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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Check if applicable   Address change   India return   Terminate   Address change   India return   Application pending   Amended return   Application pending   Tav-exempt state or South   Application pending   Tav-exempt state   South   Amended return   Tav-exempt state   South   Amended return   Tav-exempt state   South   Sou	Inter		nue Service Ine organization may have to use a copy of this return to satisfy star		requ	Hemens		pection	
Double Blackness An	<u>A</u>	For th		ding	_		, 20		
Address change   Initial return   Ini	В	Check if	use IDC			-	-		
Name change   P.O. Box 44   Section   City or twin, state or country, and 2IP + 4   Gordon morphs   Tareward   Repeated   City or twin, state or country, and 2IP + 4   Gordon morphs   Tareward   Repeated   City or twin, state or country, and 2IP + 4   Gordon morphs   Tareward   Repeated   City or twin, state or country, and 2IP + 4   Gordon morphs   Tareward   Repeated   City or twin, state or country, and 2IP + 4   Gordon morphs   Tareward   Repeated   City or twin, state or country, and 2IP + 4   Repeated   City or twin, state or country, and 2IP + 4   Repeated   City or twin, state or country, and 2IP + 4   Repeated   City or twin, state or country, and 2IP + 4   Repeated   City or twin, state or country, and 2IP + 4   Repeated   Re		Address	change label or Doing Business As		_				
Institute return   Institute		Name c		/suite		E Telep	hone numb	er	
Temenated Prevant   Compared   Prevant   Preva		Initial re	tum See P. O. Box 44			(630	) 2	<u> 208-0798</u>	
Application product return   Seneway, IL 60134-0044   C Goore receipts 172,856			ted Instruc- City or town, state or country, and ZIP + 4						
Appleamen pering   F Name and address of principal officer   H(s) is the a group return for affacer   H(s)   Name and address of principal officer   H(s)   Name affacer	_		I tions   Camara II CO424 OO44			G Gross	receipts \$	72,856	
Tax-exempt stabus			F. Nome and address of principal officer	H(a)	s this	a group retu	m for affiliates	?□Yes ☑No	
Tax-exempt status		•••							
Part   Summary   1	T	Tax-ex	empt status						
Part   Summary   1	J	Webs	ite: ▶ www.gafgeneva.org	H(c) Gr	oup e	xemption n	umber 🕨		
Briefly describe the organization's mission or most significant activities:   To aid in the teaching and service function of the Geneva Public Schools by providing funds for the support of education and oducational projects.	K			nation. 198	8	M State	of legal dor	nicile. [L	
Briefly describe the organization's mission or most significant activities:   To aid in the teaching and service function of the Geneva Public Schools by providing funds for the support of education and oducational projects.	Pá	art I	Summary					<del></del>	
To aid in the teaching and service function of the Geneva Public Schools by providing funds for the support of education and educational projects.  2 Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   4   1   35   5   1   3   4   1   35   5   1   3   3   3   3   3   3   3   3   3		1							
education and educational projects.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 35 5 Total number of independent voting members of the governing body (Part VI, line 1b).  5 0 0 6 Total number of voting members (Part VI, line 2a).  6 Total number of volunteers (estimate if necessary)  7a Total gross unrelated business texable income from Part VIII, column (C), line 12.  7b bet unrelated business texable income from Form 990-T, line 34.  8 Contributions and grants (Part VIII, line 1h) See Althoch. # / 75769 49926  9 Program service revenue (Part VIII, line 1b) See Althoch. # / 75769 49926  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 5-10).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Brofessional fundraising expenses (Part IX, column (A), lines 5-10).  17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24f).  18 Total expenses. Add lines 13-17 (must equal Part XI), line 119.  19 Revenue less expenses. Subtract line 18 from line 12.  19 Revenue less expenses. Subtract line 18 from line 12.  10 John Salaries, or fund balances. Subtract line 21 from line 20.  10 John Salaries, and the best of my knowledge and statements, and to the best of my knowledge signature.  10 John Salaries and similar amounts of prepare (other than olicier) is based on all information of ynch preparer has any knowledge in property of the my line of the best of my knowledge in property in the line of the best of my knowledge of the line of the properts has any knowledge in properts. Add Complete Declaration of prepare (other than olicier) is bas			To aid in the teaching and service function of the Geneva Public Schools						
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Prior Year    Prior Year   Current Year   75769   49926   9   Program service revenue (Part VIII, line 1b)   See Act   A								<del>_</del>	
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Total expenses. Add lines 13–17 (must equal Part © DETVA). UT© 25).  18 Total expenses. Add lines 13–17 (must equal Part © DETVA). UT© 25).  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16).  11 Total liabilities (Part X, line 26).  12 Total liabilities (Part X, line 26).  13 Signature Block  14 Under penalties of penjunt I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is prue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge in signature.  Preparer's Signature Sign	Ш	_b	Total fundraising expenses (Fartix, Column (D), line 23)	•		10135	<del> </del>	80149	
19   Revenue less expenses. Subtract line 18 from line 12   15   15   15   15   15   15   15				<u> </u>			<del>                                     </del>		
Beginning of Current Year   End of Year   366623   358330   21 Total liabilities (Part X, line 26)   0   0   22 Net assets or fund balances. Subtract line 21 from line 20   366623   358330    Part II   Signature Block   Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Paid Preparer's   Signature   Date   Check if self-employed   Preparer's identifying number (see instructions)    Preparer's   Signature   Preparer's   Signature   Preparer's   Self-employed   Self-employ		18	Total expenses. Add lines 13–17 (must equal Part (X) COUTETY(A), (III) = 25).	<u> </u>			<del> </del>		
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Under penalties of perjuny. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Paid   Preparer's   Signature   Preparer's identifying number (see instructions)				J		300023	<del></del>	330330	
Sign Here    And belief, it is true, confect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   Check if self-employed   Preparer's identifying number (see instructions)	L C	11 11 11		edules and st	atem	ents, and	to the best	of my knowledge	
Paid Preparer's Signature.  Preparer's Signature.  Preparer's Name (or yours of self-employed)  I self-employed   Firm's name (or yours of self-employed)  Address, and ZIP + 4  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Pol 1072006  EIN   Address, and ZIP + 4  Phone no.   (630)  377-3709			and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	on all informa	tion c	of which p	reparer has	s any knowledge	
Paid Preparer's Signature.  Preparer's Signature.  Preparer's Name (or yours of self-employed)  I self-employed   Firm's name (or yours of self-employed)  Address, and ZIP + 4  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Pol 1072006  EIN   Address, and ZIP + 4  Phone no.   (630)  377-3709	e:		1 Sellar Trum	1		1/ <b>1</b> 5/	11)		
Paid Preparer's signature.  Preparer's Signature.  Preparer's Name (or yours of self-employed)  I self-employed   Firm's name (or yours of self-employed)  Address, and ZIP + 4  Preparer's identifying number (see instructions)  Po1072006  EIN   A 36: 3462407  74 Whittington Course, St. Charles, IL 60174-1434  Phone no.   (630) 377-3709	_	-	Signature of office		Date	14-1	10		
Paid Preparer's signature.  Preparer's logor print name and title  Preparer's signature.  Preparer's name (or pours if self-employed)  Firm's name (or pours address, and ZIP + 4  Mary M. Favoright  Type or print name and title  Date  Check if self-employed logor (see instructions)  Preparer's identifying number (see instructions)  Pol1072006  EIN   36: 3462407  74 Whittington Course, St. Charles, IL 60174-1434  Phone no.   (630) 377-3709	ne	16	Kelly II Brugh. Thenmer						
Paid Preparer's signature.  Preparer's signature.  Preparer's lantifying number (see instructions)  Preparer's lantifying number (see instructions)  Preparer's identifying number (see instructions)  Pol 1072006  Firm's name (or yours if self-employed) address, and ZIP + 4  Preparer's identifying number (see instructions)  Pol 1072006  EIN   36: 3462407  74 Whittington Course, St. Charles, IL 60174-1434  Phone no.   (630) 377-3709									
Preparer's signature.  Proposed Pr			Date	Check if	$\neg \tau$	Preparer's	identifying i	number	
Paid Preparer's Use Only         Firm's name (or )ours of self-employed address, and 2IP + 4         Mary M. Favoright (or )ourse, St. Charles, IL 60174-1434         EIN	Paid Preparer's    Firm's name (or or o							<del></del>	
Use Only Firm's name (or yours of self-employed) address, and ZIP + 4 Mary M. Favoright   EIN ▶ 36 : 3462407   T4 Whittington Course, St. Charles, IL 60174-1434   Phone no. ▶ (630 ) 377-3709								2006	
Use Only of self-employed address, and ZIP + 4 74 Whittington Course, St. Charles, IL 60174-1434 Phone no. ▶ (630) 377-3709									
	Use	Only	if self-employed)		10.00		<del></del>		
	Ma	v the	<u></u>	Trilor	16 HO	\ 03			

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Geneva Academic Foundation is a non-profit organization dedicated to enriching the educational experiences of our students. GAF strives to connect students at all grade levels to new experiences, ideas, and challenges by funding technology, services, programs and equipment.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Project search scholarship fund - \$1,000
	2008 Grants for programs and equipment \$27,783.87
	2009 Project Search - programs and equipment \$33.805.28
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
ً مه	Total program service expenses

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		<b>✓</b>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>√</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	_	<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ŀ	<b>√</b>

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
			<u> </u>	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
h	U.S. Information Returns. Enter -0- if not applicable	:		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b	-	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	<del> </del>	ļ
4a	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 account)?	4a		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>-</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	<del> </del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9b		1
ь 10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
192	amounts due or received from them.)	12a		<b> </b>
ızd h	If "Yes" enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	† I		Yes	No
1a	Enter the number of voting members of the governing body	1		
Ь	Enter the number of voting members that are independent			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>		
	any other officer, director, trustee, or key employee?	2_		/
3	Did the organization delegate control over management duties customarily performed by or under the direct	ļ		
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	ļ	ļ.,_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	<b>\</b>
6	Does the organization have members or stockholders?	6		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	<u>7a</u>		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	]		
	the year by the following:			
a		<u>8a</u>		
b		<u>8b</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			_
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		<b>✓</b>
	tion B. Policies (This Section B requests information about policies not required by the Internation	ernal		
Rev	enue Code.)			
		r	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	<b>✓</b>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	<b> </b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
	rise to conflicts?	12b	_✓	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>V</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	'		1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	the	
	organization: ► Kelly Bryan, P. O. Box 44, Geneva, IL 60134 1-630-208-0798			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not co		any o	urr			cer, d	lirec			<del></del>
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Tom Potkanowicz - President P. O. Box 44, Geneva, IL 60134	4			<b>✓</b>				0	0	0
Anne Cessarone - Vice Chair P. O. Box 44, Geneva, IL 60134	1			1				0	0	0
Kelly Bryan - Treasurer P. O. Box 44, Geneva, IL 60134	4			<b>√</b>				0	0	0
Sheila Belon - Secretary P. O. Box 44, Geneva, IL 60134	1			1				0	0	0
Janet Keating - Corresponding Secretary P. O. Box 44, Geneva, IL 60134	1			1				0	0	0
								_		
										-

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
,,	, (A) Name and title	(B) Average	Positi	on (d	•	C) < all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		· <del></del>									
								 		<del></del>	
											ļ
	Total	<del>-::</del> -		<u>.                                    </u>	<u></u>	<u>.</u>	<u> </u>	<u> </u>			L
2	Total number of individuals (including but reportable compensation from the organization)		to the	se	liste	ed a	bove	) wł	no received mo	ore than \$100,0	00 in 
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oyee	e, or highest c	ompensated 	3 🗸
4	For any individual listed on line 1a, is the s the organization and related organizations	um of repo	ortable n \$15	e co 60,0	omp 00?	ens If "	ation Yes,"	and cor	d other compe inplete Schedu	nsation from le J for such	
5	individual.  Did any person listed on line 1a receive	or accrue	 comp	ens	 satic	n f	 rom a	any	unrelated orga		4 /
	services rendered to the organization? If "Y	es, comp	iete S	cne	eau	e J	tor s	ucn	person	<u> </u>	5 🗸
	ction B. Independent Contractors	<del></del>	<del></del>			_					
1	Complete this table for your five highest co- compensation from the organization.	mpensate	d inde	epei	nae	nt c	ontra	Cto	rs that received	more than \$1	
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
			_								
2	Total number of independent contractors (in more than \$100,000 in compensation from				ted	to t	hose	liste	ed above) who	received	

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Part	VII	Statement of Re	venue						
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1a	Federated campaigns		1a					
oun Jran		Membership dues		1b	22767				]
s, g		c Fundraising events 1c			24150				
gift		d Related organizations 1d							
л,		Government grants (contr	ibutions).	1e					
rtior er s		All other contributions, gifts,			_				
츷	i	and similar amounts not inclu		1f	3009				ļ
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include	ed in lines 1a-1	f: \$					
<u>ة ت</u>	h	Total. Add lines 1a-1f	<u> </u>		<u> ▶</u>	49926			
e					Business Code				
Ven	2a								
æ	ь							<u> </u>	
<u>vi</u> če	С								
Ser	d								
an	е								ļ. ————
Program Service Revenue	f	All other program servi					<del></del>	5 W 1.X	
	g	Total. Add lines 2a-2f					<u>.</u>		· · · · · · · · · · · · · · · · · · ·
	3	Investment income (inc	luding divid	dends	, interest, and	22020			ļ
		other similar amounts)			🕨	22930			
	4	Income from investment of	•			<u></u>	<del></del>		
	5	Royalties	(i) Real	<u> </u>	(ii) Personal				
			(i) neal		(ii) Fersonai		,	<i>4.</i> ,	
	6a	Gross Rents				ì		`	
		Less: rental expenses	<u></u>			` ,		·	
	d	Rental income or (loss)  Net rental income or (loss)							[
	_		(i) Securitie		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) Coodina	<del>-</del>	(.,, 0				
		•	<u> </u>						
	D	Less: cost or other basis and sales expenses							
	_	Gain or (loss)							
		Net gain or (loss)			•				
ine	l	Gross income from	fundraisir	ng					
Other Revenu		events (not including \$							
Ве		of contributions reported See Part IV, line 18					,		
9				-			i		
둙	0	Less: direct expenses Net income or (loss) fro	 nm fundrais	ina e	vents >				
_		• •							
	9a	Gross income from gam See Part IV, line 19	ning activitie	s.					
	h	Less: direct expenses.							
		Net income or (loss) from			ties .				<u> </u>
		Gross sales of inve							
		returns and allowances							
	b	Less: cost of goods so							
		Net income or (loss) from			ory ▶				
		Miscellaneous Rev			Business Code				
	11a								
	b								
	С								
:	d	All other revenue							
		Total. Add lines 11a-1							
		Total revenue. See ins				72856			

# Part IX Statement of Functional Expenses

•	Section 501(c)(3) an	d 501(c)(4) organizatio	ns must complete all d	columns.	
All other organiza	ations must complete	e column (A) but are no	ot required to complet	e columns (B).	(C), and (D),

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1000	1000		
3	Grants and other assistance to governments, organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16		<del></del>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				 
11	Fees for services (non-employees):				
а	Management				
	Legal				<u> </u>
C	Accounting	1150		1150	<del></del>
	Lobbying				
е	Professional fundraising services. See Part IV, line 17		, <sup>2</sup> / <sub>2</sub> , <sup>1</sup> / <sub>2</sub>	1344 11	
f	Investment management fees				<u> </u>
g	Other				
12	Advertising and promotion	266		266	
13	Office expenses	266		200	
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings				
20	Interest		····		
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization .				
23	Insurance	796		796	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	See Attached Sheet #3	77937	61586	6806	9545
b					
c					
d					
e					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	81149	62586	9018	9545
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	art X	Balance Sheet			
	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	185281	2	155162
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
'n	_			7	
Assets	7	Notes and loans receivable, net		8	
Ass.	8	Inventories for sale or use		9	
•	9	Prepaid expenses and deferred charges			ميو فاختاع ديا مرعبيت الشهري الموادات الدامية
	10a	Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D			•
		406	and a second	10c	**************************************
	l b	Investments—publicly traded securities	181342		203168
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	366623	16	358330
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	ant.		*
ab		employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
Seor		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	160801	27	150032
ä	28	Temporarily restricted net assets	207222	28	
핕	29	Permanently restricted net assets	205822	29	208298
or Fund Balances	<b> </b> 	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
şţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	366623	33	358330
	34	Total liabilities and net assets/fund balances	366623	34	358330

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗀 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<b>√</b>	
b	Were the organization's financial statements audited by an independent accountant?	<u>2b</u>	<b>✓</b>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ŀ
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			,
_	the Single Audit Act and OMB Circular A-133?	3a		<b>-</b>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			L
		Form	990	(2009)

#### **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

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Open to Public Inspection

OMB No. 1545-0047

Nam	e of t	the organization	1						Employ	er identifica	ation number
		Academic I		<del></del>					36		3525778
Pa	rt I	Reasor	n for Public Cl	narity Status (All or	rganizati	ons mus	t comp	ete this	part.) S	<u>ee instru</u>	ctions.
The 1 2 3 4		A church, co A school de A hospital of A medical re	onvention of chusescribed in section or a cooperative	ndation because it is: urches, or association on 170(b)(1)(A)(ii). (At hospital service organation operated in contate:	of church tach Sch nization c	thes described lescribed	ribed in a	section 1	70(b)(1)( (1)(A)(iii)	Á)(i).	1)(A)(iii). Enter the
5			tion operated for 0(b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ege or un	iversity o	wned or	operated	by a gov	ernmenta	al unit described in
6		A federal, st	tate, or local gov	ernment or governme	ental unit	describe	d in <b>sec</b> t	tion 170(	b)(1)(A)(v	).	
7	<b>V</b>	An organiza	tion that normall	y receives a substanti	al part of	its suppo	ort from a	a governn	nental un	it or from	the general public
_				(1)(A)(vi). (Complete F	-						
9		An organization receipts from support from	tion that normally activities related gross investment	d in <b>section 170(b)(1)</b> y receives: (1) more the ed to its exempt func- ent income and unre n after June 30, 1975.	an 33½ % tions—su elated bu	6 of its su ubject to siness ta	pport fro certain e xable inc	xceptions come (les	s, and (2) s section	no more	than 331/3 % of its
10		An organiza	tion organized a	nd operated exclusive	ely to tes	t for publ	lic safety	. See <b>sec</b>	tion 509	(a)(4).	
11		purposes of	one or more pu	and operated exclusively supported organical billing by the supported organical describes the type	nizations	describe	d in sect	ion 509(a	)(1) or se	ction 509	(a)(2). See section
	_	a 🗌 Type				e III-Fun	_	_			Type III-Other
е	Ц	persons oth		tify that the organiza on managers and othe o.				-	•	•	•
f g		organization	, check this box st 17, 2006, has	a written determinat the organization acce							e III supporting
		(i) A persor	n who directly o	r indirectly controls, on				th persor	ns descril	oed in (ii)	Yes No
h		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the suppo	d in (i) or	(ii) above					11g(ii) 11g(iii)
	Name	of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi)	s the	(vii) Amount of
19		anization	(i) Liv	(described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	sted in your document?	the organ		organizat (i) organi	ion in col. zed in the S?	support
					Yes	No	Yes	No	Yes	No	
											<del></del>
				<del></del>							
							_				<u> </u>
					_		<u> </u>				
		<del></del> -									
Tota	1					[ [					

	rt II Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
C	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 any "unusual grants.")	60889	55030	68102	75769	49926	309716
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	60889	55030	68102	75769	49926	309716
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)				A 5a was u		0
6	Public support. Subtract line 5 from line 4.						309716
	tion B. Total Support	<del></del>	<del></del>	······	· · · · · · · · · · · · · · · · · · ·	<del></del>	
C	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	60889	55030	68102	75769	49926	309716
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15785	14418	17861	15488	22930	86482
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.)						
11	Total support. Add lines 7 through 10	<u> </u>					396198
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u>.</u>	d, third, fourth			
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) dıv	vided by line 1°	I, column (f))		14	78.82 %
15	Public support percentage from 2008 Sci					15	79.7 %
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly s	upported orgai	nization			▶ ☑
b	33% % support test—2008. If the organization qua						check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum meets-and-circum meets-and-circum meets-and-circum meets-and-circum meets-and-circum meets-and-circum me	acts-and-circum	stances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	acts-and-circum	stances" test, c	heck this box a	ınd stop here. I	Explain in Part I	V how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► □

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checked				a)(2)		
Sec	ction A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
_	Add lines 7a and 7b		<del>                                     </del>			<del>                                     </del>	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	<u> </u>					
Cá	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		<del> </del>			<del> </del>	<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop to	here	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			e 13, column (		15 16	%
	tion D. Computation of Investmen			<del></del>	· · · · ·		
17	Investment income percentage for 2009			t by line 12 or	olump (fl)	17	%
18	Investment income percentage for 200s			-		18	
19a		anization did n	ot check the b	ox on line 14, a	ind line 15 is n		
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b.	, check this bo	ox and see inst	ructions 🕨 🔲

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► 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 **Geneva Academic Foundation** 36 3525778

Pai	t I	Organizations Maintaining Dor the organization answered "Yes'	nor Advised Funds or Other Simila ' to Form 990, Part IV, line 6.	r Funds or Accounts. Complete if
_			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		gate contributions to (during year)		
3		gate contributions to (during year) gate grants from (during year)		
4		gate value at end of year		
_		<del>-</del>	dence advisers in weiting that the appete	hald in depart advised
5	funds	are the organization's property, subject	donor advisors in writing that the assets ect to the organization's exclusive legal or	control? Yes No
6	used (	only for charitable purposes and not	onors, and donor advisors in writing that for the benefit of the donor or donor adv	
_	purpo	se conferring impermissible private b		
Pai	t II	Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpo	se(s) of conservation easements held	by the organization (check all that apply	y).
		eservation of land for public use (e.g.		tion of an historically important land area
	_	otection of natural habitat	• •	tion of a certified historic structure
	☐ Pro	eservation of open space		
2	Comp		ation held a qualified conservation contril	oution in the form of a conservation
	000011	ione on the last day of the tax your		Held at the End of the Tax Year
_	Total	number of concentation concents		
a				· · · <u> </u>
b			sements	· · · <del>                                </del>
C			· ·	· · · <del>   </del>
d			ed in (c) acquired after 8/17/06	· · · · · · · · · · · · · · · · · · ·
3		er of conservation easements modifie x year ►	ed, transferred, released, extinguished, o	or terminated by the organization during
4	Numb	er of states where property subject to	conservation easement is located >	
5	Does	the organization have a written policy	regarding the periodic monitoring, inspe	
		ons, and enforcement of the conserva		Yes No
6	Staff a	and volunteer hours devoted to monit	oring, inspecting, and enforcing conserv	ration easements during the year
7	- A	nt of expenses incurred in monitoring	, inspecting, and enforcing conservation	easements during the year
8	Does	•••••	on line 2(d) above satisfy the requirement	
9			reports conservation easements in its re	
9	baland	ce sheet, and include, if applicable, the ganization's ganization's accounting for conservations.	ne text of the footnote to the organization	n's financial statements that describes
Par	t III	<del></del>	ctions of Art, Historical Treasures,	or Other Similar Assets.
			ered "Yes" to Form 990, Part IV, line 8	
1a				e statement and balance sheet works of
	art, his provid	storical treasures, or other similar asse le, in Part XIV, the text of the footnote	ts held for public exhibition, education, of to its financial statements that describe	research in furtherance of public service, es these items.
b	histori		held for public exhibition, education, or a	atement and balance sheet works of art, research in furtherance of public service,
	-	•	II, line 1	· <b>▶</b> \$
	• •			
_	• •	sets included in Form 990, Part X .		* * * * * * * * * * * * * * * * * * * *
2	followi	ing amounts required to be reported	under SFAS 116 relating to these items:	
			ne 1	
b	Assets	s included in Form 990, Part X		· · · · <b>&gt; \$</b>

Par	rt III Organizations Maintair	ning Collections	of Art, Historica	al Treasures	, or O	ther Similar As	ssets (continued)
3	'Using the organization's acquisitio collection items (check all that app	n, accession, and o ply):	other records, che	eck any of the	follow	ing that are a si	gnificant use of its
a	Public exhibition		d ∐ l	_oan or excha	ange pr	ograms	
b	F=		e 📙 (	Other		· · · · · · · · · · · · · · · · · · ·	
C	Preservation for future general						
4	Provide a description of the organ Part XIV.	ization's collections	and explain how	w they further	the or	ganization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rath	er than to be mainta	ined as part of th	e organization	's colle	ction?	Yes No
Par	Escrow and Custodial IV, line 9, or reported an				nswere	ed "Yes" to For	m 990, Part
							t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement i	n Part XIV and com	plete the followi	ng table:			
					<u> </u>	Ar	nount
C					1c	<del></del>	
d	,				1d	<del> </del>	
е					1e	<del> </del>	
f	Ending balance				1f	l	<del></del>
	If "Yes," explain the arrangement i	n Part XIV.				· · · · ·	∐ Yes ∐ No
Par	rt V Endowment Funds. C	<del></del>				<del></del>	<del>.,</del>
		(a) Current year	(b) Prior year	(c) Two years	back (	d) Three years back	(e) Four years back
1a		194380	293590	<del></del>		· · · · · · · · · · · · · · · · · · ·	ļ
b	Contributions		13917	<u> </u>		<del></del>	
C	Net investment earnings, gains, and losses	22546	(112092)	* * * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·	*
d	Grants or scholarships	<u></u>		1	<u>*</u>	<del></del>	, , ,
е	Other expenditures for facilities		_			,	. ′
	and programs	8593	1000	<del></del>			
	Administrative expenses	35	35	<del></del>			
g	•	208298	194380	<u> </u>		<del></del>	L
2	Provide the estimated percentage						
а	Board designated or quasi-endown		<b>0</b> .%				
b	Permanent endowment ▶	%					
C	Term endowment ▶	%					
3a	Are there endowment funds not in t	he possession of the	e organization the	at are held and	d admir	nistered for the	<u> </u>
	organization by:						Yes No
	(i) unrelated organizations						3a(i) /
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations						3a(ii) ✓
	If "Yes" to 3a(ii), are the related org	panizations listed as	s required on Sc	hedule R? .			3b
4	Describe in Part XIV the intended u						
Par	rt VI Investments—Land, B				ırt X, III	ne 10.	
	Description of investment	(a) Cost or oth (investme		st or other is (other)		reciation	(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements						<del></del>
е	Other						
	Add lines 1a through 1e (Column (d)	must equal Form 00	O Part Y column	(B) line 10/c)			

Part VII · Investments—Other Securit	ies. See Form 990, Part X,	line 12.	rage
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Olerahi hald amiliki interesta			
Other			
		<del></del>	
		<del></del>	
		<del></del>	
•••••••••••••••••••••••••••••••••••••••			
	<u> </u>		20.0 8 6:52 30
Part VIII Investments—Program Rela	ited. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets. See Form 990,	Part X, line 15.		
	(a) Description	(b) Book	value
	<del></del>		
	<del></del>		
<del></del>	<del></del>		
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X Other Liabilities. See Form 99	0, Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		]	
		4	
		1	
		4	
	<del></del>	4	
		-	
	<del></del>	1	
	<del> </del>	1	
		1	
	<del></del>	1	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	1	
2. FIN 48 Footnote. In Part XIV, provide the text		tion's financial statements that reports the	
organization's liability for uncertain tax positions			_

#### **SCHEDULE 0** (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Name of the organization

Employer identification number 36

Geneva Academic Foundation	36	3525778
Form 990, Part VI, Section A, #11 - Governing Body and Management		
A copy of the form 990 with schedules will be presented to the governing Board. This retu	urn wil	l be available
to the public upon request.		
Form 990, Part VI, Section B, 12a and 12b - Policies		
Programs and grants submitted by committees must be approved by the Board. Vendors	are se	lected by the lowest
bid.		
By Laws of Geneva Academic Foundation:		
Conflict of Interest. All persons either elected or appointed to an office (including but not	limited	l to any Board or
Committee), prior to acceptance and during tenure of that position, shall avoid situations	and ac	tivities where their
personal interests could conflict, or reasonable appear to conflict, with interest of the Cor	poratio	on. A conflict of
interest is defined as any situation in which a member's decisions or votes could substan	tially a	nd directly affect the
member's professional, personal, financial or business interests. In the event that a personal	on nom	inated for or holding
an office of the Corporation finds himself or herself in such a position, he or she shall pro	mptly	disclose the conflict
of interest to the person in charge of the activity (or the next higher authority if the member	er is in	charge) and to the
Executive Board of the Corporation and recuse himself or herself at any Board or Commit	tee me	eting from any
deliberations or vote on the matter giving rise to the conflict of interest.		
Form 990, Part VI, Section C - Disclosure		
19. In February of each calendar year, a general meeting is held and is open to the public.	At thi	s meeting all
governing documents, policies and financial statements are available and discussed.		
Form 990, Part XI - Financial Statements and Reporting		
2. The Board Chairman and Treasurer approved the selection of the independent account	ant. Ti	ne treasurer and
accountant worked jointly to prepare the 2009 taxes.		

Attachment 1 : Form 990, Page 1, Line 8			
<u>&amp; 10</u>			
8 Membership Dues	22767 28		
8 Fundraising events.	Gross Revenue	Direct Expense	Net Income
Mighty Duck Boat Race	100		
Giving Tree	359		,
Crate & Barrel Fundraiser	4160		
Santa Shuffle	405	850.65	
Silent Auction	1861 5	150	1711.5
Viva Geneva Fund	17264.3	8544.09	8720 21
8. Other Contributions			
	0.3		
	100		
	2908.49		
10. Investments	22930		
Totals	72855.87	9544.74	10431.71
GAF - Form 990 -2009 Tax Year			

Attachment 2 <sup>-</sup> Page 10 - 990, Part IX, Line 2		GAF
cholarship to		
Seneva Community School Dist. 304 High School Students:		
Alician Schooley	\$500.00	
Kelley Falls	\$500.00	
Total	\$1,000.00	
		·····
GAF Fundraisers - Form 990 -2008 Tax Year		

Attachment 3: Page 10 - 990, Part IX, Line 24	<u>Total</u>	<u>Program</u>	Management &	Fundraising
		Services	General	
Finance Charge	100		100	
Executive Board Expense	34 06		34.06	
Gifts - Student Representatives	84.88		84.88	
Dues & Subscriptions	365		365	
State of Illinois Filing Fee	15		15	
Membership Committee Expense	4196.03		4196.03	
Awareness Committee Expense	207.45		207.45	
Post Office Box	40		40	
Printing & Publications	563.23		563.23	
Supplies	265 66		265.66	
Other Fundraiser Services & Expenses	9544.74	<del></del>		9544.74
Bulk Mail Fee	185		185	
Bulk Mail - Prepaid	750		750	
Project Search Comm. Expense	61586.15	61586.15		
Totals	77937 2	61586.15	6806.31	9544.74
GAF Form 990 -2009 Tax Year				