## Form 990-EZ Department of the Treasury Internal Revenue Service

OMB No 1545-1150

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 of donor advised funds and controlling organizations as defined in section 512(a)(13) must be form 690. All
other organizations with gross receipts less than \$200,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning and ending						
В	Address use IRS					identification number
	Name	print or	26-4243224			
<u> </u>	Initiat			Telephone		
	Term		43 SOUTH PROSPECT AVENUE		1 - 84	7-823-1320
	Amer	nded tons	City or town, state or country, and ZIP + 4	F (	Group Exe	mption
L	Applic	ation 1	PARK RIDGE, IL 60068		lumber 1	
	• Sec	tion 501(c)		G Accounting	method	X Cash Accrual
_			Schedula A (Form 990 or 990-EZ).	Other (spec	afy) 🕨	
				H Check 🕨		the organization is not
						dule 6 Form 830, 990-EZ or 990-PA
K	Check		the organization is not a section 509(a)(3) supporting organization and its gross receipts are no		re than \$	25,000 A Form 990-EZ or
_	Add be		orm 990 return is not required, but if the organization chooses to file a return, be sure to file a co			163 303
_	art I		nd 7b, to line 9 to determine gross recepts, if \$500,000 or more, file Form 990 instead of Form 9 nue, Expenses, and Changes in Net Assets or Fund Balances (See		ns for Pa	
	1	Contributio	ons, grits, grants, and similar amounts received		1	55,414.
	2	Program se	ervice revenue including government fees and contracts		2	107,127.
	3	Membersh	ip dues and assessments		_3	
	4	Investment	t income		4	850.
	5a	Gross amo	unt from sale of assets other than inventory 5a 5a			
=	b	Less cost	or other basis and sales expenses 5h		]	
APRRevenue 010	6	Gam or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		Sc	
Ĕ	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	ck hara ► 🗔	][	-
2	a	Gross reve	nue (not including \$ of contributions			
2		reported or	· · · · · · · · · · · · · · · · · · ·		_	
يد	b		t expenses other than fundraising expenses		_	
	C	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)		-6c	
0	7a		s of inventory, less returns and allowances 7a			
Z	p	Less cost	of percentage of inventory (Subtract line 7b from line 7a)		_	
Z	C	Gross profi	it er (loss) from sales of inventoly (Subtract line 7b from line 7a)		7€	
SCANNED	В	Othe Chever	nue (describe		8	
Φ.	9	Total rever	nub Abo ime 21.2[1] [4.50 60 7c, and 8	<u> </u>	9	163,391.
	10	Grants and	sumilar amounts paid (attable chedule)		10	
	11		20 Designation of the Control of the		11	
Expenses	12		ther compensation; and emproyee benefits		12	0.360
96	13		al fees and other payments to independent contractors r, rent, utilities, and maintenance		13	8,368.
Ä	14		, rent, dundes, and maintenance ublications, postage, and shipping		14	25,258.
	16		nses (describe ► SEE STATEM	12 ATM 1	15	2,830.
	17		nses. Add hnes 10 through 16	ENT 1		61,714.
_	18		(deficit) for the year (Subtract line 17 from line 9)		17	98,170. 65,221.
ş	19		or fund balances at beginning of year (from line 27, column (A))		10	05,221.
Net Assets	1.0		on rang parances at pedrauming or least (from miss 51, containt (M))			0.
*	20		ges m net assets or fund balances (attach explanation)		19	
ž	21		or fund batances at end of year Combine lines 18 through 20		20	65,221.
P	art II		ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins	tead of Form		03,221,
نگا	<del>~ • •</del>	1	(Con the continue de De Att)	ginning of yea		(B) End of year
22	Cas	h, savinos, a	and investments	<del>*                                    </del>	0 . 22	68,696.
23		d and builds			23	50,000
24			escnbe ► PREPAID EXPENSES		0 . 24	1,000.
25		al assets			0.25	69,696.
26			(describe DEFERRED REVENUE		0 . 26	4,475.
27	Net		ine balances (line 27 of column (B) must agree with line 21)		0.27	65,221.
932	171 08-10		or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)

	n 990-EZ (2009) TASTE OF PARK RIDGE NFP			<u> 26-</u>	<u>-4243</u> 2	224 Page 2
	art     Statement of Program Service Accomplishment		Part III )			xpenser
Wha	it is the organization's primary exempt purpose? SEE STATEMENT	3				lor section 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt pur		se manner descr	the		(4) organizations and
	services provided, the number of persons benefited, and other relevan				for others	47(e)(1) trusts, optional
				TE	1	
20	THE PARK RIDGE COMMUNITY AND LOCAL				1	
	IND TARK KIDGE COMMUNITY FARE BOOKE	DODINDBODO.			1	
				7		
	(Grants \$ ) If this amount includes foreign of	grants, check here		لبيا	28a	
29						
					1	
	Grants \$ ) If this amount includes foreign (	grants, check here	<u> </u>	<u></u>	29a	
30		······································			1 1	
					1 1	
				500		
	(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	arants, check here	<b>&gt;</b>		312	
32	Total program service expenses (add lines 28a through 31a)			<b>&gt;</b>	32	
	art (V List of Officers, Directors, Trustees, and Key E	mpiovees, Lust such one on	en if not compensated	(See the		for Part M1
تبقيا					nothebution	<del></del>
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		ant plans &	account and
		position	-0)		leferred spensation	other allowances
<u> </u>	VID IGLOW, 8926 NORTH NEENAH	PRESIDENT	<b></b>	CON	thensamon	ļ
	VENUE, MORTON GROVE, IL 60053		_		^	
		0.00	0.		0.	0.
	BERT GALUS, 1017 PETERSON AVENUE,	SECRETARY			_	
	, PARK RIDGE, IL 60068	0.00	0.		0.	0.
	MES BRUNO, 501 SOUTH WESTERN	TREASURER	_		_	_
	ENUE, PARK RIDGE, IL 60068	0.00	0.		<u> </u>	0.
	AN PATRAS, 1621 WEST HABBERTON	DIRECTOR				
	ENUE, PARK RIDGE, IL 60068	0.00	0.		0.	0.
	NDRA SVIZZERO, 8143 WEST WINNEMAC	DIRECTOR				
AV	ENUE, NORRIDGE, IL 60706	0.00	0.		0.	0.
	RBARA TYSINSKI	DIRECTOR				
11	4 MAIN STREET, PARK RIDGE, IL 60068	0.00	0.	1	0.	0.
ĴĈ	HN WARNIMONT, 7030 LYNDON AVENUE,	DIRECTOR				1
	SEMONT, IL 60018	0.00	0.	1	0.	. 0.
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932	72	<u> </u>	<del></del>	Ц		200 55 100
UZ-0	8-10				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	1	X
35	if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			1
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
8	Old the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		Ì	1
	and proxy tax requirements?	35a	Ĺ	X
b	if "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
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		X
372	Enter amount of political expenditures, direct or indirect, as described in the instructions		T	
b	Did the organization bie Form 1120-POL for this year?	376	l	X
38a	But the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were any such loans made			1
	In a prior year and still outstanding at the end of the period covered by this return?	38a	I	X
Ъ	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A			1
39	Section 501(c)(7) organizations Enter	1		1
	Initiation fees and capital contributions included on line 9	l		1
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		1
	section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
•	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	1	•	1
	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/	2
	Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers.	400		<del></del>
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			1
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
•	organization   N/A			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
4	transaction? If "Yes," complete Form 8886-T	40.	•	х
41	List the states with which a copy of this return is filled NONE	40e		LA_
	The organization's books are in care of ► DAVID IGLOW  Telephone no ► 1-847-	022	15	20
428	Located at > 43 SOUTH PROSPECT AVENUE, PARK RIDGE, IL ZIP+4 > 6	023	<u>~13</u>	20
_		000	<u> </u>	
0	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	L	Tes	No
	account)?	42b		X
	If 'Yes,' enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ascounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42¢	L	<u> </u>
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexampl charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•-		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
	Oid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
14	# AAA #T		l i	X
44	Form 990-EZ	44		41
	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44		
44 45		45		X

Part Vi	<ul> <li>Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51.</li> </ul>	4947(a)(1) nonexempt le trusts must answer question	charitable tru ns 46-49b and con	sts only. All s npiete the table	ection 50 s for lines	1(c)(3) 50
16 Did th	e organization engage in direct or indirect political campaign activitie	s on behalf of or in opposition to	candidates for public	1-	Ye	s No
office	? If "Yes," complete Schedule C, Part I	••		[	45	1
7 Did th	is organization engage in lobbying activities? If "Yes," complete Si	chedule C. Part II		Γ	47	1
	organization a school as described in section 170(b)(1)(A)(ii)? If "Y			Ī	48	1
	e organization make any transfers to an exempt non-charitable relate			1	49a	+
	s," was the related organization a section 527 organization?			F	49b	
50 Comp	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		s, trustees and key e	mployees) who ea	ch received	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	(s) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(a) Exp accoun other allo	t and
	number of other employaes paid over \$100,000 plete this table for the organization's five highest compensated indepe		yest man than \$100	COD of company	too from the	
-	ization if there is none, enter None 'N/A	MONE CONTINUES HIN CONT ICCO	YBU WILLIE (HES) & LOU	DOO UI COMPANSA		HB
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of ser	VICE (E)	Compensi	ition
-,-						
			· · · · · · · · · · · · · · · · · · ·			
d Total	number of other independent contractors each receiving over \$100,0	200	<b>&gt;</b>			
Sign Here	Under penalties of penury, I declare their have surrouned this return, including correct, a Googlete Declarated of prepares (other than officer) is based on a Signature of officer  DAVID IGLOW, PRESIDENT	accompanying schedules and statemen all information of which preparer has any	ts, and to the best of my knowledge	knowledge and believed to the last of the	of, it is true,	
	Type or pant name end title					
Paid Preparer's		> 3/7//0 emp	oloyed 🕨 🔛	arer's identifying nur	nber (See Ins	tr)
Use Only	Firm's name (or yours. JAMES L. VOURVOULIAS	AND ASSOCIATES,	LLC EIN	<b>&gt;</b>		
	destensioned. CERTIFIED PUBLIC ACCO		Phon			
	address, and ZP-4 6659 N. AVONDALE CHIC		กอ	(773)7	63-12	250
May the IR	S discuss this return with the preparer shown above? See instruction	<del></del>			Yes	J No
		-	***************************************		m 990-EZ	-

932174 02-08-10

26-4243224

Form 990-EZ (2009) TASTE OF PARK RIDGE NFP

## SCHEDULE A (Form 990 or 990-EZ)

## **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

Open to Public Inspection

ent of the Treesury Name of the organization

TASTE OF PARK RIDGE NFP

Employer identification number

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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) 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) 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 ) 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 d \_\_\_ Type #1 - Other 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) 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, No the governing body of the supported organization? 1190 (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) Provide the following information about the supported organization(s). (ill) Type of (IV) is the organization (v) Did you notify the (vi) is the organization in col (i) Name of supported (fi) EIN (vii) Amount of organization in col (1) listed in your governing document? organization in col organization (1) organized in the support (described on lines 1-9 (I) of your support? above or IRC section (see instructions)) Yes Yes LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SCT B	urt II Support Schedule for	Organization	. Donorihad is	Cartiona 47/	WAYAYAY	al amob Walland	Page 2
	(Complete only if you checke				almit i fortitat stu	α τουρητημορί	vij
Sa	ction A. Public Support	TO THE CONTRACT OF THE CONTRAC	5, 1, G O G 7 EL 1.,			<del></del>	
	endar year (or fiscal year beginning in)	(-) 200E	B1 2000	4-1-0002	1 4 2 2222	(1) 0000	
	Gifts, grants, contributions, and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	membership fees received. (Do not		i				
	include any "unusual grants.")						
,	Tax revenues levied for the organ-	<del></del>	<del> </del>	<del> </del>		<del></del>	
-	ization's benefit and either paid to	1		İ			ļ
	or expended on its behalf						
3	The value of services or facilities		<del>                                     </del>	<del> </del>	<del> </del>	<del></del>	
•	furnished by a governmental unit to	ļ	1				
	the organization without charge	1	<b>!</b>		i		
4	Total Add lines 1 through 3			<del>                                     </del>	<del> </del>	<del></del>	·
5	The portion of total contributions	<del></del>				<del> </del>	
-	by each person (other than a	l					
	governmental unit or publicly		}	I			
	supported organization) included			1	1		
	on line 1 that exceeds 2% of the		1		1		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
<u>Se</u>	ction B. Total Support		656	¥			
Cal	enclar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	ł		l			
	dividends, payments received on	İ		j			
	secunties loans, rents, royalties		ļ			<u> </u>	
	and income from similar sources	<u> </u>			ļ <u></u>		
9	Net income from unrelated business	ļ					
	activities, whether or not the				]		
	business is regularly carried on				<del> </del>	ļ	
10	Other income. Do not include gain		i		}	}	
	or loss from the sale of capital		I				
	assets (Explain in Part IV.)				ļ		
	Total support. Add lines 7 through 10 Gross receipts from related activities.	-4- 4		<u> </u>	<u> </u>		
	First five years. If the Form 990 is for			- C		12	<del></del>
	organization, check this box and stor		s mat, accord, lim	o, iodiai, or iitai t	ex year as a sectio	n sur(c)(s)	
Se	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (	ine 6, column (f) d	ryided by line 11. o	column (fi)		14	%
	Public support percentage from 2005					15	<u>%</u>
	33 1/3% support test - 2009.If the o			tine 13, and tine 1	14 is 33 1/3% or m		c and
	stop here. The organization qualifies					,	▶□
t	33 1/3% support test - 2008. If the o	rganization did no	t check a box on h	ne 13 or 16a, and	kne 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual					•	▶□
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	of more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	t qote box and stop t	here. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporter	d organization		▶□
t	10% -facts-and-circumstances tes					7a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	zumstances" test.	The organization of	qualifies as a publi	cly supported orga	Inization	<b>▶</b> □
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2009

Sch Pe	edule A (Form 990 or 990 EZ) 2009 Trt 鼠 Support Schedule for (	ASTE OF P	ARK RIDGE Described in	NFP Section 509(a	(2) (Complete on)	v if whi i	26-424	3224 Page	<u>e 3</u>
Sec	tion A. Public Support				1 1 (00///00/00/00/00/00/00/00/00/00/00/00/0		MANAG GIG DA	A 011 MIG G 01 1 0	<u>"(')</u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2008	(c) 2007	(d) 2008	1 6	e) 2009	(f) Total	
	Gifts, grants, contributions, and			1		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1012	
	membership fees received. (Do not		1	İ			}		
	include any "unusua! grants.")		1	l		5	5,414.	55,41	4 _
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							107,12	
3	Gross receipts from activities that					+	.,	20,722	<del></del>
Ĭ	are not an unrelated trade or bus- iness under section 513								81
4	Tax revenues levted for the organ-								
	rzation's benefit and either paid to		ļ						
	or expended on its behalf				<u> </u>	L			
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5					16	2,541.	162,54	<u>1.</u>
78	Amounts included on lines 1, 2, and					T			
	3 received from disqualified persons							_	0.
ŧ	Amounts included on lines 2 and 3 received								
	form other than disqualified persons that exceed the greater of \$6,000 or 1% of the amount on line 13 for the year							(	0.
•	Add lines 7a and 7b								Ō.
8	Public support (Subtractions 7c from time 6)							162,54	1.
Se	tion B. Total Support								
Cak	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.	162,54	1.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						850.	850	0.
ŧ	Unrelated business taxable income		]			1			
	(less section 511 taxes) from businesses					1			
	acquired after June 30, 1975	<u> </u>		ļ		1			
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						850.	85	0.
12	Other income. Do not include gain			<del> </del>		+			
	or loss from the sale of capital assets (Explain in Part IV)					1	ļ		
13	Total support (Add Inter 9, 10c, 11, and 12)					16	3,391.	163,39	1.
	First five years. If the Form 990 is for	the organization's	s first, second, the	d, fourth, or fifth to	x year as a sect				
	check this box and stop here						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		$\neg$
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<del></del>		
_	Public support percentage for 2009 (			column (f))		15		99.48	%
16	Public support percentage from 2006			• • • • • • • • • • • • • • • • • • • •		18			%
	ction D. Computation of Inve				<del></del>			· <del></del>	<u>~~</u>
	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 line	15 is more then		6, and line 1	7 ts not	_~
	more than 33 1/3%, check this box a							<b>, 151.0</b> ( <b>▶</b> []	<b>X</b> ]
	33 1/3% support tests - 2008. If the	-	61850000	92377C5			n 33 1/3% s		ليتك
•	line 18 is not more than 33 1/3%, che	-			-		•	<b>▶</b> [	$\neg$
20	Private foundation. If the organization							<b>→</b> F	Ħ

FORM 990-EZ	OTHER	EXPENSES	STATEMENT 1
DESCRIPTION			AMOUNT
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.

FORM 990-EZ		990-EZ INFORMATION REGARDING TRANSFERS , ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				• 2
A)	DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	] YE	s [x]	NO
B)	DID THE OR	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?		] YE	s [x]	NO

3

990-EZ PG 2

STATEMENT

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