## 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

OMB No 1545-1150

Department of the Treasury Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements, For the 2009 calendar year, or tax year beginning and ending Check if applicable G Name of organization D Employer identification number Please Address use IRS Name change TASTE OF PARK RIDGE NFP onnt or 26-4243224 type X Initial Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Termin-43 SOUTH PROSPECT AVENUE 1-847-823-1320 Instruc-City or town, state or country, and ZIP + 4 F Group Exemption PARK RIDGE, IL 60068 Number 🕨 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► HTTP://WWW.TASTEOFPARKRIDGE.COM/ H Check 🕨 📙 🔟 if the organization is not Tax-exempt status (check only one)  $- \mathbb{X} = 501(c) = 6$  (insert no )  $- \mathbb{Z} = 4947(a)(1)$  or 527 required to attach Schedule B (Form 990, 990-EZ or 990-PF) Check right organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 163,391. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part !) 55,414. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 107,127. 2 Membership dues and assessments 3 850. Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b SCANNED APRROVETUZ 010 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here \_ of contributions a Gross revenue (not including \$ reported on line 1) 6a b Less direct expenses other than fundraising expenses 66 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7a b Less cost of policy Suptract | VIII | Companies of Inventory (Subtract line 7b from line 7a) 7b 7¢ Other revenue (describe 8 Frevenue Adt ibe 21, 2010, 50, 66 7c, and 8 163,391. 9 Grants and similar amounts paid (attack schedule) 10 10 Benefits party The rife mbars 11 11 Salaries, other compensation, and employee benefits 12 12 8,368. 13 Professional fees and other payments to independent contractors 13 25,258. 14 Occupancy, rent, utilities, and maintenance 14 2,830. 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 61,714. 16 Other expenses (describe 16 98,170. 17 Total expenses. Add lines 10 through 16 17 65,221. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) ٥. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 65,221. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II ) (A) Beginning of year (B) End of year 68,696. 0. 22 Cash, savings, and investments 22 23 Land and buildings 23 Other assets (describe PREPAID EXPENSES Ō. 1,000. 24 69,696. 0. 25 4,475.0. 26 Total liabilities (describe ► DEFERRED REVENUE 65,221. 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

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

TASTE OF PARK RIDGE NEP			<u> 26-</u>	<u> 42432</u>	<u> 24                                    </u>
Part III Statement of Program Service Accomplishr		Part III )		E	cpenses
What is the organization's primary exempt purpose? SEE STATEME	NT 3				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt		ise manner, descr	ıbe		i) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other rele				for others)	r (o)(1) ausis, opiiona
28 TASTE OF PARK RIDGE FESTIVAL - A	THREE DAY EVENT	TO PROMO	TE		
THE PARK RIDGE COMMUNITY AND LOCA	L BUSINESSES.				
(Grants \$ ) If this amount includes forei	gn grants, check here	<b>*</b>		28a	
29					
(Grants \$ ) If this amount includes foreign	gn grants, check here	<b>&gt;</b>		29a	
30					
(Grants \$ ) If this amount includes foreign	on grants, check here			30a	
31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign	on grants, check here	•		31a	
32 Total program service expenses (add lines 28a through 31a)		<u>.</u>	<b>&gt;</b>	32	
Part IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one ex	ren if not compensated	(See the		or Part IV )
			· · · · ·	ntributions	
(a) Name and address	(b) Title and average hours			mployee	(e) Expense
(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans &	account and
	position	-0,	ı	eferred pensation	other allowances
DAVID IGLOW, 8926 NORTH NEENAH	PRESIDENT			ponocion	
AVENUE, MORTON GROVE, IL 60053	0.00	o.		0.	0.
ALBERT GALUS, 1017 PETERSON AVENUE,	SECRETARY			•	•
Al, PARK RIDGE, IL 60068	0.00	0.		0.	0.
JAMES BRUNO, 501 SOUTH WESTERN	TREASURER				
AVENUE, PARK RIDGE, IL 60068	0.00	0.		0.	0.
DEAN PATRAS, 1621 WEST HABBERTON	DIRECTOR				· ·
AVENUE, PARK RIDGE, IL 60068	0.00	0.		0.	0.
SANDRA SVIZZERO, 8143 WEST WINNEMAC		0.		<u> </u>	-
AVENUE, NORRIDGE, IL 60706	0.00	0.		0.	0.
BARBARA TYSINSKI	DIRECTOR	0.	-		0.
114 MAIN STREET, PARK RIDGE, IL 600		0.		0.	0.
JOHN WARNIMONT, 7030 LYNDON AVENUE,	DIRECTOR	0.		0.	
ROSEMONT, IL 60018	0.00	0.		0.	0.
RODEMONI, IN OUTO	0.00	0.	<del> </del> -	<u> </u>	
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XXX					]
932172 02-08-10		-		Form	990-EZ (2009)

		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		X
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			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			1
and proxy tax requirements?	35a		X
b If 'Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
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		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	o. 🗀		
b Did the organization file Form 1120-POL for this year?	376		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b If "Yes," complete Schedule E, Part II and enter the total amount involved 386 N/A			
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9			1
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7		
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			
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			İ
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			
d 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			•
42a The organization's books are in care of ► DAVID IGLOW Telephone no ► 1-847	7-823	-13	20
Located at ► 43 SOUTH PROSPECT AVENUE, PARK RIDGE, IL ZIP+4 ►	6006	8	
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		Х
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		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	_	<b>&gt;</b>	
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			
Form 990-EZ	44	]	Х
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		X
combined metado & Latin 000 FF			

Pari	t VI   Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.	4947(a)(1) nonexempt le trusts must answer questio	<b>charitable tru</b> ns 46-49b and con	sts only. All	sections for	on 50 lines	1(c)(3) 50
<b>46</b> D	Did the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public			Yes	No
0	ffice? If "Yes," complete Schedule C, Part I			[	46		
47 D	old the organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47		
48 is	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yo	es," complete Schedule E			48		
49a D	Old the organization make any transfers to an exempt non-charitable relate	d organization?			49a		
b II	f "Yes," was the related organization a section 527 organization?				49b		
	Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, ent		s, trustees and key er	mployees) who ea	ich re	ceived	more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a (	e) Expo ecount er allov	
	complete this table for the organization's five highest compensated independent organization. If there is none, enter "None" N/A (a) Name and address of each independent contractor paid more		(b) Type of ser	· · · · · · · · · · · · · · · · · · ·		npensa	
						. <del></del>	
d T	otal number of other independent contractors each receiving over \$100,0		<b>&gt;</b>				
Sign Here	Under pensities of perjury, I declare that have examined this return, including correct, and complete Declaration of pripare (other than officer) is based on at Signature of officer	accompanying schedules and statemer Il information of which preparer has any	ts, and to the best of my knowledge	knowledge and bel	ef, it is	true,	_ <u>-</u>
	DAVID IGLOW, PRESIDENT Type or print name end title						
Paid Prepar Use On	10101 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 3/7// <i>0</i> emp	oloyed 🛌 🔲	arer's adentifying nu	mber (5	See Inst	r)
J04 Q11	JAMES L. VOURVOULIAS A Street temployed).  GERTIFIED PUBLIC ACCOUNTS AND 209-4  66-59 N. AVONDALE CHICA		LLC EIN Phon		763	_12	50
Marrish	e IRS discuss this return with the preparer shown above? See instructions	<del></del>			Ye		
enuy (III	o uno angegos uno reterm men mo properci sucrem aposa . Ses ilistributoris	<u>,                                      </u>	•				(2009)

## **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TASTE OF PARK RIDGE NFP 26-4243224 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b Type II a \_\_\_\_ Type I c \_\_\_\_ Type III - Functionally integrated 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) if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(ill) Type of organization (described on lines 1-9 above or IRC section	jn col (i) li			(v) Did you notify the organization in col (i) of your support?		the in in col ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
	·		<del>                                     </del>						
				<b></b>					
	<del></del>		<del> </del> -						
otal			,						

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

	edule A (Form 990 or 990-EZ) 2009						Page 2
Pe	rt II Support Schedule for				0(b)(1)(A)(iv) an	id 170(b)(1)(A)(	vi)
80.	(Complete only if you checke	the box on line :	o, 7, or 8 of Part I.				
	ction A. Public Support	1 11000	, , , , , , , , , , , , , , , , , , ,		T	T	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
T	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any *unusual grants.*)			<del> </del>			
2	Tax revenues levied for the organ-						
	Ization's benefit and either paid to or expended on its behalf					1	
3	The value of services or facilities					·	<del></del>
J	furnished by a governmental unit to						
	the organization without charge	i					
4	Total. Add lines 1 through 3				·	<del></del>	<u> </u>
5	The portion of total contributions	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del> </del>	<del></del>
•	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)					l control of the cont	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	·					
Çalı	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 .					<u> </u>	
8	Gross income from interest,						
	dividends, payments received on			}			
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business			1			
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
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						
	Gross receipts from related activities,	etc (see instructi	one)	.E	1	12	····
	First five years. If the Form 990 is for	•	•	rd. fourth, or fifth t	lax vear as a sectio		
	organization, check this box and stop					00 . (0),(0)	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				▶∟
þ	33 1/3% support test - 2008. If the o				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the *fac				•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	=	-		•		▶∟
þ	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	ar did hot cueck a	DOX ON HITE TO, 16	a, 100, 178, 07 17		and see instruction edule A (Form 990	
					3611		A. 000-FF1 F002

	ction A. Public Support	J. BOLLING CO.		0001011 00010	//-/ (Complete on	y ii you c	лескео та ос	ix on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1	e) 2009	(f) Total
	Gifts, grants, contributions, and	15, 2555	(0) 2,000	(0) 2001	(d) 2000	1	e) 2009	(i) Total
•	membership fees received. (Do not							
	include any "unusual grants.")					5	5,414.	55,414.
2	Gross receipts from admissions,			<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	*,	30,121
_	merchandise sold or services per-							
	formed, or facilities furnished in		ļ			1		
	any activity that is related to the organization's tax-exempt purpose	]				10	7.127	107,127.
3	Gross receipts from activities that	<u> </u>				1	,,,,,,,,,,	10//12/6
_	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
•	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
_	furnished by a governmental unit to	İ						
	the organization without charge							
6	Total. Add lines 1 through 5					16	2,541.	162,541.
	Amounts included on lines 1, 2, and					1		
	3 received from disqualified persons					ı		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				ļ	ļ		0.
	Add lines 7a and 7b							0.
8	Public support (Subtractine 7c from line 6)	''						162,541.
	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					16	2,541.	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			<u> </u>			850.	850.
11	Net income from unrelated business activities not included in line 10b.					1		
	whether or not the business is				}			
	regularly carried on							·
12	Other income. Do not include gain or loss from the sale of capital	1				ļ		
	assets (Explain in Part IV)		<u> </u>			1		
	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	l	<u> </u>		3,391.	163,391.
14	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 sect	on 501(	c)(3) organız	ation,
_	check this box and stop here							<b>&gt;</b>
Se	ction C. Computation of Publ					<del>.,</del>		
15	Public support percentage for 2009 (			column (f))		15		99.48 %
16	Public support percentage from 2008					16		
Se	ction D. Computation of Inve				···	, ,		
17	Investment income percentage for 20	•		ne 13, column (f))		17		.52 %
18	Investment income percentage from	•	•			18		%
198	33 1/3% support tests - 2009. If the						%, and line 1	
	more than 33 1/3%, check this box a	•	=		• • •		-	► X
t	33 1/3% support tests - 2008. If the	_						and
	line 18 is not more than 33 1/3%, che			<del>-</del>			•	▶⊟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t				<u> </u>
					Sc	hedule	A (Form 996	0 or 990-EZ) 200

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

		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	, , , , , , , , , , , , , , , , , , ,				
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	] YES	[x]	NO	
B)		SANIZATION, 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.