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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning

5-1

, 2009, and ending

4-30, 2010

**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

Geneva Park District Foundation

Number and street (or P.O. box, if mail is not delivered to street address)

22 S FOURTH Street

City or town, state or country, and ZIP + 4

Geneva IL 60134

**D** Employer identification number

36-3951865

**E** Telephone number

630-232-3200

**F** Group Exemption Number ▶ N/A

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														19,185												
	2	Program service revenue including government fees and contracts														0												
	3	Membership dues and assessments														0												
	4	Investment income														197												
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														0												
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)														15,107												
	6b	Less: direct expenses other than fundraising expenses														2,819												
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														12,288													
Expenses	7a	Gross sales of inventory, less returns and allowances														303												
	7b	Less: cost of goods sold														(406)												
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														(103)												
	8	Other revenue (describe ▶)														0												
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														31,567												
	10	Grants and similar amounts paid (attach schedule)														204,745												
	11	Benefits paid to or for members														0												
	12	Salaries, other compensation, and employee benefits														0												
	13	Professional fees and other payments to independent contractors														0												
	14	Occupancy, rent, utilities, and maintenance														0												
Net Assets	15	Printing, publications, postage, and shipping														5,220												
	16	Other expenses (describe ▶ Engraving, Plaques, Misc)														265												
	17	Total expenses. Add lines 10 through 16														210,230												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														(178,663)												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														202,580												
	20	Other changes in net assets or fund balances (attach explanation)														0												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														23,917												

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,247	23,917
23	Land and buildings	183,333	0
24	Other assets (describe ▶)	0	0
25	Total assets	202,580	23,917
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	202,580	23,917

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 30 2010

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18

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Land Donation to expand Peck Farm Park		
	(Grants \$ 183,333 ) If this amount includes foreign grants, check here . . . . .	28a	183,333
29	memorial trees, benches and plaques at various park sites		
	(Grants \$ 7,412 ) If this amount includes foreign grants, check here . . . . .	29a	7,412
30	Peck Farm Park improvements to Butterfly house and rain barrels for environmental purposes		
	(Grants \$ 7,000 ) If this amount includes foreign grants, check here . . . . .	30a	7,000
31	Other program services (attach schedule) Shade trees at sports fields.		
	(Grants \$ 7,000 ) If this amount includes foreign grants, check here . . . . .	31a	7,000
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	204,745

**(a) Name and address**

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> —		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> 0	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> 0	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified 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		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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.		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <u>Illinois</u>		
<b>42a</b> The organization's books are in care of ▶ <u>R. Cox, Asst. Treasurer</u> Telephone no. ▶ <u>630-232-3200</u> Located at ▶ <u>22 S 4th Street, Geneva Illinois</u> ZIP + 4 ▶ <u>60134</u>		
<b>b</b> 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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
	<b>43</b>	
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
		<input checked="" type="checkbox"/>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

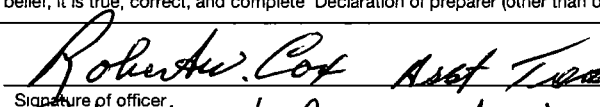
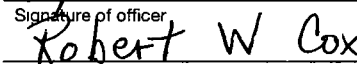
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

<b>Sign Here</b>	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.			
	 Signature of officer		Date <u>9/14/10</u>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No



**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	22,976	19,670	23,188	23,707	19,185	108,726
<b>2</b> 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 . . . . .	13,942	12,655	14,130	15,520	15,410	71,657
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	—	—	—	—	—	—
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	—	—	—	—	—	—
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	—	—	—	—	—	—
<b>6 Total.</b> Add lines 1 through 5 . . . . .	36,918	32,325	37,318	39,227	34,595	180,383
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	—	—	—	—	—	—
<b>b</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 . . . . .	—	—	—	—	—	—
<b>c</b> Add lines 7a and 7b . . . . .	—	—	—	—	—	—
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						180,383

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	36,918	32,325	37,318	39,227	34,595	180,383
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,288	1,989	1,153	769	197	5,396
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	—	—	—	—	—	—
<b>c</b> Add lines 10a and 10b . . . . .	1,288	1,989	1,153	769	197	5,396
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	—	—	—	—	—	—
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	—	—	—	—	—	—
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	38,206	34,314	38,471	39,996	34,792	185,779
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	97 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	3 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	3 %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

N/A

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

2009

## Open To Public Inspection

Name of the organization

<sup>n</sup> Geneva Park District Foundation

Employer identification number

36: 3951845

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations    | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations          |  |
- Autumn Fair
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Illinois

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <i>Autumn Fair Peck Farm</i> (event type)	(b) Event #2  (event type)	(c) Other events  (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,107			15,107
	2 Less Charitable contributions	—			—
	3 Gross income (line 1 minus line 2)	15,107			15,107
Direct Expenses	4 Cash prizes	—			—
	5 Noncash prizes	—			—
	6 Rent/facility costs	—			—
	7 Food and beverages	657			657
	8 Entertainment	—			—
	9 Other direct expenses	2,142			2,142
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 2,819 )
11 Net income summary. Combine line 3, column (d), and line 10				12,288	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					( )
8 Net gaming income summary. Combine line 1, column d, and line 7					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities.		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

<b>GENEVA PARK DISTRICT FOUNDATION</b>
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Treasurer's Report  
4/30/2010

		CURRENT PERIOD 3/1/10 to 4/30/10	CURRENT YTD
<b><u>SPECIAL EVENT</u></b>			
<b><u>Autumn Fair at Peck Farm</u></b>			
Revenue			
Sponsors	\$0.00	\$9,250.00	
Cow Chip Bingo	\$0.00	\$3,430.00	
Pumpkins	\$0.00	\$149.00	
Butterfly House	\$0.00	\$318.52	
Raffles	\$0.00	\$524.00	
Food/Beverage/Misc.	\$0.00	\$1,435.00	
		\$0.00	\$15,106.52
Expenses			
Food/Beverage	\$0.00	\$657.26	
Supplies	\$0.00	\$1,197.43	
Bingo Winners	\$0.00	\$0.00	
Misc.	\$0.00	\$964.09	
		\$0.00	\$2,818.78
Net Special Event Revenue		\$0.00	\$12,287.74

**GENEVA PARK DISTRICT FOUNDATION**

4/30/2010

Part I, #10

Part III

**ALLOCATION:** \$ 204,745

**RECIPIENT:** Geneva Park District

**Use of Funds:**

Land donation to expand Peck Farm Park  
\$183,333

Peck Farm Park - Improvements to Butterfly House and  
purchase of rain barrels for environmental purposes  
\$7,000

Shade Trees - Tree planting at sport fields in p. park sites  
throughout the district  
\$7,000

Memorial Trees, Benches and Plaques  
on donor designated Park Sites  
\$7,412

## PART IV

### List of Officers and Trustees

<u>Name and Address</u>	<u>Title/Average Number Of Hours Per Week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans and Deferred Compensation</u>	<u>Expense Account and Other Allowances</u>
Don Manikas 2051 Eldorado Dr, Geneva, IL	Chairman/3	\$0	\$0	\$0
Mark Trimble 2703 Patten Ave, Geneva, IL	Vice Chairman/2	\$0	\$0	\$0
Sheavoun Lambillotte 710 Western Ave., Geneva, IL	Secretary/2	\$0	\$0	\$0
Sandra Klimowski 896 Manchester, Geneva, IL	Treasurer/4	\$0	\$0	\$0
Robert Cox 1567 Kirkwood, Geneva, IL	Asst Treasurer/4	\$0	\$0	\$0
Jim Lynch 1502 Dunstan Rd, Geneva, IL	Trustee/1	\$0	\$0	\$0
Greg Hoskins 14 Wakefield, Geneva, IL	Trustee/1	\$0	\$0	\$0
Sam Hill 1855 Southampton, Geneva, IL	Trustee/1	\$0	\$0	\$0
Nancy Peterson 0N722 Peck Rd., Geneva, IL	Trustee/1	\$0	\$0	\$0
Chris Sines 537 Dempsey Pl, Geneva, IL	Trustee/1	\$0	\$0	\$0
Jill Bridges 1S003 W Mallory, Geneva, IL	Trustee/1	\$0	\$0	\$0
Don Cummings, Jr 1440 Fairway Cir, Geneva, IL	Trustee/1	\$0	\$0	\$0
John Burns 15 N Northampton, Geneva, IL	Trustee/1	\$0	\$0	\$0
Dave Nelson 1706 Radnor, Geneva, IL	Trustee/1	\$0	\$0	\$0
Donna Ludwig 1420 Dunstan Rd., Geneva, IL	Trustee/1	\$0	\$0	\$0