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

2009

Department of the Treasury

Open to Public Inspection

OMB No 1545-1150

AF	or the	2009 calendar yea	ar, or	tax year begi	inning		, 2009,	and	ending				, 20
_	heck if a		-	Name of organi	The second of the second of the second					D Empl	over i	dentil	ication number
	Address o	ss change use IRS DARK PINGE SENIOR SERVICES INC						36-3109358					
	Name chi		anel or					E Telep					
_	nitial retu		type.				847-825-0429						
=	Specific Characters state or south and 7/D . 4												
Instruc-						F Group Exemption Number ▶							
	• Seci				7(a)(1) nonexempt o le A (Form <mark>990</mark> or 9		ists must attacl	י		inting M (specify		: 🗵	Cash
									H Check		if the	orga	nization is not
ı V	Vebsit	e: ▶										-	dule B (Form 990,
JT	ах-ехе	mpt status (check	k only	one) - 7 50	11(c) (3) ◀ (inser	rt no.) 1 49	47(a)(1) or 5	27		Z, or 99			
-	Check I				ction 509(a)(3) suppo								han \$25 000 A
					ed, but if the organi								
					ross receipts; if \$500						101011	h.	
	art I				Changes in Net						otion	o fo	r Dort I \
	-											5 10	
	1				sımılar amounts re				9 (A) 9		1	_	42,432
	2	-			ng government fe				5 25 0	* *	2		166,985
- 0	3	Membership du	ues ar	nd assessme	ents				8 88 8	× ×	3	_	27,601
- 8	4	Investment inco						8, 38	E :30 9	* *	4		1,492
	5a	Gross amount f	from s	sale of assets	s other than inver	ntory	5a	1					
- 1	b	Less: cost or ot	ther b	pasis and sale	es expenses		. 5b						
_ 1	C	Gain or (loss) fro	om sa	ale of assets	other than invent	tory (Subtrac	t line 5b from	line !	5a)		5c		
9	6	Special events and	activitie	ies (complete app	plicable parts of Sche	edule G). If any a	mount is from gan	ning, d	check here				
Revenue	a						_	•		_			
<u>\$</u>	-				16 16 16 00 D ·			I		27,525		ľ	
-	Ь				fundraising expe			-		20,880			
								White and I	0.1	20,000		2	
1	_ c				events and activ			line	6a)	* *	6c		6,645
-	7a				urns and allowand			-					
- 1	b	Less: cost of go			8 9 10 9 9 9						i i	i:	
	С	Gross profit or ((loss)) from sales o	of inventory (Subti	ract line 7b 1				4 8	7c		
- 1	8	Other revenue ((descr	nbe▶	. 1		RECE	IVI	ED.	1	8		
	9	Total revenue.	Add I	lines 1, 2, 3,	4, 5c, 6c, 7c, and	8 t			-	2	9		245,155
	10	Grants and simi	ılar an	mounts paid	(attach schedule))			Ö		10		
	11	Benefits paid to	or fo	or members			NOV 1	6 2	010.		11		
ဖွာ	12	Salaries, other of	comp	pensation, and	d employee bene	efits	f f ile a a a a		100	21	12		
Expenses	13	Professional fee	es and	d other paym	nents to independ	lent contrac	tors o o o	N.I.	117	3 1	13		
園	14	Occupancy ren	nt util	ulties and ma	aintenance		OGDE	N	OI.	1	14	-	8,321
ă	15	Printing, publica									15	_	- Joan
	16				EETINGS, TRIPS, A	ACTIVITIES	AND CLASSES		***	* *		_	494.444
- 1						ACTIVITIES, 7	AND CLASSES			ا ر	16	-	131,441
-	17	Total expenses				- 1 1 1 1					17	_	139,762
Net Assets	18	Excess or (detic	cit) for	r the year (Su	ubtract line 17 fro	m line 9) .					18		105,393
ဖွ	19				beginning of year								
₹					or year's return)						19		114,122
<u>ā</u>	20	Other changes i	in net	t assets or fu	ınd balances (atta	ach explanat	ion)				20		(3,640
	21	Net assets or fu	und ba	alances at en	nd of year. Combi	ine lines 18 t	through 20 .		51. N . N	× 🕨	21		215,875
Pa	art II	Balance She	eets.	. If Total asse	ets on line 25, col	lumn (B) are	\$1,250,000 or	more	e, file For	m 990	instea	ad o	f Form 990-EZ.
			(5	(See the instr	ructions for Part II	1.)			(A) Beg	inning of	year		(B) End of year
22	Ca	sh, savings, and	inves	stments						11	4,122	22	206,550
23								s 8.53		***		23	
24		ner assets (descr				* * * * * *	5 5 5 E G	3.000			_	24	9,306
25					and Equipment			,		44	4 422	-	
26		tal liabilities (de:			100 100 10 T T T T	* * * *	* * * * * * * * * * * * * * * * * * * *			314	4,122		215,856
					7 of column (D)	und geree	oth line Oth)			4 4 4 5 5	26	
27	ME	Lassets or fund	pala	unces (line 2/	7 of column (B) m	iust agree w	/itm (ine 21) .	300	П	114	4,122	27	215,856

	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
Wha	t is the organization's primary exempt purpose?					lred for section
	cribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear ar	nd concise		(3) and 501(c)(4)
	ner, describe the services provided, the number of					zations and section a)(1) trusts, optional
each	program title.	•			for oth	
28	MONTHLY MEETINGS AT THE SENIOR CENTER AR	E HELD WITH A LUNCHEON	AND THE ATTENDA	ANCE	+	
20	NORMALLY RANGES FROM 50 TO 200					
	TOTAL TOTAL TOTAL STATE OF THE				1	
	(Create \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	material favorance appears at	and house		28a	19,936
29	(Grants \$) If this amount TRIPS AND SPECIAL EVENTS ARE HELD ONE TO T	includes foreign grants, ch			258	19,530
29	CONCERTS, THEATER, BALL GAMES, DINNER, ETC			uma,		
	CONCERTS, THEATER, BALL GAMES, DINNER, ETC	. WITH ATTENDANCE FOM	40 10 100		1	
	Z					00 504
		includes foreign grants, ch			29a	92,581
30	CLASSES ARE HELD IN CERAMICS, BOOK REVIEW		******************		1 1	
	CLASSES, MEMORY IMPROVEMENT AND YOGA, BI	RIDGE AND OHTER GAMES	WITH PARTICIPATION	ON FROM		
	30 TO 80				l I	
		includes foreign grants, ch	eck here	. ▶∪	30a	18,924
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	31a	
32	Total program service expenses (add lines 28a				32	131,441
Par	List of Officers, Directors, Trustees, and Ke	Constitution and the Constitution of the Const		The state of the state of the state of		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and
·		devoted to position	enter -0)	deferred compe	nsation	other allowances
	LIST ATTACHED	ALL VOLUNTEERS				_
	0-107-12-11-11-11-11-11-11-11-11-11-11-11-11-		-0-		-0-	-0-
	***************************************	TIME AS REQUIRED				
	3. 1810 - S. 181					
		ļ				25
					-11	
				ĺ		
11001111	REAL PROCESSA DA POPULICA DE CONTROL DE SES ESTADO DE CONTROL MENTAL DE CASACIÓN DE CASACIÓN DE CASACIÓN DE CA Casación de Casación de Ca			<u> </u>		
museus c				7,37		
HOCOAIL	одил и не им в на при стория в при дение сем в сем постория в на радили в на р				1.1	
					7	
1252000						
			1			
contestate						
SSIL CONT.						

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	
34	description of each activity	33		<u> </u>
34	the changes	34		✓
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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
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		1
38 a	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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	}		,
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
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			340
	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		\
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			
е	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	18 (B)	1
41	List the states with which a copy of this return is filed. ▶ ILLINOIS			
42a			5-042 -2681	
h		00000	-2001	
	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		1
	If "Yes," enter the name of the foreign country: ▶		DESTRUCTION OF	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		20	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	155		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			l e sae
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			ie.
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	For	п 990	Z	(2009)

- 0	an	an.	-1
- 87	CO.	Ю	_

(46)	Section 501(c)(3) organizations and se 501(c)(3) organizations and section 4947 and complete the tables for lines 50 and	51.			
	the organization engage in direct or indirect p				Yes No
	didates for public office? If "Yes," complete Sc				46 ✓
	the organization engage in lobbying activities?				47 ✓
-	ne organization a school as described in section		•		48 ✓
	the organization make any transfers to an exer		ed organization?		49a ✓
	Yes," was the related organization a section 527				49b
	mplete this table for the organization's five high				
emp	ployees) who each received more than \$100,00	(b) Title and average	(c) Compensation		(e) Expense
1 (a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
	NONE				
		14-			
		192.20			
			<u> </u>		
*********	***************************************				
	mplete this table for the organization's five high 10,000 of compensation from the organization.			ctors who each rec	eived more th
		If there is none, enter "I	None."	Type of service	eived more that
	00,000 of compensation from the organization. (a) Name and address of each independent contractor page.	If there is none, enter "I	None."		
\$10	00,000 of compensation from the organization. (a) Name and address of each independent contractor paid NONE	If there is none, enter "I	(b)		
\$10	al number of other independent contractors ea	If there is none, enter "I ad more than \$100,000 ch receiving over \$100,0	(b)	Type of service	(c) Compensation
\$10	(a) Name and address of each independent contractor particles. NONE NONE all number of other independent contractors early and behef, it is true, correct, and complete Declaration of Signature of officer CHRISTEL B. OWENS, TREASURER	If there is none, enter "I ad more than \$100,000 ch receiving over \$100,0	(b)	Type of service	(c) Compensation
\$10	al number of other independent contractors ear under penalties of penury, I declare that I have examined and behef, it is true, correct, and complete Declaration of Signature of officer CHRISTEL B. OWENS, TREASURER Type or print name and title	this return, including accompa	None." (b) (b) (c) (b) (c) (d)	statements, and to the beston of which preparer has	(c) Compensation st of my knowledge any knowledge.
s 10 d Total ign ere	(a) Name and address of each independent contractor particles. NONE NONE all number of other independent contractors early and behef, it is true, correct, and complete Declaration of Signature of officer CHRISTEL B. OWENS, TREASURER	If there is none, enter "I ad more than \$100,000 ch receiving over \$100,0	None." (b) (b) (c) (b) (c) (c) (c) (b)	Type of service statements, and to the beston of which preparer has	(c) Compensation st of my knowledge any knowledge.
d Totalign ere	al number of other independent contractors ear Under penalties of penjury, I declare that I have examined and belief, it is true, correct, and complete Declaration of Signature of officer CHRISTEL B. OWENS, TREASURER Type or print name and title Preparer's signature Firm's name (or	this return, including accompa	(b) (b) (c) (c) (c) (d)	statements, and to the besion of which preparer has Date Preparer's identifying nur	(c) Compensation st of my knowledge any knowledge.
d Total	al number of other independent contractors ear under pending of the structure of the struct	this return, including accompa	None." (b) (b) (c) (b) (c) (c) (c) (b)	statements, and to the beston of which preparer has	(c) Compensation st of my knowledge any knowledge.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Pai	t I	Reason	for Public Ch	narity Status (All or	ganizatio	ns must	comple	te this	part.) See	e instruc	tions.
The	orga	anization is no	ot a private four	ndation because it is:	(For lines	1 throug	h 11, che	eck only	one box.)		
1		A church, co	invention of chu	rches, or association	of church	nes descr	ibed ın s	ection 1	70(b)(1)(A)(i).	
2		A school des	scribed in secti o	on 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)					
3		A hospital or	a cooperative	hospital service organ	ization de	escribed (ın sectior	n 170(b)(1)(A)(iii).		
4				ation operated in conj						170(b)(1)	(A)(iii). Enter the
		hospital's na	me, city, and st	ate:							
5			ion operated foi (b)(1)(A)(īv). (Co	r the benefit of a colle mplete Part II.)	ge or univ	versity ow	ned or o	perated	by a gove	rnmental	unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	described	ın secti	on 170(t)(1)(A)(v).		
7				y receives a substantia (1)(A)(vi). (Complete P		its suppo	rt from a	governm	ental unit	or from t	he general public
8				d in section 170(b)(1)		omplete	Part II.)				
9	_	An organizat receipts from support from	ion that normally n activities relate n gross investm	y receives: (1) more the ed to its exempt function ient income and unre a after June 30, 1975.	an 33⅓ % tions—sul lated bus	of its sup bject to d siness tax	oport fron certain ex cable inco	ceptions ome (les	, and (2) r s section	no more	than 331/3 % of its
10				nd operated exclusive							
11		An organizat	tion organized a	and operated exclusiv	ely for th	ne benefit	t of, to p	erform t	he functio	ons of, o	to carry out the
		purposes of	one or more pu	blicly supported organ	nizations	described	in section	on 509(a)	(1) or sec	tion 509(a)(2). See section
			_	at describes the type						_	
		a 🗌 Type			: 🗌 Тур						Type III-Other
е	Ш	persons other	er than foundation	tify that the organization managers and othe	tion is no r than one	ot controll or more	publicly:	supporte	d organiza	one or ations de	more disqualified scribed in section
			section 509(a)(2)			IDC 4		- Time I	Type II	or Type	III cupporting
f				a written determinati	on from	the IHS t	nat it is	a type i	, type ii,	or Type	iii supporting
_			, check this box	the organization acce	onted any	off or c	ontributio	n from a	nv of the		
9		following per		trib Organization acce	pica any	giit oi oi	Orteributio	11 110111 1	ary or the		
		(i) A persor	who directly o	r indirectly controls, orning body of the sup				h person	s describ	ed in (ii)	Yes No
		(ii) A family	member of a pe	erson described in (i) a of a person described	above?						11g(ii) 11g(iii)
h		Provide the	following inform	ation about the suppl	orted ora	anization	s).				93.1
	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi) Is	s the	(vii) Amount of
117		ganization	\	(described on lines 1-9	in col (i) lis	sted in your	the organ	ization in	organizati		support
			ļ.	above or IRC section (see instructions))	governing	document?	col (i) supp		US		
					Yes	No	Yes	No	Yes	No	
										ì	
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Tota	a1			J	L						

	. (Complete only if you check					and 170(b)	(1)(A)(vi)
	tion A. Public Support	(-) 0005	010000	()	40.000		10 T
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	er Hi					
3	The value of services or facilities furnished by a governmental unit to the organization without charge	- ;					
4	Total. Add lines 1 through 3						
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.					l	
	tion B. Total Support						
Ga	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						ļ
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)						10
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc.	. (see instruction	ons) :	W W W 70 525 526	S S S 9	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon	id, third, fourth	, or fifth tax y	ear as a sect	ion 501(c)(3)
Sec	tion C. Computation of Public Sup	pport Perce	ntage				
14	Public support percentage for 2009 (line 6	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14	500		15	%
16a	33% % support test—2009. If the organization qualifies			on line 13, and	line 14 is 331/3 9		
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						-,
17a	10%-facts-and-circumstances test —200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Pai	t IV how the
b 18	10%-facts-and-circumstances test-2008. more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun nces" test. The	nstances" test, c organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Par ganization .	t IV how the

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

500	. (Complete only if you checke tion A. Public Support	ed the box on	line 9 of Pa	t I.)	,,–,			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	-	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	128,488	91,630	82,087	161,562.	236.61		700,385
2	any "unusual grants.") 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.	19,569	31,432	17,333	29,322	27,9		125,581
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-0-	-0-	-0-	-0-		-0-	-0-
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-		-0-	-0-
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-		0-	-0-
6	Total. Add Ilnes 1 through 5	148,057	123,062	99,420	190,884	264,5	43	825,966
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	-0-	-0-	-0-	-0-		-0-	-0-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-0-	-0-	-0-	- Q-		-0-	-0-
c	Add lines 7a and 7b	-0-	-0-	-0-	-0-		0-	-0-
8	Public support (Subtract line 7c from line 6.)							825,966
	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	_	(f) Total
9	Amounts from line 6	148,057	123,062	99,420	190,884	264,5	43	825,966
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	675	3,061	2,520	2,520	1,4	07	8,992
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-0-	-0-	-0-	-0-		-0-	-0-
С 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	-0-	3,061	2,520	2,520	1,4	-0-	8,992
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-		-0-	-0-
13	Total support. (Add lines 9, 10c, 11, and 12.)							834,958
14	First five years. If the Form 990 is for toganization, check this box and stop I	here		d, third, fourth	-			
	tion C. Computation of Public Sur				1			00
15 16	Public support percentage for 2009 (lin- Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	e 13, column (0.0 0	15 16	_	99 %
	tion D. Computation of Investmen					1.1		
17 18	Investment income percentage for 2009 Investment income percentage from 20	08 Schedule A	, Part III, line	7	1	17		%
19a b	33\% support tests - 2009. If the organization of the state of the sta	ox and <mark>stop he</mark> ization did not d	re. The organiz check a box on	ation qualifies line 14 or line 1	as a publicly s	upported o	rgai an 3	nization ► 🛭 3%%, and
20	line 18 is not more than 33%%, check this	box and stop I	nere. The organ	izatıon qualifies	as a publicly s	supported o	rgar	ıization 🕨 🗹

Schedule A (Fo	orm 990 or 990-EZ) 20	09					Page 4
Part IV	Supplemental	Information.	Complete this Part III, line 12	part to provide. Provide any	le the explanat other additiona	ions required I information.	by Part II, line 10; See instructions.

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Form 990 EZ Attachment (year ending December 31, 2009)

Page 1

Park Ridge Senior Services, Inc.

Ident: No. 36-3109358

Part I, Line 1

City of Park Ridge 505 Butler Place Park Ridge, IL 60068	\$40,000
Maine Township 1770 Ballard Road Park Ridge, IL 60068	833
Park Ridge Community Fund 7833 W. Lawrence Ave. Norridge, IL 60706	1,350
United Way of Chicago	249
	\$42,432

Part II, Line 24

Furniture and Equipment	3,382
Pool tables	7,898
	11,280
Less accumulated depreciation	(1,974)
Total Net Property and Equipme	ent 9.306

Park Ridge senior Services, Inc.

Ident: No. 36-3109358

Part IV - List of Officers and Directors

Marilyn Goll 115 Columbia Ave. Park Ridge, IL 60068

Chairman & Board Member

Dick Roberts 821 S. Chester Ave. Park Ridge, IL 60068 Vice Chairman & Board Member

Carla Owen 239 Berry Parkway Park Ridge, IL 60068 Secretary & Board Member

Christel Owens 845 N. Washington Ave. Park Ridge, IL 60068 Treasurer & Board Member

Rudy Keil 4621 N. Orange Ave. Norridge, IL 60706 **Board Member**

Sandra Main 751 N. Washington Ave. Park Ridge, IL 60068 **Board Member**

Holmes McLendon 1333 W, Touhy, Apt. 306 Park Ridge, IL 60068

Board Member

John E. Owens 845 N. Washington Ave. Park Ridge, IL 60068

Board Member

Steve Vile 1316 Garden Street Park Ridge, IL 60068 **Board Member**