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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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Open to Public Inspection

Α	For the 2008 calendar	year, or tax year beginning	5/01	, 2008, a	nd ending			, 2009
В	Check if applicable	C					D Employ	er identification number
	Address change Please use IRS	Deer Path Art Lead	gue				36-6	6112791
	Name change label or print or	400 E. Illinois Ro					E Telepho	ne number
-	Initial return type.	Lake Forest, IL 60	045-2355				847-	-234-3743
-	Termination Specific					T I		
-	tions.					-	F Group Numbe	Exemption
	Application pending	<u> </u>			<u> </u>		~	
	• Section 501(c)(3) must atta	') organizations and 4947(a)(1) och a completed Schedule À (l	nonexempt cha Form 990 or 990	ritable trusts -EZ).		Accounting r Other (speci		Cash X Accrual
1	Website: ► www.de	eerpathartleague.oı	ra			Check ► [organization is not hedule B (Form 990,
i	Organization type (check on			4947(a)(1) or	527	990-EZ, or 9	90-PF)	module B (i oiiii 550,
ĸ		janization is not a section 509				s receints ar	e normal	lly not more than
	\$25,000. A return is no	ot required, but if the organiza	ation chooses to	file a return, be	e sure to f	ile a comple		
	instead of Form 990-E						>	1 200/0:21
P	art I Revenue, I	Expenses, and Changes	in Net Asse	ts or Fund Ba	alances	(See the i	<u>nstructı</u>	ons for Part I.)
	1 Contributions, gi	fts, grants, and similar amour	nts received				1	12,951.
_	2 Program service	revenue including governmen	nt fees and con	tracts			2	169,582.
2010	3 Membership due	es and assessments					3	8,275.
7	4 Investment incom	ne					4	1,438.
63	5a Gross amount fro	om sale of assets other than	inventory	<u></u>	5a			
0	b Less cost or oth	er basis and sales expenses			5 b			
$\simeq \frac{R}{E}$, ,	ale of assets other than inventory (Subt						С
SCANNED MAR	6 Special events and ac	ctivities (complete applicable parts of S	Schedule G). If any a	mount is from gam i	ng, check he	re 🟲		
N	a Gross revenue (r	not including \$1	L <u>, 075 .</u> of con	tributions				
HE	reported on line	1)		_	6a	13,3		
Ž		enses other than fundraising e	•		6b	5,4	41.	
2		from special events and activities (Sub		ne 6a)	,		6	c 7,884.
S		nventory, less ret pms and allo	wances		7a			
Š	b Less. cost of goo	V 0000 V	CEIVED	_	7b			
		loss) from sales of in ventory (Subtract line 7b	Tion line 7a)			7	·
	8 Other revenue (descri		1.6. 2010	SO) 8	
	9 Total revenue (a	idd lines 1, 2, 3, 4,65c, 6c, 7c,	and 8)	(g)			▶ 9	= = = = = = = = = = = = = = = = = = = =
		ar amounts paid (attach sche		→돌 Se	e Stat	ement 1	10	1,000.
E	11 Benefits paid to	or for members \	JEM UT				11	
Σ̈́P		compensation, and employee	benefits				12	43,017.
EXPENSE	13 Professional fees	s and other payments to inde	pendent contrac	ctors			13	36,718.
Š		, utilities, and maintenance					14	
\$		tions, postage, and shipping	_				15	18,749.
	1	ribe - See Statement	2)	16	
	 	(add lines 10 through 16)					▶ 17	
	18 Excess or (defici	it) for the year (Subtract line 1	17 from line 9)				18	-24,249.
N S	19 Net assets or fur	nd balances at beginning of y	ear (from line 2	7, column (A)) (i	must agre	e with end-o	f-year	
N E E	figure reported o	on prior year's return)					19	
']	20 Other changes in	n net assets or fund balances					20	
<u> </u>		nd balances at end of year C					▶ 21	98,814.
P	art II Balance S	heets. If Total assets on line		are \$2,500,000				of Form 990-EZ.
		(See the instructions for	Part II.)		(A) Beginning		(B) End of year
2		nvestments				121,	306. 2	
2	-		_				2	
24		be ► <u>See Statement</u>	3)	<u> </u>		548. 2	
2!			_		<u> </u>	123,	854. 2	
20		cribe > <u>See Statement</u>		_) .	<u> </u>		791. 2	
2	7 Net assets or fund be	alances (line 27 of column (B	B) must agree w	ith line 21)		123,	063.2	7 98,814.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

		Z(2008) Deer Path Art L				<u>-61</u> 1	L2791 Page 2
Par		Statement of Program Ser			ons.)		Expenses
What i	s the orga	anization's primary exempt purpose? To	promote and encou	rage art		(Req	uired for 501(c)(3)
Desc	ribe wh	nat was achieved in carrying out the services provided, the number of	je organization's exempt pur	poses. In a clear and c	oncise manner,	and	(4) organizations and (a)(1) trusts; optional
desc	ribe the ram title	e services provided, the number of e	f persons benefited, or other	relevant information to	or each	for o	(a)(1) trusts; optional thers.)
<u>. </u>		<u> </u>					
20	266						
			-				
		- -					05 060
	(Grant		is amount includes foreign g		<u> </u>	28 a	25,268.
29		art gallery provides				!	
		ocal art. Commission					
	Appr	coximately 120 artists	s sell their work	from the galle	ry.		
	(Grant		is amount includes foreign g		• [1]	29 a	92,217.
30		classes are provided			lv cover		·
		costs. Approximately					
		sses offered.	C 13 dicises reas.	100 beauches			
	(Grant		is amount includes foreign g	rants check here		30 a	57,239.
21		program services (attach schedule		iants, check here		30 a	31,233.
J1	(Grant		=) is amount includes foreign g	rants check here	▶□	31 a	
32		program service expenses (add lin		ranta, oncon here	<u> </u>	32	174,724.
Par		List of Officers, Directors,		nlovees distant	ne even if not co		
<u>r ar</u>	. I V	List of Officers, Directors,	(b) Title and average hours		(d) Contributions		(e) Expense account
		(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan		and other allowances
			to position		deferred compensa	tion	
See	Stat	tement 6		13,180.		0.	0.
			· · · · · · ·				*** *
						-	
	-						
					<u> </u>		
	_						
		-	· -		<u> </u>		
		·					
		·					

Forn	n 990-EZ (2008) Deer Path Art League	36-6112791	_	Pa	age 3
	rt V Other Information (Note the statement requirement in General Instruction V	.)			
		Γ		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a deta each activity	illed description of	33		Х
34	The second secon	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 attach a statement explaining your reason for not reporting the income on Form 990-T.	orted on Form 990-T,			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, repo	orting, and			
	proxy tax requirements?	-	35 a		<u> </u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	-	35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	37 b		Х
	b Did the organization fileForm 1120-POL for this year?	F	3/ 0		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ any such loans made in a prior year and still unpaid at the start of the period covered by this return.	e er were ?	38 a		Х
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38 b	N/A			í
39	501(c)(7) organizations Enter				ł
	a Initiation fees and capital contributions included on line 9	N/A			i
	b Gross receipts, included on line 9, for public use of club facilities . 39 b	N/A			
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	0			
	section 4911 ► 0., section 4912 ► 0., section 4955 ►	O.			
ı	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transpear or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	saction during the	40 ь		Х
,	c Enter amount of tax imposed on organization managers or disqualified persons during the				
	year under sections 4912, 4955, and 4958	0.			ļ
	d Enter amount of tax on line 40c reimbursed by the organization	0.			,
•	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		40 e		Х
41	List the states with which a copy of this return is filed IL				
42	a The books are in care of ► Rachael Swetin Telephotocated at ► 400 E. Illinois Road Lake Forest IL	phone no. ► 847-23 ZIP + 4 ► 60045-		5	<u> </u>
	b At any time during the calendar year, did the organization have an interest in or a signature or othe	r authority over a	42 b	Yes	No X
	financial account in a foreign country (such as a bank account, securities account, or other financial If 'Yes,' enter the name of the foreign country:	account):	42.0		
	in res, 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 a Foreign Bank and Financial Acc c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	counts.	42 c		Х
	If 'Yes,' enter the name of the foreign country:	L	720		
	The state of the foliation of the foliat				
				. —	/.
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1 1			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A
		i		Yes	No
44		ad			,,
	of Form 990-EZ		44	 	X
45	Is any related organization a controlled entity of the organization within the meaning of section 5126 Form 990 must be completed instead of Form 990-EZ.	(b)(13)? If 'Yes,'	45		x
BA		For	m 99 0)-EZ	

Form 990-	EZ (2008) Deer Path Art Leagu	1e		36-611	2791	F	age 4
Part VI	Section 501(c)(3) organizations		01(c)(3) organiza	•			
	and complete the tables for lin	es 50 and 51.		See S	tatemer	_	
46 Did t	the organization engage in direct or indire	ect political campaign ac	tivities on behalf of	or in opposition to candid	dates	Yes	
for p	oublic office? If 'Yes,' complete Schedule	C, Part I			46		X
	the organization engage in lobbying activ	•		<u>.</u>	47		X
	e organization operating a school as des				48		X
	the organization make any transfers to ar	•	related organization	1?	49 a		<u> </u>
b it 'Y€	es,' was the related organization(s) a sec	tion 527 organization?			49 b		L
50 Com	plete this table for the five highest comp ived more than \$100,000 of compensation	ensated employees (other from the organization	er than officers, dire If there is none, ent	ctors, trustees and key e er 'None '	mployees)	who e	each ———
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense int and owance	s
None							
			·				
Total number	r of other employees paid over \$100,000	LL					
51 Com from	plete this table for the five highest comp the organization. If there is none, enter	ensated independent co 'None '	ntractors who each i	received more than \$100,	000 of com	pensa	ation
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	
None	(L) Marino dila dedicasa di dadi indepantasi assi			(-) i)pe area ince	(0) 00		
7.7.57.7							
			1				
Total num	ber of other independent contractors rec		>				
	Under penalties of perjury, I declare that I have exartine, correct, and complete Declaration of preparer	nined this return, including accord (other than officer) is based on a	ipanying schedules and sta I information of which prep	atements, and to the best of my kr arer has any knowledge	nowledge and i	ренет, іт	IS
	Va 1 1/2 /2 -			112/12/00	,		
Sign	- 1 mondaye			12/1/07			
Here	Signature or officer			Date / /			
	Type or print name and title	<u> </u>					
	Type of print flame and title		To-1- 4	T _a , , ,	eparer's Identi	fying Ni	
Paid	Preparer's Signature	Varment.	Date 12/15/	self-	ee instructions	J -	annoc:
Pre-	7 (1000)	Logiston Ita	1 (121	employed P	0021848	0	
parer's	yours if self-	eciatesy Ltd. eld Rd., Ste 14	0	EIN .	36-4266	5 Q Q /	
Use Only	address, and			100			
	ZIP + 4		ctions	Phone no ► (63)	D) 916- ►X Yes		No.
BAA	to discuss this retain with the preparer s	HOWIT ADOVE, SEE HISHU	CHOTIS		Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the	organia	zation							Employe	r identifica	tion number	_	
Dee	r I	ath	Art Lead	gue						36-63	11279	1	_	
Part	I	Rea	son for Pul	olic Charity Statu	s (All organizations	must d	comple	te this	part.)	(see	ınstruc	tions)		
The o	rga	nızatı	on is not a pri	vate foundation beca	use it is (Please check o	only one	organiz	ation.)						
1		A chu	urch, conventio	on of churches or ass	ociation of churches des	cribed ii	nsection	170(b)	(1)(A)(i).					
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3														
4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii). Enter the hospital's														
•	ш		e, city, and sta	•	,	,-					^ /		•	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II.)													
6 7														
8		A cor	nmunity trust	described in section 1	70(b)(1)(A)(vi). (Comple	te Part I	II)							
9	X	from inves	āctīvīties related tment income	d to its exempt function	more than 33-1/3 % of its s — subject to certain exce ess taxable income (less omplete Part III)	entions a	and (2) n	o more f	han 33-	1/3 % of	its sunne	ort from aro	\$5	after
10	Ш	An o	rganızatıon orç	ganized and operated	exclusively to test for p	ublic sa	fety Se	esection	509(a)	(4). (se	e instruc	tions)		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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													
			Type I	b Type II	c Type III						d \square	Type III-		
е			foundation ma		rganization is not contro an one or more publicly									
f			organization this box	received a written de	termination from the IRS	S that is	а Туре	I, Type	II or Ty	pe III sı	upportin	g organizat	ion,	
g		Since	August 17, 2	006, has the organiza	tion accepted any gift of	or contri	bution f	rom any	of the	followin	g persoi	ns?		
													Yes	No
		(i)	below, the go	overning body of the s	controls, either alone or supported organization?	togethe	er with p	ersons	describ	ed in (ii)) and (III	11 g (i)		
		(ii)	•	nber of a person des	**							11 g (ii)		
		• •		•	n described in (i) or (ii) a							11 g (iii)		
<u>h</u>		Provi	de the followi	ng information about	the organizations the or	ganızatı T	on supp	orts.		1				
	(i)		of Supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	the organ	rou notify nzation in (i) of upport?	organizat	Is the tion in col ized in the S?	(vii) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
						ļ	<u> </u>		<u> </u>	ļ				
				i					İ					
				<u> </u>			1							
						 	<u> </u>	1			ļ			
							-		<u> </u>					
Total														

Scho	edule A (Form 990 or 990-EZ) 200	08 Deer Pat	h Art Leag	ue		36-6112791	Page 2
	t II Support Schedule for				(b)(1)(A)(iv) an		
500	(Complete only if you check	ked the box on lin	e 5, 7, or 8 of Pa	art I)			
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	nning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')			(,, = 1, = 1, = 1, = 1, = 1, = 1, = 1, =	(3, 223	(1)	(, , , , , , , , , , , , , , , , , , ,
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				3		
3	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						
4	Total. Add lines 1-3			,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, , , , , , , , , , , , , , , , , , , ,	
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).		According to the control of the cont				
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			· · ·	1	-	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			N Names			
12	Gross receipts from related activ	vities, etc (see in	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year	as a section 501(c)	(3)
Sec	tion C. Computation of Pu		ercentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	, ,,)	14	%
15	Public support percentage for 20	007 Schedule A, F	Part IV-A, line 26	f		15	%
16 a	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check the biblicly supported	ox on line 13, ar organization.	nd the line 14 is 3	3-1/3 % or more, o	theck this box
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pu	d not check a boo blicly supported	c on line 13, or 16 organization.	5a, and line 15 is	33-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box andstop hei	re. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check thi	s box andstop her	re. Explain in Part	IV how the

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

	(Complete only if you che	cked the box on I	ine 9 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	32,494.	52,289.	22,881.	19,448.	21,226.	148,338.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	106,636.	104,903.	203,069.	97,856.	169,582.	682,046.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,			<u> </u>		0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1-5	139,130.	157,192.	225,950.	117,304.	190,808.	830,384.
7 a	Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line					-	
	7c from line 6)						830,384.
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	139,130.	157,192.	225,950.	117,304.	190,808.	830,384.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,891.	3,379.	4,636.	4,025.	1,438.	15,369.
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	1,891.	3,379.	4,636.	4,025.	1,438.	15,369.
"	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
	Total support. (add Ins 9, 10c, 11, and 12)						845,753.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	id, third, fourth,	or fifth tax year a	is a section 501(c)	· ⁽³⁾ ► □
	tion C. Computation of Pul				-,-,		
	Public support percentage for 20			e 13, column (f))	15	98.2%
16	Public support percentage from	2007 Schedule A,	Part IV-A, line 27	' g		16	98.3%
<u> </u>	tion D. Computation of Inv	estment Incon	ne Percentage				
<u>Sec</u>	uon D. Computation of hiv						
	Investment income percentage f		column (f) divided	d by line 13, colu	mn (f))	17	1.8%
17 18	Investment income percentage finvestment income percentage f	or 2008 (line 10c, rom 2007 Schedul	e A, Part IV-A, lır	ne 27h		18	1.7 %
17 18 19a	Investment income percentage finvestment income percentage finvestment income percentage figure 33-1/3 support tests – 2008. If the comore than 33-1/3%, check this bid.	for 2008 (line 10c, from 2007 Schedul organization did not look and stop here.	e A, Part IV-A, Iır check the box on lıı The organization	ne 27h ne 14, and line 15 i qualifies as a pi	is more than 33-1/3 ublicly supported	18 %, and line 17 is not organization	1.7 % ► X
17 18 19 a	Investment income percentage finvestment income percentage final 33-1/3 support tests – 2008. If the control is a support test in th	or 2008 (line 10c, from 2007 Schedul organization did not look and stop here. this box and stop this box and stop	e A, Part IV-A, Imcheck the box on Im The organization d not check a box b here. The organi	ne 27h ne 14, and line 15 i qualifies as a pu c on line 14 or 19 zation qualifies a	is more than 33-1/39 ublicly supported Da, and line 16 is as a publicly supp	%, and line 17 is not organization more than 33-1/39 orted organization	1.7 % ► X %, and line 18

Schedule .	A (Form 990 or 990-EZ) 2	008 Deer	Path A	rt Leagu	ıe	36-6	112791	Page 4
Part IV	Supplemental Info	r mation. Co	mplete th	ns part to 2. Provide	provide the	36-6 explanation required b additional information.	y Part II, line 10; (see instructions	5)
		· · · · · · · · · · · · · · · · · · ·	,				(00000000000000000000000000000000000000	·
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8008	Federal Statement	S	Page
	Deer Path Art League		36-611279
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Donee's Name: Cash Amount Given:	Ithaca College	\$	1,000
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion Artist Commissions Bank Fees Business meetings Equipment and supplies renta Filing Fees Gallery Opening expense Instruction materials Instructor fees Insurance Judging Fees Maintenance Merchant association fees Miscellaneous Office Expenses Sales Tax Telephone Utilities	1	\$ Total \$	7,579. 14,348. 3,222. 70. 4,244. 15. 2,132. 2,058. 28,732. 3,211. 4,588. 2,930. 150. 3,435. 2,614. 1,606. 1,570. 1,524. 84,028.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Inventories Prepaid Expenses and Deferre	ed Charges	Beginning 465. \$ 2,083. Total \$ 2,548. \$	Ending 0 2,300 2,300
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities			
	l Expenses	<u>Beginning</u>	Ending 1,695

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36-6112791

Statement 5 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Annual art show in town square provides a place for the residents of Lake Forest and the surrounding communities to show, see and purchase art. Artists pay an entry fee to participate in the show, and fees are paid for judging the artwork. The program served 180 artists and the public attendance was approximately 10,000 people.

Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
Karen Longe 111 Huntington Street Lake Bluff, IL 60044	President \$ 0	0.	\$ 0.	\$ 0.
Gerard Gundling 153 Wildwood Road Lake Forest, IL 60045	Treasurer 0	0.	0.	0.
Corinne Von Huben 300 Moffet Road Lake Bluff, IL 60044	Director 0	0.	0.	0.
Phyllis Churbuck 678 Roger Williams Highland Park, IL 60035	Director 0	0.	0.	0.
Jacqui Blatchford 1411 Estate Lane Lake Forest, IL 60045	Director 0	0.	0.	0.
Ann Grant 315 E. Washington Avenue Lake Bluff, IL 60044	Director 0	0.	0.	0.
Jolan Horen P.O. Box 484 Lake Forest, IL 60045	Director 0	0.	0.	0.
Helen LaCroix 301 E. Blodgett Avenue Lake Bluff, IL 60044	Director 0	0.	0.	0.
Vickie Marasco 1015 Ashley Lake Forest, IL 60045	Director 15.00	13,180.	0.	0.

2008

Federal Statements

Page 3

Deer Path Art League

36-6112791

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Trude Roselle 484 Rockerfeller Road Lake Forest, IL 60045	Director \$ 0	0.	\$ 0. •	\$ 0.
Mary Lou Schwall-Komie 63 Western Highwood, IL 60040	Director 0	0.	0.	0.
Karin Seiller 881 N. Sheridan Road Lake Forest, IL 60045	Director 0	0.	0.	0.
Loraine Stillman 1824 N. Crenshaw Circle Vernon Hills, IL 60061	Director 0	0.	0.	0.
Doris Volpe 1505 N. Willow Street Lake Forest, IL 60045	Director 0	0.	0.	0.
Anne Whipple 1175 Edgewood Lake Forest, IL 60045	Director 0	0.	0.	0.
Skip Wiese 2701 Salmon Waukegan, IL 60087	Director 0	0.	0.	0.
	Total §	13,180.	<u>\$ 0.</u>	\$ 0.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

⁽a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

Form 8868	Rev 4-2009)			Page 2
• If you	are filing for an Additional (Not Au	tomatic) 3-Month Extension, complete onl	y Part II and check this t	
Note. Only	complete Part II if you have alrea	dy been granted an automatic 3-month ext	ension on a previously fi	led Form 8868.
• If you	are filing for an Automatic 3-Monti	Extension, complete only Part I (on page	1).	
Part It	Additional (Not Automatic)	3-Month Extension of Time. Only	file the original (no	copies needed).
<u> </u>	Name of Exempt Organization			oyer Identification number
Type or				
print	Deer Path Art League		36-	-6112791
	Number, street, and room or suite number. I	f a P.O. box, see instructions.		RS use only
File by the extended	Kaczynski & Associate	s. Ltd.		
due date for filing the	17W635 Butterfield Rd	l., Ste 140		
return. See instructions.	City, town or post office, state, and ZIP code			
	Oakbrook Terrace, IL	60181		
Check type	e of return to be filed (File a separ			
Form 9	90 Form 990-PF	•	Form 1041-A	☐ Form 6069
Form 9	90-BL Form 990-T	(section 401(a) or 408(a) trust)	Form 4720	Form 8870
X Form 9	90-EZ Form 990-T	(trust other than above)	Form 5227	
STOPI Do		t already granted an automatic 3-month e	xtension on a previously	filed Form 8868.
	oks are in care of. Rachael S			
Teleph	one No. ► 847-234-3743	FAX No. ►		
• If the o	rganization does not have an office	or place of business in the United States,	check this box	▶□
		anization's four digit Group Exemption Nur		
whole grou	p, check this box > . If it is	for part of the group, check this box >	and attach a list with the	names and EINs of all
	he extension is for.			
4 I requ	uest an additional 3-month extension	on of time until <u>3/15</u> , 20 <u>1</u>	.0.	
5 For c	alendar year , or other ta	x year beginning $5/01$, 20	08, and ending $4/3$	0.20.09.
6 If this	tax year is for less than 12 month	s, check reason: Initial return	Final return	hange in accounting period
		on Taxpayer respectfully		
		sary to file a complete and		
8a If this	application is for Form 990-BL, 99	0-PF, 990-T, 4720, or 6069, enter the tenta	ative tax, less any	8a \$
		0-T, 4720, or 6069, enter any refundable c		
pavm	ents made. Include anv prior vear o	overpayment allowed as a credit and any a	mount paid previously	
		••••••••••••••••••••••••••••••		8b \$
c Balan with F	ce Due. Subtract line 8b from line TD coupon or, if required, by using	8a. Include your payment with this form, or EFTPS (Electronic Federal Tax Payment	r, if required, deposit System). See instrs	8c \$
		Signature and Verification		
		form, including accompanying schedules and statements form.	a, and to the best of my knowledg	e and belief, it is true,
Signature -	Skila & Kaczy	Title > CPA		Date - 12/7/09
BAA	V 30	FIFZ0502L 03/11/09		Form 8868 (Rev 4-2009)
				· · · · · · · · · · · · · · · · · · ·

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box	
If you are	e filing for an Additional (Not Aut	comatic) 3-Month Extension, complete only Part II (on page 2 of	f this form).
Do not comp	plete Part II unless you have alrea	ady been granted an automatic 3-month extension on a previou	ısly filed Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cornoration	o required to file Form 990-T and	I requesting an automatic 6-month extension– check this box a	nd complete Part Lonly
·	•	c), partnerships, REMICS, and trusts must use Form 7004 to req	
income tax r	eturns.), partnerships, Remico, and trusts must use Form 7004 to req	uest an extension of time to me
the additional Form 990-T	il (not automatic) 3⋅month exten	electronically file Form 8868 if you want a 3-month automatic ex- ion required to file Form 990-T). However, you cannot file Form sion or (2) you file Forms 990-BL, 6069, or 8870, group returns, ly completed and signed page 2 (Part II) of Form 8868. For more-file for Charities & Nonprofits.	or a composite or consolidated
	Name of Exempt Organization		Employer identification number
Type or print File by the due date for filing your return See instructions.			
	Deer Path Art League	e	36-6112791
	Number, street, and room or suite number if a PO box, see instructions		
	400 E. Illinois Road #218		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Lake Forest, IL 6004	45- <u>2355</u>	
Check type o	f return to be filed (file a separa	te application for each return)	
Form 990		Form 990-T (corporation) Form 4720	
Form 990-BL		Form 990-T (section 401(a) or 408(a) trust) Form 5227	
X Form 990-EZ		Form 990-T (trust other than above) Form 6069	
Form 990-PF		Form 1041-A Form 8870	
• The books	s are in the care of. Rachael	Swetin	-
Telephone	e No. ► 847-234-3743	FAX No	
If the org	anization does not have an offic	e or place of business in the United States, check this box .	▶ 🗍
If this is	for a Group Return, enter the org	ganization's four digit Group Exemption Number (GEN)	. If this is for the whole group,
check thi	s box ▶ 🗍 . If it is for part of	the group, check this box. $lacktriangle$ $lacktriangle$ and attach a list with the name	es and EiNs of all members
the exter	nsion will cover.		
1 I reque	st an automatic 3-month (6 mon	ths for a corporation required to file Form 990-T) extension of ti	me
until _1	. <u>2/15</u> , 20_ <u>09_</u> , to file	the exempt organization return for the organization named about	ove.
The ex	tension is for the organization's i	return for:	
▶ ∐	calendar year 20 or		
► X	tax year beginning $\underline{5/01}$	$_{\rm 1}$, 20 $_{\rm 1}$ 08 , and ending $_{\rm 2}$ 4/30 $_{\rm 1}$, 20 $_{\rm 1}$ 09 .	
2 If this t	ax year is for less than 12 month	ns, check reason: Initial return Final return	Change in accounting period
3a If this a nonrefu	application is for Form 990-BL, 99 indable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a \$ 0.
	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any refundable credits and estimated tax payment ent allowed as a credit	s 3b\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.			3c \$ 0.
	ou are going to make an electroi	nic fund withdrawal with this Form 8868, see Form 8453-EO and	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.