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Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other 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

OMB No 1545-1150

2009

Open to Public
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A For the 2009 calendar year, or tax year beginning		July 1	, 2009, and ending	June 30	, 20 10
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Hoffman Estates Park District Foundation Number and street (or P O box, if mail is not delivered to street address) Room/suite 1685 West Higgins Road City or town, state or country, and ZIP + 4 Hoffman Estates, IL 60169		D Employer identification number 36-4270370 E Telephone number 847-885-7500 F Group Exemption Number ► 0057	

• 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) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► www.heparks.org Select Friends of HE Parks under General Tab

J Tax-exempt status (check only one) — 501(c) (3) ► (insert no.) 4947(a)(1) or 527

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.)

	Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5256
		2 Program service revenue including government fees and contracts	2	
		3 Membership dues and assessments	3	
		4 Investment income	4	584
		5a Gross amount from sale of assets other than inventory	5a	
		b Less: cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
		a Gross revenue (not including \$ <u>5626</u> of contributions reported on line 1)	6a	63384
		b Less: direct expenses other than fundraising expenses	6b	33673
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29711
		7a Gross sales of inventory, less returns and allowances	7a	
		b Less: cost of goods sold	7b	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
		8 Other revenue (describe) ►	8	
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	35551
		10 Grants and similar amounts paid (attach schedule)	10	12778
		11 Benefits paid to or for members	11	
		12 Salaries, other compensation, and employee benefits	12	
		13 Professional fees and other payments to independent contractors	13	189
		14 Occupancy, rent, utilities, and maintenance	14	
		15 Printing, publications, postage, and shipping	15	542
		16 Other expenses (describe) ► <u>Administrative and Licensing Fees and Bad Debt</u>	16	1718
		17 Total expenses. Add lines 10 through 16 ►	17	15227
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20324
		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)	19	69770
		20 Other changes in net assets or fund balances (attach explanation)	20	
		21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	90094

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	73180	22 100412
23	Land and buildings		23
24	Other assets (describe) ► <u>Accounts Receivable</u>	5875	24 3304
25	Total assets		25
26	Total liabilities (describe) ► <u>Accounts Payable/Deposits</u>	9285	26 13622
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	69770	27 90094

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Provide Recreational Activities for Disadvantaged Families

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Scholarship program			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a		7171
29	Youth Sports programs			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a		4625
30	Low Income Housing Outreach program			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a		982
31	Other program services (attach schedule)			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a		
32	Total program service expenses (add lines 28a through 31a) ►	32		12778

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attached				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► Hoffman Estates park District Telephone no. ► 847-885-7500 Located at ► 1685 W. Higgins Road, Hoffman Estates, IL 60169 ZIP + 4 ►		
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)?	42b	✓
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		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 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	45	✓

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
46 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	46	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓
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."		

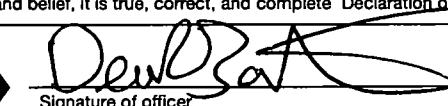
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

Sign Here	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 Dean R. Bostrom, Secretary Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Employer identification number

4270370

Hoffman Estates Park District

30

4270370

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III–Functionally integrated d Type III–Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 h Provide the following information about the supported organization(s)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <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
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						
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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
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 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. 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 stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Hoffman Estates park District Foundation

Employer identification number

36 | 4270370

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 Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

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.

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.

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 Casino/TXHoldEm (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events AI Binder (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	24983	20115	10729
	2 Less. Charitable contributions			
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes	4825		4825
	5 Noncash prizes	3665	1510	5175
	6 Rent/facility costs	3172		3172
	7 Food and beverages		1464	1464
	8 Entertainment			
	9 Other direct expenses	1498	105	10729
10 Direct expense summary Add lines 4 through 9 in column (d) ►				(26968)
11 Net income summary Combine line 3, column (d), and line 10 ►				28859

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			24983	24983
Direct Expenses	2 Cash prizes		4825	4825
	3 Noncash prizes		3665	3665
	4 Rent/facility costs		3172	3172
	5 Other direct expenses		1498	1498
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95 % <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ►				(13160)
8 Net gaming income summary Combine line 1, column d, and line 7 ►				11823

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>Illinois</u>		
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? b If "Yes," explain:	10a	✓
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	✓

	Yes	No				
13 Indicate the percentage of gaming activity operated in:	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; text-align: center;"> <tr><td style="width: 50px; height: 15px;">13a</td><td style="width: 50px; height: 15px; vertical-align: bottom;">100 %</td></tr> <tr><td style="width: 50px; height: 15px;">13b</td><td style="width: 50px; height: 15px; vertical-align: bottom;">%</td></tr> </table>	13a	100 %	13b	%	
13a	100 %					
13b	%					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Name ► Craig Talsma					
	Address ► 1685 W. Higgins Road, Hoffman Estates, IL 60169					
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 ► \$ 24983 and the amount of gaming revenue retained by the third party ► \$ 2318 .						
c If "Yes," enter name and address of the third party:						
	Name ► Windy City Charitable Games					
	Address ► 777 N. Michigan Ave, Chicago, IL 60611					
16 Gaming manager information:						
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?						
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 ► \$						

Sal. First	Last	Title	Business/Home	Address	City	St	Zip	Phone	Email	Cell Number	Fax Number	Term
Mr. Doug	Allenberger	Emeritus Trustee	Stonegate Properties	2500 Higgins Road	Hoff Est	IL	60169	847-882-2300	dea@stonegategroup.com		2011	
Mr. Dean	Bostrom	Trustee	Hoffman Estates Park District	1633 Pebble Beach Dr	Hoff Est	IL	60169	847-934-9354			2013	
Mr. Kevin	Cheveldayoff	Emeritus Trustee	Home	1685 W. Higgins	Hoff Est	IL	60169	847-310-1604	dbsrom@heparks.org	847-561-2150	847-885-7523	
Mr. Cary	Collins	Emeritus Trustee	Ass. Gen Manager	Chgo Blackhawk	Hoff Est	IL	60169	847-963-8260	chasealex@comcast.net		2011	
Mr. Gene	Hiser	Trustee	Law Offices of C	1710 White Oak	Hoff Est	IL	60169	847-934-0015	CJCollins4@aol.com	847-707-0328		
Ms. Georgeanna	Mehr	Trustee	Collins	2200 W. Higgins, Ste 155	Hoff Est	IL	60169	847-519-0010				
Mr. Mike	Richae	Trustee	GG Financial	10511 Perimeter Dr	Schaumburg	IL	60173	847-413-2680	gth21@msn.com	847-413-1282	2012	
Ms. Lisa	Spenzios	Trustee	HE Community Bank	195 Coldspings Rd	Barrington	IL	60010	847-277-0399	emch@thecommunitybank.com	847-536-9046	2011	
Mrs. Kathleen	Mustal	Trustee	Home	1375 Palatine Road	Hoff Est	IL	60169	847-842-2630				
		BIK & Co., LLP	625 N. North Court Ste 200	Palatine	Hoff Est	IL	60169	847-359-6583				
Mr. Will		BIK & Co., LLP	1117 S. Milwaukee Ave, Ste C-11	Libertyville	Hoff Est	IL	60048					
Mr. Mike	Rossnky	Trustee	Home	1780 Glen Lake Rd	Hoff Est	IL	60169	847-882-9425	mdnews@sbsglobal.net		2011	
Mr. Mike	Traphahn	Trustee	Pride Windows & Siding	2330 Hassell Road	Hoff Est	IL	60169	847-310-4500				
Ms. Lisa	Gayle	Trustee	Home	1471 Crawford Circle N	Hoff Est	IL	60169	847-882-2728	mtr1471@sbsglobal.net		2013	
Mr. Scott	Vandenbergh	Trustee	The UPS Store	904 S. Roselle Rd	Schaumburg	IL	60193	847-301-0901				
			The UPS Store	1584 Buttitta Dr	Streamwood	IL	60107	630-289-2105				
Mr. Bill	McLeod	Trustee	First Place Sports Bar & Grill	34 Westcott	S. Barrington	IL	60010	847-414-7110	lisa1stplace@aol.com		2013	
Ms. Gayle		W-T Engineering, Inc	1736 W. Algonquin	Hoff Est	Hoff Est	IL	60192	847-359-3333				
Dr. Ed	Goldberg	Trustee	Home	4476 Sundance Circle	Hoff Est	IL	60192	847-496-5075	scott.mraphahn@wtiengneen.com	847-373-1368	2013	
Peg	Kusmierski	Admin	W-T Engineering, Inc	2675 Pratum Ave	Hoff Est	IL	60192	224-293-6363		224-293-6444		
		Emeritus Trustee	Home	1806 Hampshire	Hoff Est	IL	60192			847-525-7489	2013	
		Village of Hoffman Estates	W-T Engineering, Inc	2675 Pratum Ave	Hoff Est	IL	60169	847-882-9100	gayle.vandenbergh@wtengneen.com			
Mr. Bill		Emeritus Trustee	1900 Hassell Road	Hoff Est	Hoff Est	IL	60169	847-490-6901	edward.goldberg@statecensus.net		2011	
		St. Alexius Medical Center	1555 N. Barrington Road	Hoff Est	Hoff Est	IL	60169	847-490-6901	dkusmierski@heparks.org		2011	
		Hoffman Estates Park District	1685 W. Higgins Rd	Hoff Est	Hoff Est	IL	60169	847-310-3617				
		Admin	1855 W. Parkside Dr	Hoff Est	Hoff Est	IL	60192	847-991-8344	847-409-0336	847-885-7523	Rec Sec	

Unless otherwise noted, all terms of office until Annual Foundation Board Meeting (June) of the term year