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 Reveruse Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

| Α | For the | 2010 calendar year, or tax year beginning , 2010, and ending | | | , 20 | | |
|------------|----------------------|---|--------------------|----------------------------------|--|--|--|
| В | Check if ap | ck rl applicable C Name of organization | | D Employer identification number | | | |
| | Address c | PARK RIDGE SENIOR SERVICES, INC. | 36-3109358 | | | | |
| | Name cha | Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Telephone number | | | | |
| | Instead retur | | | 847-825-0429 | | | |
| H | Terrimate | City or town, state or country, and 7IP ± 4 | F Group Exemption | | | | |
| H | Amended | return | Number ▶ | | | | |
| G | | | | | | | |
| | G Accounting Method: | | | | Check ▶ ☐ if the organization is not required to attach Schedule B | | |
| 104 | | | | | | | |
| | | | | (Form 990, 990-EZ, or 990-PF). | | | |
| r | Check ▶ | k 🕨 🔲 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A n 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses | | | | | |
| | to file a | return, be sure to file a complete return. | ctions). B | ut if the or | ganization chooses | | |
| | | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets | (D - 1) | | | | |
| | | | s (Part II, | | | | |
| | | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | - | \$ | | | |
| | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the | instruc | tions for | Part I.) | | |
| _ | | Check if the organization used Schedule O to respond to any question in this Part I | P 2 3 | 1.8 7. 3 | | | |
| | 1 | Contributions, gifts, grants, and similar amounts received | 6 6 | 1 | 1,748 | | |
| | 2 | Program service revenue including government fees and contracts | 20 100 | 2 | 109,545 | | |
| | 3 | Membership dues and assessments | 2 2 | 3 | 29,288 | | |
| Веуелие | 4 | Investment income | | 4 | 8,563 | | |
| | 5a | Gross amount from sale of assets other than inventory 5a | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | | | |
| | 6 | Gaming and fundraising events | | | | | |
| | а | Gross income from gaming (attach Schedule G if greater than | 1 | | | | |
| | | \$15,000) | | | | | |
| | Ь | Gross income from fundraising events (not including \$ of contribution | is . | | | | |
| | | from fundraising events reported on line 1) (attach Schedule G if the | . | | | | |
| | | sum of such gross income and contributions exceeds \$15,000) 6b | 29,851 | | | | |
| | C | Less: direct expenses from gaming and fundraising events 6c | 16,174 | | | | |
| | ď | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul | | | | | |
| | - | line 6c) | Diract | | 12 677 | | |
| | 7a | Gross sales of inventory, less returns and allowances 7a | | 6d | 13,677 | | |
| | Ь | Less: cost of goods sold | | | | | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | |
| | 8 | Other revenue (describe in Schodule O) | * * | 7c | | | |
| | 9 | Other revenue (describe in Schedule O) . Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 2.2 | 8 | 100.004 | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 9 | 162,821 | | |
| | 11 | Benefits paid to or for members AUG. 1. 8. 2011 | | 10 | | | |
| | | Benefits paid to or for members | | 11 | | | |
| | | | | 12 | | | |
| | 13 | Professional fees and other payments to independent contractors | * * 1 | 13 | | | |
| | . 14 | Occupancy, rent, utilities, and maintenance | 8 8 B | 14 | 3,374 | | |
| | .0 | Printing, publications, postage, and shipping | | 15 | | | |
| | 16 | Other expenses (describe in Schedule O) | 5 5 | 16 | 134,157 | | |
| Net Assets | 17 | Total expenses. Add lines 10 through 16 | . ▶ | 17 | 137,531 | | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 2. 2 | 18 | 25,290 | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree | e with | | | | |
| | | end-of-year figure reported on prior year's return) | | 19 | 215,856 | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | [| 20 | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | . • | 21 | 241,146 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

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