTACHED

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

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 page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BETSY FOXWELL 522 N HOME PARK RIDGE, ILL 60068	PRESIDENT	-0-	-0-	-0-
NANCY FRIMARK 311 N. ALGINE PARK RIDGE, IL	V-P	-0	-0-	-0-
DENNIS VAN NIEGHEM 110 SHORE LINE DRIVE, PARK RIDGE, IL	TREASURER	-0-	-0-	-0-
SHARON CURCIO 2420 W. TALCOTT, PARK RIDGE	SECRETARY	-0	-0	-0-

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? 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, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

		Yes	No
40a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . .	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ DENNIS VAN MIEGHEM Telephone no. ▶ (847) 823-8152
Located at ▶ 110 SHORELINE DR, PARK RIDGE, IL 60068 ZIP + 4 ▶ 60068-2932

		Yes	No
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)?	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.**		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	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 . . . . . ▶ | 43 |

Please Sign Here

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

Dennis Van Mieghem — Signature of officer — Date 11-10-08

DENNIS VAN MIEGHEM, TREASURER — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶ ( )	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization: THE KALO FOUNDATION OF PARK RIDGE

Employer identification number: 45 : 0547664

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALL VOLUNTEERS - NO COMPENSATION				
Total number of other employees paid over $50,000 ►				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ►		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ►		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		-0	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		-0	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		-0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		-0	

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33⅓% 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4845				
16 Membership fees received	–				
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,087				
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12				
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	10,945				
24 Line 23 minus line 17	4,858				
25 Enter 1% of line 23	109				

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) ..0.. (2005) ..... (2004) ..... (2003) .....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) ..... (2005) ..... (2004) ..... (2003) .....

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c

d Add: Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

MG-1

The Kalo Foundation of Park Ridge
110 Shoreline Drive
Park Ridge, IL 60068

February 18, 2008

Park Ridge Juniors Foundation
P.O. Box 290
Park Ridge, Illinois 60068

On behalf of the Kalo Foundation of Park Ridge, I am pleased to submit this request for funding from the Park Ridge Juniors Foundation.

In the past, Park Ridge has played an important role in the development of the Arts & Crafts Movement. This was especially important to women educated in the arts who finally found an outlet for their creativity in the Kalo Shop of Park Ridge.

Although we are a young organization, we have members and volunteers that have a passion for our mission. In fact, some of our members are descendants of the women and men that worked at the Kalo Shop. In a short period of time, we have discovered many renowned artists with Park Ridge roots.

Learning all of this history has been exciting as well as educational for us and for the citizens of Park Ridge. What pride we can all take in such prominent artists as Grant Wood, Alfonso Ianelli, Dulah Evans Krehbiel, Walter Marshal Clute, and Clara Barck Welles.

Thank you for reviewing this application. We hope that you will become as excited about this project as we all are. We look forward to hearing from you.

Best Regards,
Betsy Foxwell
President, Kalo Foundation of Park Ridge

PARK RIDGE JUNIORS FOUNDATION

P.O. Box 290 Park Ridge, Illinois 60068-6290

2007-2008 Application

NAME OF AGENCY

The Kalo Foundation of Park Ridge

CONTACT

Betsy Foxwell, President

ADDRESS

522 N. Home Avenue
Park Ridge, Illinois 60068

Phone

847-823-5314 or 847-823-8152 (our treasurer d. VanMieghem)

E-MAIL
Betsy@interaccess.com

PURPOSE OF AGENCY

The Kalo Foundation of Park Ridge is dedicated to preserving the rich artistic heritage of the city through education, advocacy and preservation as well as promoting the arts & crafts as an integral part of our modern lives. Based on the ideals of the American Arts & Crafts Movement, the Kalo Foundation sponsors educational seminars, exhibits, tours, publications and special events to increase awareness and appreciation of the arts and crafts produced in Park Ridge

Number of individuals served annually:_____900_____

____90_____% residing in Park Ridge
____5_____% residing in Maine Township
____5_____% residing elsewhere (please specify) Chicago