Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613 773/525-6171

December 11, 2018

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed are the original and one copy of the 2017 Exempt Organization returns, as follows...

2017 Form 990

2017 Illinois Form AG990-IL

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Eilts & Associates, Inc.

Barton Eilts

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2018

Prepared for	Glenview Education Foundation Post Office Box 373
	Glenview, IL 60025
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2019
Special Instructions	The return should be signed and dated.

			-			
_	Q	QN	Return of Organization Exempt F	rom I	ncome Tax	
		of the Treasury enue Service	-	-		
AF	or th	e 2017 calend				
Bc	heck if	C Name of			D Employer identific	ation number
a 						
	Addre chang Name					700505
	_]chang ∃Initial	pe Doing bi		Doom/ouito		
	_lreturn │Fiṇal	Dogt		Room/Suite		
	→return termin ated	ő-				
	Amen					-
	Applie tion	^{ca-} F Name a				
	pendi	Post		25	H(b) Are all subordinates in	cluded? Yes No
				r 📃 527	If "No," attach a	list. (see instructions)
JV	Vebsi	te: 🕨 WWW 🛛	gef34.org			
				L Year	of formation: 1990 M	State of legal domicile: エム
Pa	rt I				Quere est man	
9	1					
Activities & Governance				-		-
/err						
ğ	3					
م	4					
ties	5					
ť	6					-
Ac						
	D	Net unrelated	business taxable income from Form 990-1, line 34			-
	8	Contributions	and grants (Part VIII line 1h)			
Revenue	9					-
svel					-	• •
ž						
					0.	0.
	14				0.	0.
ŷ					0.	0.
Expenses					0.	0.
ę				0.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			380,341.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			
	19	Revenue less	expenses. Subtract line 18 from line 12			-243,816.
Net Assets or Fund Balances				Be		End of Year
sset	20	Total assets (F	Part X, line 16)			
atAs	21					
ž ⁱⁿ	22		▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection Open to Public Inspection De to Public Inspection De to Public Inspection Inspection			
	nrt II	-				
			I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	r has any knowledge.	

Sign	Signature of officer			Date
Here				
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Barton Eilts			if pol327750
Preparer	Firm's name 🕨 Eilts & Associat	es, Inc.		Firm's EIN 61-1443699
Use Only	Firm's address 3729 N. Ravenswo	od, Ste. 117		
	Chicago, IL 6061	.3		Phone no. 773 - 525 - 6171
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2017)

01 11 20 17			in nouu		ooparate mout		
See	Schedule	0	for	Organization	Mission	Statement	Continuation

Form **990** (2017)

1	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
			-
			[
	Briefly describe the organization's mission: Financial support provided to educators in IL Dist. ‡	#34 with educat	ion
	grants. The primary grant-making activity fo the Gler		
	Foundation is the Educator Development Grants. These		
	intended to support teachers at various stages of the	e inquiry proce	SS
	Did the organization undertake any significant program services during the year which were not listed on t	he	
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?Yes	X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, a	and
	(Code:) (Expenses \$368, 565. including grants of \$)	(Pevenue \$	
	Science Olympiad		
	(code:)(Expenses \$including grants of \$) Innovation Exploration at SXSWedu	(Revenue \$	
	Innovation Exploration at SASwedu		
		(Revenue \$	
	"STEM" Program		
	Other program services (Describe in Schedule O.)	۱.	
	(Expenses \$ including grants of \$) (Revenue \$)	
)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Form 9	90 (2

_		·
Form	990	(2017)

Form 990 (2017) Glenview Education Foundation
Part 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)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
U.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
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		X

Form **990** (2017)

732003 11-28-17

07121211 797808 GLE-001

-	~~~	(001)
⊢orm	990	(2017)

Glenview Education Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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 25a	24a		X
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		_ A
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? 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):	28a		x
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	20a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
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		x
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) Glenview Education Foundation 36-3789	505	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
Zu	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
30		3a		x
		3b		
	If "Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
40		4.0		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			000	(0017

Page 5

732005 11-28-17

Form 990 (2017)
------------	-------

Glenview Education Foundation

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.

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>			
Sec	tion A. Governing Body and Management					Vee	
10	Fotos the number of voting members of the governing body of the and of the tay year	1a	_	36	5	Yes	
Ia	Enter the number of voting members of the governing body at the end of the tax year	. 18	4		4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
h		1		36	5		
	Enter the number of voting members included in line 1a, above, who are independent				4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
~	officer, director, trustee, or key employee?				2		┝
3	Did the organization delegate control over management duties customarily performed by or under						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		╀
4	Did the organization make any significant changes to its governing documents since the prior Form				4		┝
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		╀
6	Did the organization have members or stockholders?				6		╞
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				_		
	more members of the governing body?				7a		┞
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stocl	kholders, or	-			
	persons other than the governing body?				7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-		-			
а	The governing body?				8a	X	L
b	Each committee with authority to act on behalf of the governing body?				8b		L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eache	d at the				l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Rever	nue Code.)				-
						Yes	ļ
0a	Did the organization have local chapters, branches, or affiliates?				10a		l
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapt	ters, affiliate	€S,			l
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	efore filing t	he form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						Ι
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		Ι
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to c	onflicts?		12b		T
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						T
	in Schedule O how this was done				12c		l
3	Did the organization have a written whistleblower policy?				13		T
4	Did the organization have a written document retention and destruction policy?				14		t
5	Did the process for determining compensation of the following persons include a review and appro						t
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	, march en ar				l
а	The organization's CEO, Executive Director, or top management official				15a		ľ
	Other officers or key employees of the organization				15b		t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100		t
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omon	t with a				l
Ua					16a		l
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				104		┟
b				ION			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				101		l
	exempt status with respect to such arrangements?		<u></u>	<u></u>	16b		1
7	List the states with which a copy of this Form 990 is required to be filed IL	x + /2		-) (0)		.1	
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J-1 (S€	ection 501(c	;)(3)s only)	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (expla						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest	policy, an	d finar	icial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's k	oooks	and record	.s:▶			
	The Organization - 847-998-5000						
	P.O. Box 373, Glenview, IL 60025						
2006	3 11-28-17				Forn	ו 990	(;
	6						
21	211 797808 GLE-001 2017.05010 Glenview Educa	atio	on Fou	ndati	GLI	E-0	0

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)		noui	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>					Ĺ	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Scott Nelson	3.00	Ē	Ë	5	ъ З	포동	요			
Advisory Board		x		x				0.	0.	0.
(2) Mandy Chiarieri	3.00									
Advisory Board		x		x				0.	0.	0.
(3) Greg Hughes	2.00									
Past Chair		X		X				0.	0.	0.
(4) Jim Kendall	2.00									
Advisory Board		Х		Х				0.	0.	0.
(5) Chiara Andrews	2.00									
Board Member		Х						0.	0.	0.
(6) Meg Costigan	2.00									
Board Member		х		X				0.	0.	0.
(7) Susie Davis	2.00									<u> </u>
Board Member		Х						0.	0.	0.
(8) Lindsay Ferber	2.00									0
Board Member		X						0.	0.	0.
(9) Diane Bilcer	2.00							0	0	0
Grants Chair	2.00	X		X				0.	0.	0.
(10) Catherine Gray	2.00	x		x				0.	0.	0.
Secretary (11) Maria Gordon	2.00	^		^				0.	0.	0.
Board Member	2.00	x						0.	0.	0.
(12) Vibha Gupta	2.00									
Board Member		x						0.	0.	0.
(13) Priya Harjani	2.00									
Board Member		x						0.	0.	0.
(14) Alison Beitzel	0.50									
Treasurer		x						0.	0.	0.
(15) Anne Burke	0.50									
Fundraising Chair		х		X				0.	0.	0.
(16) Cynthia Garcia	0.50									
Chair		Х						0.	0.	0.
(17) Jennifer Havill	2.00									
Board Member		Х						0.	0.	0.
732007 11-28-17						_				Form 990 (2017)

7

07121211 797808 GLE-001

Form	aan	(2017)
I UIIII	990	(2017)

36-3789505 Page 8

Part VII Section A. Officers, Directors, Tr		<u>ploy</u>	/ees			ighe	st C					
(A)	(B)			•	C)	_		(D)	(E)		(F))
Name and title	Average		not c	heck		e than		Reportable	Reportable	Estimated amount o other		
	hours per week					is bot or/trus		compensation	compensation			
	(list any	<u> </u>					Ĺ	from the	from related organizations		otn compen	
	hours for	direct				_			(W-2/1099-MISC		from	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11100	/	organiz	
	organizations	trust	ial tru		yee	ompe					and re	
	below	Individual trustee or director	itutior	Officer	Key employee	Highest compensated employee	mer				organiza	ations
	line)	Indi	Inst	ÖĦ	Key	Higle	Боп			\rightarrow		
(18) Allie Lippert	2.00							0				0
Board Member (19) Niraj Jain	0.50	X						0.	().		0.
Operations Committee	0.50	x						0.	().		0.
(20) JD Lathrop	2.00	┢┻						0.		′ +−		0.
Board Member	2.00	x						0.	().		0.
(21) Tom Lund	2.00							0.		/ ·		0.
Board Member	2:00	x						0.	().		0.
(22) Megan McClung	2.00	<u> </u>								<u> </u>		•••
Board Member		x						0.	().		0.
(23) Dana Palmer	2.00	<u> </u>										
Board Member		x						0.	().		0.
(24) Chris Rettig	2.00									+		
Board Member		x						0.	().		0.
(25) Megan Spathis	2.00											
Board Member		X						0.	().		0.
(26) Elyce Ventura	2.00											
Board Member		X						0.).		0.
1b Sub-total								0.).		0.
c Total from continuation sheets to Part								0.).		0.
d Total (add lines 1b and 1c)								0.).		0.
2 Total number of individuals (including but	t not limited to th	lose	liste	ed a	lbov	e) wl	ho r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Ye	s No
3 Did the organization list any former office					•		-	•				x
line 1a? If "Yes," complete Schedule J for										··	3	
4 For any individual listed on line 1a, is the and related organizations greater than \$1	-		-					-	ine organization		4	x
5 Did any person listed on line 1a receive o									dual for services		-	
rendered to the organization? If "Yes," co											5	X
Section B. Independent Contractors					10 01 1					<u></u>	-	
1 Complete this table for your five highest	compensated in	depe	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of comp	ensati	ion from	
the organization. Report compensation for	or the calendar y	ear (endi	ing v	with	or w	vithir	n the organization's tax	/ear.			
(A)				_				(B)		-	(C)	
Name and busines	ss address	NC	ONI	Ξ				Description of s	ervices	Con	npensat	ion
							_					
2 Total number of independent contractors	s (including but r	not li	mite	d to	b tho	se li	stec	d above) who received m	ore than			
\$100,000 of compensation from the orga						0						
See Part VII, Sectio	on A Con	cir	nua	at.	io	n s	sh	eets		Fc	orm 990) (2017)
732008 11-28-17												

07121211 797808 GLE-001

	iew Educat								36-378	9303
		mplo I	byee			ligh	est			(
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	1-1		Pos			1. 3	Reportable	Reportable	Estimated
	hours	(C	neck	all 1	that	app	iy)	compensation from	compensation from related	amount of other
	per week					e		the	organizations	compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			en sate		· · · · · · · · · · · · · · · · · · ·		and related
	organizations	l trus	nal tri		oyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	Fon			
(27) Mike Zimmerman	2.00									
Board Member		X						0.	0.	(
(28) Shiva Mohsenzadeh	0.50									
/ice Chair		X						0.	0.	(
(29) Julie Moon	0.50									-
Communications Committee		X						0.	0.	(
(30) Nicky Stannard	0.50								~	
Board Member		X						0.	0.	(
		-								
		-								
		1								
		1								
		1								
			-		-	_				

732201 04-01-17

Form	1 990	(2017) Glenview Edu	cation Fo	undation		36-3789	505 Page 9
Ра	rt VI	II Statement of Revenue					
_		Check if Schedule O contains a respons	e or note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
àrar oun		Membership dues 1b					
a, G Am		Fundraising events					
Gift	Ċ	Related organizations 1d					
ns, Simi		e Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and	00 650				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	89,659.				
hon		Noncash contributions included in lines 1a-1f: \$		80 650			
a C	h	Total. Add lines 1a-1f		89,659.			
•	0.0		Business Code				
Program Service Revenue	2 a b						
Ser	0						
am	d						
ogra	e						
Pre	f						
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)		391.	391.		
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties	►				
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses	_				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	h	assets other than inventory					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of					
eve		contributions reported on line 1c). See					
r R			a 44,403.				
the	b	Less: direct expenses	b 3,383.				
0		Net income or (loss) from fundraising events	►	41,020.			41,020.
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances					
		5	b				
	C	Net income or (loss) from sales of inventory					
	44 -	Miscellaneous Revenue Other income	Business Code 900099	5,535.	5,535.		
	11 a b			-80.	-80.		
	-		011/10	00.			
	c c						
		Total. Add lines 11a-11d		5,455.			
	12	Total revenue. See instructions.		136,525.	5,846.	0.	41,020.
73200	9 11-2		····· F				Form 990 (2017)

10

07121211 797808 GLE-001 2017.05010 Glenview Education Foundati GLE-0011

Part IX Statement of Functional Expenses

Glenview Education Foundation

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	e or note to any line in	this Part IX		יח/
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
;	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	050		050	
	Advertising and promotion	859.		859.	
	Office expenses	225.		225.	
	Information technology	5,032.		5,032.	
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization	740.		740.	
		/40•		/40•	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	Program services	368,565.	368,565.		
	Bank and credit card fe	3,519.		3,519.	
	Taxes and licenses	765.		765.	
-	Supplies	344.		344.	
	All other expenses	292.		292.	
	Total functional expenses. Add lines 1 through 24e	380,341.	368,565.	11,776.	
	Joint costs. Complete this line only if the organization		· · ·	· · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

07121211 797808 GLE-001

11 2017.05010 Glenview Education Foundati GLE-0011

Form **990** (2017)

alance Sheet	
heck if Schedule O contains a response or note to any line in this Part X	
	(A) Beginning
ach nan interact hearing	244

Pa		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.1.1 555	1	292,225.
	2	Savings and temporary cash investments		2	260,652.
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under		Ŭ	
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8			8	
	9	Inventories for sale or use		9	
	-	Prepaid expenses and deferred charges		9	
	IUa	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	4,869.
	12	Investments - other securities. See Part IV, line 11		12	±,005
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	F11 004	15	557,746
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	557,740
	17	Accounts payable and accrued expenses		17	516,732
	18	Grants payable		18	510,752
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bili		key employees, highest compensated employees, and disqualified persons.			
Lia		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	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
	00	Schedule D	226,174.	25 26	516,732.
	26	Total liabilities. Add lines 17 through 25	220,174.	20	510,752
~		Organizations that follow SFAS 117 (ASC 958), check here X and			
Sec	07	complete lines 27 through 29, and lines 33 and 34.	284,830.	27	41,014.
lan	27	Unrestricted net assets		27	41,0140
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets		20 29	
oun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē					
Net Assets or Fund Balances	30	and complete lines 30 through 34.		30	
ŝŝe		Capital stock or trust principal, or current funds			
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Nei	32	Retained earnings, endowment, accumulated income, or other funds	284,830.	32 33	41,014.
	33	Total net assets or fund balances	511,004.	33 34	557,746
	34	Total liabilities and net assets/fund balances	511,004.	34	Form 990 (2017

Form 990 (2017) Part X Ba

Glenview Education Foundation

12

07121211 797808 GLE-001

Form	n 990 (2017) Glenview Education Foundation	36-378	9505	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	136		
2	Total expenses (must equal Part IX, column (A), line 25)	2	380		
3	Revenue less expenses. Subtract line 2 from line 1	3	-243		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	284	.,8	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	41	.,0:	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

732012 11-28-17

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service									Open to Public	
Intern	al Reve	nue Service		Go to www.irs.go	//Form990 for instruction	ons and th	he latest i	nformation.		Inspection
Nan	ne of	the organizati								identification number
_			Glen	view Educa	tion Foundat	ion				6-3789505
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	mplete th	is part.) S	ee instructior	s.	
The	orgar	nization is not a	a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4					njunction with a hospital				.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	on operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		-	-	Complete Part II.)	0 ,	·	, ,			
6					nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	\square				intial part of its support f				he general	public described in
•		-		omplete Part II.)		ioni a gov	orrinorita		ano general	
8					(1)(A)(vi). (Complete Par	• 11.)				
9	\square				in section 170(b)(1)(A)(ed in conii	inction with a	land-grant	college
5		-	-	-	ulture (see instructions).		-		-	-
		university:		grant college of agric			name, or	y, and state t	T the colleg	
10	X		on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	one mombor	chin food a	and gross receipts from
10										
					ct to certain exceptions,					
					(less section 511 tax) fro		sses acqu	lifed by the o	ganization	anel June 30, 1975.
11				mplete Part III.)	ively to test for public or	foty Soo	contion El	O(a)(4)		
	\square	-	-	-	ively to test for public sa	•				
12		-	-	-	ively for the benefit of, to	-			•	
					ed in section 509(a)(1) o					check the box in
		7	•		of supporting organizatio		-		-	
а				-	supervised, or controlled	•				
			-		gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
	_	¬ ~		complete Part IV, Se						
b				-	d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrate	ed with,
	_	_ its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement ar	d an attent	iveness
		requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	, and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	/ integrated, o	r Type III non-functio	nally integrated support	ng organi:	zation.			
f	Ente	er the number	of supported	organizations						
g	Pro	vide the follow	ing informatio	n about the supporte	ed organization(s).					
		(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
								L		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

Schedule A (Form 990 or 990 EZ) 2017 Glenview Education Foundation Part II

36-3789505 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First five years. If the Form 990 is for	-		rd fourth or fifth t			
	organization, check this box and stop	e e					
Se	ction C. Computation of Publi	c Support Pe	ercentage				······································
	Public support percentage for 2017 (li			column (f))		14	%
	Public support percentage from 2016						%
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies a						
Ł	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"				=	-	
٢	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	- Thate realization in the organization	i did fiot officient a		a, 100, 17a, 01 17		edule & (Form 99	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

07121211 797808 GLE-001

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	156,720.	209,929.	151,055.	133,821.	89,659.	741,184.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	156,720.	209,929.	151,055.	133,821.	89,659.	741,184.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
D	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						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						741,184.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 209,929.	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	156,720.	209,929.	151,055.	133,821.	89,659.	741,184.
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						
с	Add lines 10a and 10b						
	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	747.	440.	504.	3,204.	311.	5,206.
10	assets (Explain in Part VI.)	157,467.	210,369.	151,559.	137,025.	89,970.	746,390.
	Total support. (Add lines 9, 10c, 11, and 12.)	-	-	-	-	-	-
14	First five years. If the Form 990 is for	the organization's	s first, second, thir		•		ation,
Sec	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2017 (olumn (f))		15	99.30 %
	Public support percentage from 2016					16	99.33 %
	ction D. Computation of Invest						
17	Investment income percentage for 20	117 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2016 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	► X
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
73202	23 10-06-17			16	Sche	edule A (Form 990	or 990-EZ) 2017

07121211 797808 GLE-001

۰ ^

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation

36-3789505 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

07121211 797808 GLE-001

2017.05010 Glenview Education Foundati GLE-0011

17

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation Part IV Supporting Organizations (continued)

			Vaa	Na
	Lie the exercise control o sift or contribution from only of the following parameter		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions)		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	3)	
2	Activities Test. Answer (a) and (b) below.	<i>li dolloi</i> li	Yes	No
a			100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h		Zd		
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> Part VI <i>the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OF		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form S	990 or 99	90-EZ)	2017
	18			

07121211 797808 GLE-001

Schedule A (Form 990 or 990 EZ) 2017 Glenview Education Foundation

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting or	anization (see

7 instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

1

07121211 797808 GLE-001

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
	ion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
4	Distributable amount for 2017 from Section C line 6			
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason- able cause required- explain in Part VI). See instructions.			
3	· · · ·			
 a	Excess distributions carryover, if any, to 2017			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributions of phot years			
i	Carryover from 2012 not applied (see instructions)			
;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
5	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

	ental Intermation Decide	s the evelopetions	autrod by Dart II II	no 10. Dort II. line 17	a or 17h. Dort III line 10.
Part IV, Sec line 1; Part	tental Information. Providention A, lines 1, 2, 3b, 3c, 4b, 4c IV, Section D, lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9c, 1 t IV, Section E, lines	1a, 11b, and 11c; F 1c, 2a, 2b, 3a, and	Part IV, Section B, lin 3b; Part V, line 1; P	es 1 and 2; Part IV, Section art V, Section B, line 1e; Par
Section D, (See instruc	lines 5, 6, and 8; and Part V, Sec ctions.)	tion E, lines 2, 5, an	id 6. Also complete	this part for any ad	ditional information.
2028 10-06-17				0.1	edule A (Form 990 or 990-E

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name of the c	organization
---------------	--------------

1	36-	37	78	95	0	5

Organization type (check o	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Glenview Education Foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
------------	------------	---------	------------	--------

Name of organization

		_
Employer identification	number	

36-3789505

Glenview Education Foundation

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u></u>	MLB of Glenview 1200 Central Ave. Wilmette, IL 60091	\$7,500.	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
723452 11-0		\$	Person Payroll Oncash Occurrent II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 2

07121211 797808 GLE-001

Employer identification number

36-3789505

Glenview Education Foundation

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

07121211 797808 GLE-001

24 2017.05010 Glenview Education Foundati GLE-0011

Page 3

Name of orga	nization		Employ	ver identification number
Glenvi	ew Education Foundatio	חו	36	5-3789505
Part III	Exclusively religious charitable, etc., cor	tributions to organizations described	in section 501(c)(7), (8), or (10) the	
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or	/ING IINE ENTRY. For organizations less for the year. (Enter this info. once.) \$_	
	Use duplicate copies of Part III if additio			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
Part I				or now girt is note
-				
.			[
		(e) Transfer of gift	I	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
-				
-				
-				
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
.				
-				
-		e) Transfer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
Γ.				
.				
.				
(a) No.		I		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
.				
.				
-				
		(e) Transfer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor	to transferee
			•	
.				
(a) No.		I		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
Farti				
[]				
		(e) Transfer of gift		
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor	to transferee
-				
			.	
723454 11-01-1	17	25	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



36-3789505

Form 990, Part I, Line 1, Description of Organization Mission:

Glenview Education Foundation

grant-making activity of the Glenview Education Foundationn is the

Educator Development Grants. These grants are intended to support

teachers at various stages of the inquiry process as they seek to

implement new ideas in their classrooms.

Form 990, Part III, Line 1, Description of Organization Mission:

as they seek to implement new ideas in their classrooms.

Form 990, Part VI, Section A, line 8b:

TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE

Form 990, Part VI, Section B, line 11b:

The Treasurer and the Chairperson review and approve for the Internal

Revenue Service and State of Illinois the Form 990 to be filed.

Form 990, Part VI, Section C, Line 19:

All Form 990 information filed with the internal revenue service and the

State of Illinois is made available to the public by request, and is posted

to the website.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 732211 09-07-17

07121211 797808 GLE-001

26

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sindernung	ing number
Type or	Name of exempt organization or other filer, see instru-	uctions.		Employe	r identificati	on number (EIN) or
print					26.25	
File by the	Glenview Education Foundat					89505
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s Post Office Box 373	see instruc	tions.	Social se	ecurity numb	oer (SSN)
instructions	City, town or post office, state, and ZIP code. For a f Glenview, IL 60025	foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above) The Organizati	06	Form 8870			12
 If this box 1 I ree for 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or tax year beginning JUL 1, 2017 ne tax year entered in line 1 is for less than 12 months, i	Group Exe and atta <u>Ma</u> organizatio	emption Number (GEN) I uch a list with the names and EINs of <u>y 15, 2019</u> , to file on's return for: d ending JUN 30, 2018	f this is fo all memb	r the whole pers the extent opt organiza	ension is for.
	Change in accounting period				11 1	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			0
	nrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 606		•			0
	imated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your p					0
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa ns.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	79-EO for payment
IHA F	or Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form	8868 (Rev. 1-2017)

723841 04-01-17

OMB No. 1545-1709

Entor filor's identifying number

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

June 30, 2018

Prepared for	
	Glenview Education Foundation Post Office Box 373 Glenview, IL 60025
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613
Amount due or refund	Balance due of \$15.00
Make check payable to	Illinois Charity Bureau Fund
Mail tax return and check (if applicable) to	Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175
Return must be mailed on or before	December 31, 2018
Special Instructions	The report should be signed and dated by the authorized individual(s).

	ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPO	ORT		Form AG990-IL Revised 3/05
PMT	# Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph	C	o # 01	-023319
	11th Floor, Chicago, Illinois 60601			all items attached:
AMT	Report for the Fiscal Period:	X	Ξ ''	IRS Return
	Make Ch			Financial Statements
	Beginning 07/01/2017 Payable the Illino			Form IFC Annual Report Filing Fee
INIT	& Ending 06/30/2018 Charity Bureau I			Annual Report Filing Fee
Federa	al ID # 36-3789505 MO DAY YR			MO DAY YR
Are co	ontributions to the organization tax deductible? X Yes No Date Organization	was crea	ted:	12/27/1990
	LEGAL Year-			
	NAME Glenview Education Foundation amou MAIL A) ASSI		A) \$	557,746.
	MAIL A) ASSI DDRESS Post Office Box 373 B) LIAB		A) \$ B) \$	516,732.
	c, STATE Glenview, IL		C) \$	41,014.
	P CODE 60025		, .	
Ι.		ENTAGE		AMOUNT
	,	822%		134,062.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	% 178%		5,846.
	F) OTHER REVENUES 4	1/0%	F) ֆ	5,840.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	139,908.
п.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 /0		
	H) OPERATING CHARITABLE PROGRAM EXPENSE 96	050%	H) \$	368,565.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) 96	050%	J) \$	368,565.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	К)\$	
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 96	050%	L) \$	368,565.
	M) MANAGEMENT AND GENERAL EXPENSE 3	069%	M) \$	11,776.
	N) FUNDRAISING EXPENSE 0	882%	N) \$	3,383.
			, +	
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	383,724.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:			0
N/	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		S) \$	0.
 ¹ v .	T) NAME, TITLENONE		T) \$	
	U) NAME, TILL:		U) \$	
	V) NAME, TITLE:		V) \$	
v .	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List or	n back side of instructions CODE
798091 04-01-17	W) DESCRIPTION: Grants to programs for the IL School Dist.	#34	W)#	150
91 04	x) DESCRIPTION:		X) #	
7980	Y) DESCRIPTION:		Ý) #	

			NO
WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
F "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
Glenview State Bank 800 N. Waukegan Road, Glenview, IL 60025			
NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization - 847-998-5000			
	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES SINGS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE NYTHING OF VALUE NOT REPORTED AS COMPENSATION? AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE HAN 10% OF THE OUTSTANDING SHARES? ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON R ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS ETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ''YE'; ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. ID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE COWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS ANY PROPERTY OF THE OUTSTANDING SHARES? 4. SANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON 5. ID THE ORGANIZATION ALLOCATE THE COST OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. 10 THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES MAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE 3. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON 5. C ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 5. DI THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS 7. 'YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:			
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. REPORTS THAT ARE LATE OR 	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
798101	PREPARER (PRINT NAME)	SIGNATURE	DATE

			Extended to May 1	.5, 2	019		
	0	00	Return of Organization Exem	npt F	rom l	ncome Tax	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Re	evenue	Code (exc	ept private foundation	¹⁵⁾ 2017
		of the Treasury	Do not enter social security numbers on this		-	-	Open to Public
_		enue Service	Go to www.irs.gov/Form990 for instructio				Inspection
-			ar year, or tax year beginning JUL 1,2017	and e	ending J	UN 30, 2018	
B c	heck if pplicabl	le:	organization			D Employer identific	ation number
	Addre	e Greu	view Education Foundation				
	Name chang Initial	ge Doing b	siness as				789505
	return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Office Box 373	R	Room/suite	E Telephone number 847-4	186-7861
	termin ated	n	wn, state or province, country, and ZIP or foreign postal co	de		G Gross receipts \$	139,908.
	Amen		view, IL 60025			H(a) Is this a group ret	turn
	Applic tion pendi	F Name a	d address of principal officer: Dffice Box 373, Glenview, IL	6002	5	for subordinates H(b) Are all subordinates ind	
1 1	ay.ey	empt status:		7(a)(1) or			ist. (see instructions)
			gef34.org	7(a)(1) 01		H(c) Group exemption	
		f organization:		*	L Year o		State of legal domicile: IL
							otato of logal actinicity
_	1	Briefly describ	e the organization's mission or most significant activities: ${f F}$	'inan	cial	Support prov	vided to
Activities & Governance		educato	rs in IL Dist. $#34$ with educat	ion	grant	s. The prima	ary
srne	2	Check this bo	★ ▶ ☐ if the organization discontinued its operations or	r dispose	ed of more	than 25% of its net as	sets.
Ň	3	Number of vo	ng members of the governing body (Part VI, line 1a)			3	36
ഷ ഷ	4	Number of inc	ependent voting members of the governing body (Part VI, lin	ne 1b)			36
es	5	Total number	of individuals employed in calendar year 2017 (Part V, line 2a	a)			0
iviti	6	Total number	of volunteers (estimate if necessary)				0
Act			business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated	pusiness taxable income from Form 990-T, line 34	<u></u>	<u></u>	7b	0.
						Prior Year	Current Year
e			and grants (Part VIII, line 1h)			133,821.	89,659.
Revenue			e revenue (Part VIII, line 2g)			0.	0.
Be			ome (Part VIII, column (A), lines 3, 4, and 7d)			389.	391.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			36,360.	46,475.
			add lines 8 through 11 (must equal Part VIII, column (A), line			170,570.	136,525.
			hilar amounts paid (Part IX, column (A), lines 1-3)		······	0.	0.
			o or for members (Part IX, column (A), line 4)			0.	0.
ses			compensation, employee benefits (Part IX, column (A), lines			0.	0.
Expenses			ndraising fees (Part IX, column (A), line 11e)		0.	0.	0•
Ă			ng expenses (Part IX, column (D), line 25) s (Part IX, column (A), lines 11a-11d, 11f-24e)		-	103,291.	380,341.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)			103,291.	380,341.
			expenses. Subtract line 18 from line 12			67,279.	-243,816.
es						ginning of Current Year	End of Year
ets lanc	20	Total assets (art X, line 16)			511,004.	557,746.
Ass J Ba	21		(Part X, line 26)			226,174.	516,732.
Net Assets or Fund Balances	22		und balances. Subtract line 21 from line 20			284,830.	41,014.
	art II						
Und	er pena		declare that I have examined this return, including accompanying so	chedules	and stateme	ents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information				·
Sig	n	Signatur	of officer			Date	
Her							
		Type or	rint name and title				

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Barton Eilts			self-employed P01327750
Preparer	Firm's name 🕨 Eilts & Associat	-		Firm's EIN 61-1443699
Use Only	nly Firm's address 3729 N. Ravenswood, Ste. 117			
	Chicago, IL 60613			Phone no. 773 - 525 - 6171
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2017)

See Schedule O for	Organization Mission Statement Continuation	
07121211 797808 GLE-001	2017.05010 Glenview Education Foundati (GLE-0011

	990 (2017) Glenview Education Foundation	36-3789505	Pag
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[
1	Briefly describe the organization's mission: Financial support provided to educators in IL Dist.	#34 with educat	ior
	grants. The primary grant-making activity fo the Gler		
	Foundation is the Educator Development Grants. These		
	intended to support teachers at various stages of the		SS
2	Did the organization undertake any significant program services during the year which were not listed on t		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server	vices?Yes	X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servic	an an managered by expenses	_
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t		
	revenue, if any, for each program service reported.		ana
4a	(Code:) (Expenses \$ 368, 565 • including grants of \$)	(Revenue \$	
	Science Olympiad		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
	The second is a three lease big on the GV GV address		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSwedu		
	Innovation Exploration at SXSwedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
	Innovation Exploration at SXSWedu		
4c		(Revenue \$	
		(Revenue \$	
4d	(Code:) (Expenses \$ including grants of \$) "STEM" Program	(Revenue \$	
4d	(Code:) (Expenses \$ including grants of \$) "STEM" Program)	
4d	(Code:) (Expenses \$ including grants of \$) "STEM" Program	(Revenue \$	

_		·
Form	990	(2017)

Form 990 (2017) Glenview Education Foundation
Part 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)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
U.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
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		X

Form **990** (2017)

732003 11-28-17

07121211 797808 GLE-001

-	~~~	(001)
⊢orm	990	(2017)

Glenview Education Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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 25a	24a		X
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		_ A
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? 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):	28a		x
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	20a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
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		x
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

07121211 797808 GLE-001

Form	990 (2017) Glenview Education Foundation 36-3789	505	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	- Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Uu		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	va		
D.		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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		x
	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	10		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization life organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
a	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D.	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	isa		
L.	Note. See the instructions for additional information the organization must report on Schedule O.			
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
~				
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>
<u>u</u>	וו דכי, וומס וג וווכע מ דטווו ו 20 גט ופיטטוג גוופטי אמיוופווגט גוו וויזט, אוטיוטי מו פגאומומנוטו ווו סטוופטעופ ט		000	(0017

Page 5

732005 11-28-17

Form 990 (2017)
------------	-------

Glenview Education Foundation

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.

	Check if Schedule O contains a response or note to any line in this Part VI					[
ect	tion A. Governing Body and Management					_			
		1 1	2.0	·	Yes	ļ			
	Enter the number of voting members of the governing body at the end of the tax year	. 1 a	36			I			
	If there are material differences in voting rights among members of the governing body, or if the governing					I			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		26			I			
	Enter the number of voting members included in line 1a, above, who are independent		36			I			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations					ļ			
	officer, director, trustee, or key employee?			2					
	Did the organization delegate control over management duties customarily performed by or under								
	of officers, directors, or trustees, or key employees to a management company or other person?								
	Did the organization make any significant changes to its governing documents since the prior Form			4		_			
	Did the organization become aware during the year of a significant diversion of the organization's a			5		_			
	Did the organization have members or stockholders?			6		_			
	Did the organization have members, stockholders, or other persons who had the power to elect or								
	more members of the governing body?			7a		_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholder	rs, or						
	persons other than the governing body?			7b					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-			ļ			
а	The governing body?			8a	Х				
	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the	e						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9					
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Coo	de.)						
					Yes				
	Did the organization have local chapters, branches, or affiliates?			10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, aff	iliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before fili	ng the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	ise to conflicts?	?	12b					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," descril	be						
	in Schedule O how this was done			12c					
	Did the organization have a written whistleblower policy?			13					
4	Did the organization have a written document retention and destruction policy?			14					
5	Did the process for determining compensation of the following persons include a review and appro	oval by indepe	endent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisior	n?							
	The organization's CEO, Executive Director, or top management official			15a					
	Other officers or key employees of the organization			15b		1			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gement with a	L			l			
	taxable entity during the year?			16a		1			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•			l			
	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IL$								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	D-T (Section 5	01(c)(3)s onlv);	availah	le				
	for public inspection. Indicate how you made these available. Check all that apply.				-				
		ain in Schedu	le O)						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			d finan	cial				
	statements available to the public during the tax year.		c. cor policy, and	a man	Jul				
	State the name, address, and telephone number of the person who possesses the organization's to	hooks and re	cords:						
	The Organization - 847-998-5000	SOUNS AND TH							
	P.O. Box 373, Glenview, IL 60025								

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

• 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, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	۱		Reportable	Reportable	Estimated
Name and The	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al tru:	onal ti		loyee	comp				and related
	below	lividu	stitutio	Officer	Key employee	jhest ploye	Former			organizations
(4)	line)	ц Ц	lns	æ	Ke	≞ <u>H</u> ic	ي ق			
(1) Scott Nelson	3.00	x		x				0.	0.	0.
Advisory Board	3.00	^		^				0.	0.	0.
(2) Mandy Chiarieri	5.00	x		x				0.	0.	0
Advisory Board	2.00	^		^				0.	0.	0.
(3) Greg Hughes	2.00	x		x				0.	0.	0.
Past Chair	2.00	^		<u>^</u>				0.	0.	0.
(4) Jim Kendall	2.00	x		x				0.	0.	0.
Advisory Board (5) Chiara Andrews	2.00			<u> </u>				0.	0.	0.
(5) Chiara Andrews Board Member	2.00	x						0.	0.	0.
	2.00							0.	0.	0.
(6) Meg Costigan	2.00	x		x				0.	0.	0.
Board Member (7) Susie Davis	2.00			<u> </u>				0.	0.	0.
	2.00	x						0.	0.	0.
Board Member	2 00	^						0.	0.	0.
(8) Lindsay Ferber	2.00	v						0.	0.	0
Board Member	2.00	X						0.	0.	0.
(9) Diane Bilcer	2.00	x		x				0.	0.	0.
Grants Chair (10) Catherine Gray	2.00			<u> </u>				0.	0.	0.
	2.00	x		x				0.	0.	0.
Secretary	2.00			<u> </u>				0.	0.	0.
(11) Maria Gordon	2.00	x						0.	0.	0.
Board Member	2.00							0.	0.	0.
(12) Vibha Gupta	2.00	x						0.	0.	0.
Board Member	2.00							0.	0.	0.
(13) Priya Harjani	2.00	x						0.	0.	0.
Board Member (14) Alison Beitzel	0.50							0.	0.	0.
	0.50	x						0.	0.	0.
Treasurer	0 50							0.	0.	0.
(15) Anne Burke	0.50	x		x				0.	0.	0.
Fundraising Chair	0.50	^		^				0.	0.	0.
(16) Cynthia Garcia Chair	0.30	x						0.	0.	0.
Chair (17) Jennifer Havill	2.00				-	-		0.	0.	0.
(17) Jennifer Havill Board Member	2.00	x						0.	0.	0.
732007 11-28-17								0.	0.	Form 990 (2017)

732007 11-28-17

07121211 797808 GLE-001

10

Form	990	(2017)
	330	(2017)

36-3789505 Page 8

Part VII Section A. Officers, Directors,		ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	more	ן than	one	Reportable	Reportable	Es	timate	ed
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation		nount	
	(list any	<u> </u>						from	from related		other	
	hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-271033-10100)		anizat	
	organizations	truste	al trus		yee	mper		()			d relat	
	below	Individual trustee or director	Institutional trustee	Officer	amplo	Highest compensated employee	ner			orga	anizat	ions
	line)	Indi	Insti	Offic	Key	High	Former					
(18) Allie Lippert	2.00								•			•
Board Member		X						0.	0.	<u> </u>		0.
(19) Niraj Jain	0.50	v						0	0			0
Operations Committee	2.00	X						0.	0.	<u> </u>		0.
(20) JD Lathrop Board Member	2.00	x						0.	0.			0.
(21) Tom Lund	2.00	<u> </u>						0.	0.	<u> </u>		0.
Board Member	2.00	x						0.	0.			0.
(22) Megan McClung	2.00							Ŭ.				
Board Member		x						0.	0.			0.
(23) Dana Palmer	2.00	<u> </u>							•••	 		
Board Member		x						0.	0.			Ο.
(24) Chris Rettig	2.00											
Board Member		X						0.	0.			0.
(25) Megan Spathis	2.00								_			_
Board Member		Х						0.	0.			0.
(26) Elyce Ventura	2.00								•			•
Board Member		X						0.	0.	<u> </u>		0.
1b Sub-total								0.	0.	<u> </u>		0.
c Total from continuation sheets to Pa								0.	0.	<u> </u>		0.
d Total (add lines 1b and 1c)								•••	•••			0.
2 Total number of individuals (including t compensation from the organization		lose	liste	ed al	bov	e) wi	10 r	eceived more than \$100	,000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former off	ficer director or tru	ister	e ke	ver	nolo	ovee	or	highest compensated er	mplovee on			
line 1a? If "Yes," complete Schedule J			.,	<i>j</i> e.		.,	,	gilleet een periodied ei		3		X
4 For any individual listed on line 1a, is the			omp	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations greater than	\$150,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-	4		X
5 Did any person listed on line 1a receive	e or accrue comper	nsat	ion f	rom	any	y unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes,"	complete Schedul	e J f	or su	ıch	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five higher	st compensated ind	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compens	ation f	rom	
the organization. Report compensation		eare	endi	ng v	vith	or w	ithir		/ear.			
(A) Name and busi		NT/	זזאר	7				(B) Description of s	envices	(C) Comper	;) Deptio	'n
		INC	ONE	5			_	Description of s			Isatic	<i>"</i>
							Τ					
2 Total number of independent contractor \$100,000 of compensation from the or		ot lii	mite	d to	tho	ose li: 0	stec	above) who received m	ore than			
See Part VII, Sect		ric	ານຄ	ati	io	n	she	eets		Form	990 /	(2017)
732008 11-28-17				_		•						_3.7)

07121211 797808 GLE-001

2017.05010 Glenview Education Foundati GLE-0011

11

Form 990 Glenvi Part VII Section A. Officers, Directors	ew Educat:								36-378	
		npic	yee	s, a (C		nign	est			(5)
	(A) (B)							(D) Departable	(E)	(F)
Name and title	Average hours	6		Posi		app	60	Reportable compensation	Reportable compensation	Estimated amount of
	per		lecr		liiai	app	iy) I	from	from related	other
	week					ee		the	organizations	compensatio
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	nal tr		lo yee	dwoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	hd	lns	Off	Key	Hig	For			
27) Mike Zimmerman	2.00									
Board Member		x						0.	0.	
28) Shiva Mohsenzadeh	0.50									
Vice Chair		Х						0.	0.	0
29) Julie Moon	0.50									
Communications Committee		x						0.	0.	(
30) Nicky Stannard	0.50									
Board Member		х						0.	0.	(
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		-								
		1								
		1								
		<u> </u>								
		1								
		1								

732201 04-01-17

Form	990 ((2017) Glenview Ed	ucation Fo	undation		36-3789	505 Page 9
Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a respo	nse or note to any lir			<i>(</i>)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
a, C		Fundraising events 1c					
Gift lar		Related organizations 1d					
imi,	е	Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above	89,659.				
ud U		Noncash contributions included in lines 1a-1f: \$					
ãČ	h	Total. Add lines 1a-1f	►	89,659.			
			Business Code				
Program Service Revenue	2 a						
ue v	b						
m S ven	c						
gra Re	d						
Pro	e	All other program service revenue					
_	f	Total. Add lines 2a-2f					
	3	Investment income (including dividends, ir					
	U	other similar amounts)		391.	391.		
	4	Income from investment of tax-exempt bo					
	5	Royalties	-				
		(i) Real					
	6 a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
Other Revenue	8 a	Gross income from fundraising events (nor including \$ of					
sver		including \$ of contributions reported on line 1c). See					
Å		Part IV, line 18	a 44,403.				
the	b	Less: direct expenses	0 0 0 0				
0		Net income or (loss) from fundraising even		41,020.			41,020.
		Gross income from gaming activities. See					
		Part IV, line 19	a				
		Less: direct expenses	b				
	с	Net income or (loss) from gaming activities	• · · · · · · · · · · · · · · · · · · ·				
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventor					
		Miscellaneous Revenue	Business Code 900099		E E2E		
	11 a			5,535. -80.	5,535. -80.		
	b	Decurrence capital Ga		-00.	-00.		
	c d	All other revenue					
		All other revenue		5,455.			
	12	Total revenue. See instructions.		136,525.	5,846.	0.	41,020.
73200	9 11-28		····· F		. <u>·</u>		Form 990 (2017)

13

07121211 797808 GLE-001 2017.05010 Glenview Education Foundati GLE-0011

Part IX Statement of Functional Expenses

Glenview Education Foundation

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	e or note to any line in	this Part IX		יח/
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
;	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	050		050	
	Advertising and promotion	859.		859.	
	Office expenses	225.		225.	
	Information technology	5,032.		5,032.	
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization	740.		740.	
		/40•		/40•	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	Program services	368,565.	368,565.		
	Bank and credit card fe	3,519.		3,519.	
	Taxes and licenses	765.		765.	
-	Supplies	344.		344.	
	All other expenses	292.		292.	
	Total functional expenses. Add lines 1 through 24e	380,341.	368,565.	11,776.	
	Joint costs. Complete this line only if the organization		· · ·	· · ·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

14

732010 11-28-17

07121211 797808 GLE-001

2017.05010 Glenview Education Foundati GLE-0011

Form **990** (2017)

07121211 797808 GLE-001

Form 990 (2	2017)	Glenview	Education	Foundation	
Part X	Balance Sheet	t			

Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	244,555.	1	292,225.
	2	Savings and temporary cash investments	260,262.	2	260,652.
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		•	
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,950.	12	4,869.
	13	Investments - program-related. See Part IV, line 11	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13	_,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,237.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	511,004.	16	557,746.
	17	Accounts payable and accrued expenses	,	17	
	18	Grants payable	226,174.	18	516,732.
	19	Deferred revenue	- /	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lide		Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	226,174.	26	516,732.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			_
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	284,830.	27	41,014.
Fund Balances	28	Temporarily restricted net assets		28	
ЧB	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	284,830.	33	41,014.
	34	Total liabilities and net assets/fund balances	511,004.	34	557,746.

Form **990** (2017)

Form	1990 (2017) Glenview Education Foundation	36-378	9505	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			25.
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3	-243		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	284	1,8	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			~	
	column (B))	10	41	.,0	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			x
-	Act and OMB Circular A-133?		. 3 a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		200	Ĺ

Form **990** (2017)

732012 11-28-17

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

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection
 ومامسين مرمنا ومناقبه والأقريب المرام

Department of the Treasury Internal Revenue Service			Attach to Form 990 or F //Form990 for instructi			nformation.		Open to Public Inspection		
Nam	e of t	the organizat	ion						Employer	identification number
			Glen	view Educa	tion Foundat	ion			3	6-3789505
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructior	IS.	
The	organ	ization is not a	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3					anization described in s			ii).		
4		A medical re	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(/	(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizat	ion that norma	ally receives a substa	Intial part of its support	from a gov	ernmental	unit or from	the general	public described in
				omplete Part II.)					U U	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	Inction with a	a land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state o	of the colleg	le or
		university:							-	
10	X	An organizat	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from
					ct to certain exceptions,					
		income and i	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the c	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	on and con	nplete lines	s 12e, 12f, ar	id 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. As	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d] Type III no	n-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	orted organi	ization(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	iveness
		requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Section	s A and D,	, and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	y integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number	of supported of	organizations						
g	Pro	vide the follow	ing informatior	n about the supporte	ed organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	inization listed	(v) Amount c		(vi) Amount of other
		organization	٦		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 17

Schedule A (Form 990 or 990 EZ) 2017 Glenview Education Foundation Part II

36-3789505 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Caleader year (of fixel year beginning in) G (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees received. (Do not include any 'unusual grants') 2 Tax revenues levied for the organ- ization's benefit and dither paid to or expended on its behaft standaked any 'unusual grants') 3 The value of services or facilities 4 Total. Add lines 1 through 3 5 The partice of total support 5 The partice of total support 6 Public support. Subscription (Add Here and (The cale and Here) 6 Public support. Subscription (Add Here) 7 Amounts for mine 4 8 Gross income from initerest, add into explaints and into the cadd into there, the box on inter 15 ard 15 ard 31 d/36 o	Se	ction A. Public Support						
membership fees received. (Do not include any Pursusal grants.)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants." Image: Construction of the organization is benefit and either paid to or expended on its behalf 2 Tax revenues levied for the organization and there paid to or expended on its behalf Image: Construction of the organization included on the organization without charge of the organization without charge of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 1.1, column (f) Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 1.1, column (f) Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 1.1, column (f) Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 1.1, column (f) Image: Construction of the construction of the construction of the organization in the exceeds 2% of the amount shown on line 1.1, column (f) Image: Construction of the construction of the construction of the construction of the organization in the exceed of a south	1	Gifts, grants, contributions, and						
2 Tar versues levid for the organization is behalf and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by each person (0fter than a governmental unit or public) supported organization is obtained 9 Public aupport. Subset the Share is a subject set of the subset of the		membership fees received. (Do not						
icrois benefit and either paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Column (i) 6 Public support, textmatch we to nine 4. Image: Column (i) Image: Column (i) 2 Cases in come from line 4. Image: Column (i) Image: Column (i) 2 Cases in come from line 4. Image: Column (i) Image: Column (i) 3 Gross in come from line received on securities loss, rents, royalites, and income from sinilar sources sources in column (i) Image: Column (i) Image: Column (i) 1 Total support Image: Column (i) Image: Column (i) Image: Column (i) Image: Column (i) 3 Gross income from interest, dividends, payments received on securities loss in multices royalites, and income from sinilar sources sources in the sale of capital assets (Explain in Part VI). Image: Column (i) Image: Column (i) 11 Total support. Additions / through 10. Image: Column (i) Image: Column (i) Image: Column (i) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (i) Image: Column (i) Image: Column (i) 14 Total support Additions / through 10. Image: Column (i) Image: Column (i) Image: Column (i) Image: Column		ization's benefit and either paid to						
function 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) image: column (f) 6 Public support: botest line 5 ton line 4. image: column (f) 7 Amounts from line 4 image: column (f) 8 Creation B. Total Support image: column (f) 9 Net income from interest, dividends, supports, organization, supported organization securities (spalar in part) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from interest, dividends, support: column (f) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from interest, dividends, supports, organization, etc. (see instructions) 12 image: column (f) image: column (f) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) image: column (f) 12 image: column (f) image: colum (f) image: column (f) <td< td=""><td></td><td>or expended on its behalf</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		or expended on its behalf						
4 Total. Add lines 1 through 3 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 is tom time 4 8 Gross income from line 4 8 Gross income from line 4 9 Net income from line 4 10 Other income. Do not include gain or loss from the state state lines (see instructions) 11 Total support. Additional for the organization is to the loss of the organization in the state state lines (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth fax year as a section 501(c)(3) organization, check this box and stop here. Section C Computation of PDI Die Schedule A, Part II, line 14 14 Public support test: 2017. If the organization id not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization did not check the box on line 13, 16a, or 16b, or 7 more, and the facts and circumstances' test, the organization did not check the box on line 13, 16a, or 16b, or 7 more, and the organization did not check the box on line 13, 16a, or 16b, or 7 more, and the organization did not check the box on line 13, 16a, or 16b, or 7 more, and the facts and circumstances' test. The organization did not check the box on line 13, 16a, or 16b, or 7 more, dine the facts and circumstance	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
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) Image: Column (f) 6 Public support. Subtext line 5 them line 4. Image: Column (f) Image: Column (f) 7 Amounts from line 4 Image: Column (f) Image: Column (f) Image: Column (f) 7 Amounts from line 4 Image: Column (f) Image: Column (f) Image: Column (f) 8 Gross income from interest, dividends, payments received on securities laws, rents, royatites, and income from similar sources and income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on asset (Explain in Part VI) Image: Column (f) Image: Column (f) 10 Other income Don to include gain or loss from the sale of capital assets (Explain in Part VI) Image: Column (f) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) Image: Column (f) 13 First five years. If the Form 90 is for the organization is first, second, third, fourth, or fifth tax year as a section 5010(s) organization qualifies as a publicly supported organization as a section c		the organization without charge \dots						
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. Subtrat line 6 times 4 6 A mount shown on line 11, column (f) 6 Public support. Subtrat line 6 times 4 6 A mount shown on line 1 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources, and it is support. Subtrat line 6 times 4 9 Net income from interest, dividends, payments received on the business is regularly carried on the substrate the facts and check lab ex and stop here. 9 Net income from interest effective, etc. (see instructions) 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, etc. (see instructions) 12 I Total support percentage form 2015 Group there as eactivities, whether or not the sale of capital assets (Explain in Part VI), 11 Total support percentage form 2017 (if) divided by public 11, column (if)) 14 Public support percentage form 2017 (if) the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of Public Support Percentage 14 Public support percentage form 2017 (if) exclude A part II, line 14, l	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, colurm (f) image: high exceeds 2% of the amount shown on line 11, colurm (f) 6 Public support. Subtract line 5 that we beginning in)> (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4. (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f) Image: Column (f) 6 Public support. Subtract line 6 from line 4. Image: Column (f) 7 Amounts from line 4. Image: Column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources Image: Column (f) 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) Image: Column (f) 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 11 Total support, Addines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) Image: Column (f) 14 Public support, Add lines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) Image: Column (f) 14 Public support percentage from 2016 Schedule A, Part II, line 14 Image: Column (f)		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Existence time 5 from line 4. Section B. Total Support Calendar year (of fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6 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 all of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 23 First five years. If the Form 900 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 Section C. Computation or Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Support test - 2016. If the organization did not check a box on line 13, risd, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 173 10% - facts-and-circumstances' test, the organization qualifies as a publicly supported organization 16 Total support test - 2016. If the organization did not check a box on line 13, risd, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances' test, check this box and stop here. Explain line 14 VI how the organization 17a 10% - facts-and-circumstances' test, the organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, riad, line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain line 14 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization me		governmental unit or publicly						
amount shown on line 11, column (f) 6 Public support. Subtract time 5 from line 4 Section B. Total Support Calendar year (of fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securites loans, rents, royatiles, 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 VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Cross receipts from related activities, etc. (see instructions) 12 Cross receipts from related activities, etc. (see instructions) 14 Gross receipts from related activities and the reganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 15 A support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 31 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 13 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 31 1/3% or more, and if the organization did not check the box on line 13, and line 14 is 31 1/3% or more, and if the organization did not check the box on line 13, 16a, or 18b, or 17a, 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization		supported organization) included						
column (i) 6 Public support. Subtract live 5 from live 4. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4		on line 1 that exceeds 2% of the						
6 Public support. Subtract time 5 from time 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from time 4.								
Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4		column (f)						
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources (a) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on (a) 2014 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 12 12 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 12 9 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16 B 33 1/3% support test - 2017. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization) 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, fla, not line 14 is 33 1/3% or more, check this box and stop here. The organization qualifie								
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the FOM 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 24 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances' test corganization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances' test check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. check this box and stop here, check this box or more, an	Se	ction B. Total Support		•				
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) Image: Computed Stress and Stress a	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
dividends, payments received on securities loans, rents, royaties, and income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 11 Total support. Add lines 7 through 10 12 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 24 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage for 2017 (line 6, column (f) divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	7	Amounts from line 4						
securities loans, rents, royalties, and income from similar sources	8	Gross income from interest,						
and income from similar sources Image: sources <td></td> <td>dividends, payments received on</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 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 12 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage form 2016 Schedule A, Part II, line 14 % 15 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17 a 10% - Facts-and-circumstances test - 2017. 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 1		securities loans, rents, royalties,						
activities, whether or not the business is regularly carried on		and income from similar sources \dots						
business is regularly carried on	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 2 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2016 Schedule A, Part II, line 14 96 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computentiation and the programization and the organization and the organization and the check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Computentiation and the organization and the organization and the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 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 VI how the organization meets the "facts-and-circumstances" test. The organization dual files as a publ		activities, whether or not the						
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Inst 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 9% 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 9% 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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. 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. 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization q		business is regularly carried on \dots						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 31 Total support. Add lines 7 through 10 32 Gross receipts from related activities, etc. (see instructions) 33 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 > Section C. Computation of Public Support Percentage > 34 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 35 Public support percentage from 2016 Schedule A, Part II, line 14 % 15 % 36a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > > > b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization >	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 9 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 t		or loss from the sale of capital						
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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 17a 10% -facts-and-circumstances test - 2017. 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 qualifies as a publicly supported organization 10 17a 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. Th		assets (Explain in Part VI.)						
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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) divided by line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. 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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts	11	Total support. Add lines 7 through 10						
organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f)	12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2017. 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 qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization ▶ > 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstanc	_							
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > > b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > > 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization > 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization > 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization > 18	Se	ction C. Computation of Public	ic Support Pe	rcentage				
 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. 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 VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization <li< td=""><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td>%</td></li<>				•				%
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization c 118 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 								
 b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions b 11 	16 a							
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
 17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	k							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 	17a							
 b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 Image: Construction of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 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	b	10% -facts-and-circumstances test	t - 2016. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 i	s 10% or
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		· •						ne 🦳
								▶∟
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 Glenview Education Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	156,720.	209,929.	151,055.	133,821.	89,659.	741,184.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	156,720.	209,929.	151,055.	133,821.	89,659.	741,184.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						741,184.
Sec	ction B. Total Support						,
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	156,720.	(b) 2014 209,929.	151,055.	133,821.	89,659.	741,184.
	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						
с	Add lines 10a and 10b						
	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	747.	440.	504.	3,204.	311.	5,206.
13	assets (Explain in Part VI.)	157,467.	210,369.	151,559.	137,025.	89,970.	746,390.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		· · · ·	· ·			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· ·
15	Public support percentage for 2017 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.30 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	99.33 %
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	117 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box (on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	► X
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟]
73202	23 10-06-17			19	Sche	edule A (Form 990) or 990-EZ) 2017

07121211 797808 GLE-001

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation

36-3789505 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

07121211 797808 GLE-001

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation Part IV Supporting Organizations (continued)

			V	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ŕ 1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017
	21			

07121211 797808 GLE-001

Schedule A (Form 990 or 990 EZ) 2017 Glenview Education Foundation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

red for production or ent, conservation, or n of income (see instructions) and 7 from line 4) pt-use assets (see	1 2 3 4 5 6 7 8		
ent, conservation, or n of income (see instructions) and 7 from line 4)	3 4 5 6 7		
ent, conservation, or n of income (see instructions) and 7 from line 4)	4 5 6 7		
ent, conservation, or n of income (see instructions) and 7 from line 4)	5 6 7		
ent, conservation, or n of income (see instructions) and 7 from line 4)	6		
ent, conservation, or n of income (see instructions) and 7 from line 4)	7		
n of income (see instructions) and 7 from line 4)	7		
and 7 from line 4)	7		
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	8		
pt-use assets (see			
pt-use assets (see		(A) Prior Year	(B) Current Year (optional)
· · ·			
for part of year):			
	1a		
	1b		
assets	1c		
	1d		
-exempt-use assets	2		
	3		
1/2% of line 3 (for greater amount,			
	4		
ct line 4 from line 3)	5		
	6		
	7		
6)	8		
			Current Year
ction A, line 8, Column A)	1		
	2		
Section B, line 8, Column A)	3		
	4		
	5		
line 4, unless subject to			
ctions)	6		
	-exempt-use assets -exempt-use assets 1/2% of line 3 (for greater amount, ct line 4 from line 3) 6) ction A, line 8, Column A) Section B, line 8, Column A) n line 4, unless subject to ctions) organization's first as a non-functional	1b assets 1c 1d 1d -exempt-use assets 2 -exempt-use assets 2 .1/2% of line 3 (for greater amount, 4 .1/2% of line 3 (for greater amount, 4 .1/2% of line 3 (for greater amount, 6 .1/2% of line 3 (for greater amount, 7 .1/2% of line 3 (for greater amount, 4	1b assets 1c 1d -exempt-use assets 2

instructions).

1

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

07121211 797808 GLE-001

Schedule A (Form 990 or 990-EZ) 2017 Glenview Education Foundation

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
	ion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
4	Distributable amount for 2017 from Section C line 6			
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason- able cause required- explain in Part VI). See instructions.			
3	· · · ·			
 a	Excess distributions carryover, if any, to 2017			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributions of phot years			
i	Carryover from 2012 not applied (see instructions)			
;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
5	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI	Supplemental Information	view Education Foundation	36-3789505 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part I 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, t V, Section E, lines 2, 5, and 6. Also complete this part fo	ion B, lines 1 and 2; Part IV, Section C line 1; Part V, Section B, line 1e; Part \
	(See instructions.)	· · , · · - ,	
32028 10-06-1	7		Schedule A (Form 990 or 990-EZ)
		24	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



36-3789505

Form 990, Part I, Line 1, Description of Organization Mission:

Glenview Education Foundation

grant-making activity of the Glenview Education Foundationn is the

Educator Development Grants. These grants are intended to support

teachers at various stages of the inquiry process as they seek to

implement new ideas in their classrooms.

Form 990, Part III, Line 1, Description of Organization Mission:

as they seek to implement new ideas in their classrooms.

Form 990, Part VI, Section A, line 8b:

TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE

Form 990, Part VI, Section B, line 11b:

The Treasurer and the Chairperson review and approve for the Internal

Revenue Service and State of Illinois the Form 990 to be filed.

Form 990, Part VI, Section C, Line 19:

All Form 990 information filed with the internal revenue service and the

State of Illinois is made available to the public by request, and is posted

to the website.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 732211 09-07-17

07121211 797808 GLE-001