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GOVERNMENT COPY

Eilts & Associates, Inc. 3711 N. Ravenswood, Ste. 105 Chicago, IL 60613 773/525-6171

January 4, 2017

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed are the original and one copy of the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 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, 2016

Prepared for	Glenview Education Foundation
	Post Office Box 373 Glenview, IL 60025
Prepared by	Eilts & Associates, Inc.
	3711 N. Ravenswood, Ste. 105 Chicago, IL 60613
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if	Department of the Treasury
applicable) to	Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	February 15, 2017
Special Instructions	The return should be signed and dated.

Extended to February 15, 2017

ggn

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending JUN 30,

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

JUL 1, 2015

OMB No. 1545-0047 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Glenview Education Foundation Name change 36-3789505 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 847-486-7861 Post Office Box 373 termin-ated 153,429. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 60025 Glenview, IL H(a) Is this a group return Applica-F Name and address of principal officer: Patrick Brennan Yes X No for subordinates? Post Office Box 373, Glenview, 60025 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ▶ www.gef34.org **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1990 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: Financial Support provided to Activities & Governance educators in IL Dist. #34 with education grants. The primary Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 36 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 36 0 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 131,603. 124, 158.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 390. 437. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 25,295. 55,976. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 188,016. 149.843. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 228,216. 120,694. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 228,216. 120,694. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -40,200. 29,149. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 506,899. 435,161. Total assets (Part X, line 16) 246,759. 289,348. 21 Total liabilities (Part X, line 26) 188,402. 217,551. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Patrick Brennan Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Barton Eilts Barton Eilts P01327750 Paid Eilts & Associates, Inc. 61-1443699 Preparer Firm's name Firm's EIN Firm's address 3711 N. Ravenswood, Ste. Use Only Chicago, IL 60613 Phone no. 773-525-6171 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Pa	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	. d
	Financial support provided to educators in IL Dist. #34 with	
	grants. The primary grant-making activity fo the Glenview Educ	
	Foundation is the Educator Development Grants. These Grants and	
	intended to support teachers at various stages of the inquiry	process
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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 services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	. ,
4a	(Code:) (Expenses \$ 36 , 785 • including grants of \$) (Revenue \$)
	Science Olympiad	,
	Botoneo Olympiaa	
4b	(Code:) (Expenses \$16,500including grants of \$) (Revenue \$)
	GBS Engineering Trip	
4c	(Code:) (Expenses \$11,554. including grants of \$) (Revenue \$))
	Henking Family Literacy Program	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 46,621 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 111,460.	
E2000		Form 990 (2015)

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
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? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ν,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	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)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			۱
	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		х
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		Х
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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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			
	Schedule L, Part I	25b		Х
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,"			
	complete Schedule L, Part II	26		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		Х
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		х
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		X
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		<u> </u>
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		X
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?		7.7	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part 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					Ш			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and response to the complex complex of the organization comply with backup withholding rules for reportable payments to vendors and response to the complex of the organization complex of the complex of the complex of the organization complex of the complex o								
	(gambling) winnings to prize winners?			1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•			1			
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		_		37			
				3a 3b		<u> </u>			
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					х			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		$\stackrel{f \wedge}{=}$			
D	If "Yes," enter the name of the foreign country:		+o (FDAD)			1			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30					
ou	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute								
-	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?			7с		Х			
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 of	ontrac	t?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b					
	Section 501(c)(7) organizations. Enter:	١				1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
	Section 501(c)(12) organizations. Enter:	11a				1			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	па				1			
D	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		<u> </u>	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		ıza					
	Section 501(c)(29) qualified nonprofit health insurance issuers.					1			
	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	13b							
С	Enter the amount of reserves on hand	13c							
	Did the averagination was in a group of the few indeed to mind any tenning a source of union the terroran.			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b					
				Form	990	(2015)			

532005 12-16-1 Form 990 (2015)

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					X			
Sec	tion A. Governing Body and Management								
			_		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36						
	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 O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other							
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the		ı [
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or							
	more members of the governing body?		L	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		Г						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b		Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the f	orm?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe							
	in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)	s only) av	/ailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest po	licy, and	finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:							
	The Organization - 847-998-5000								
	P.O. Box 373, Glenview, IL 60025								

Form 990 (2015)

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)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	-	officer and a director/trustee) from		from related	other				
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	al tru		yee	эшре		(** = *********************************		and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) Amanda Chiarieri	3.00			l						•
Chair		Х		Х				0.	0.	0.
(2) Scott Nelson	3.00			l						•
Past Chair		Х		Х				0.	0.	0.
(3) Greg Hughes	2.00			l						•
Vice Chair		Х		Х				0.	0.	0.
(4) Jim Kendall	2.00			l						
Treasurer		Х		Х				0.	0.	0.
(5) Mary Patronik	2.00									•
Advisory Board		Х						0.	0.	0.
(6) Meg Costigan	2.00			l					•	•
Communications Chair		Х		Х				0.	0.	0.
(7) Sandy Schwartz	2.00								•	•
Advisory Board		Х						0.	0.	0.
(8) Tom Prchal	2.00								•	•
Grants Committee		Х						0.	0.	0.
(9) Diane Bilcer	2.00									•
Grants Chair	0.00	Х		Х				0.	0.	0.
(10) Catherine Gray	2.00									•
Secretary	0 50	Х		Х				0.	0.	0.
(11) Chiara Andrews	0.50									•
Grants Committee	0 50	Х						0.	0.	0.
(12) Jim Baumstark	0.50	,,							•	•
Advisory Board	0 50	Х						0.	0.	0.
(13) Cathy Cunningham	0.50	,,							•	•
Fundraising Committee	0 50	Х						0.	0.	0.
(14) Alison Beitzel	0.50	,,							•	•
Fundraising Committee	0 50	Х						0.	0.	0.
(15) Anne Burke	0.50	٠,,		,,					0	0
Fundraising Chair	0 50	Х		Х				0.	0.	0.
(16) Cynthia Garcia	0.50	X						0.	0.	_
Communications Committee	0 50	Α.	_		_			0.	0.	0.
(17) Jennifer Kramer	0.50	Х						0.	0.	0.
Grants Committee	l	Δ		<u> </u>	L			1 0.	0.	- U ·

532007 12-16-15

Form 990 (2015) Glenview	Educat:	<u>i 01</u>	n I	·Οι	ınc	dat	ti	on	36-37	789	505	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			((C)			(D)	(E)		((F)
Name and title	Average	/da		Pos	ition	1		Reportable	Reportable		Esti	mated
	hours per	box	not c , unle	ss pe	rson i	is bot	th an	compensation	compensation	n	amo	ount of
	week	offi	cer an	d a d	irecto	or/trus	stee)	from	from related		0	ther
	(list any	director						the	organizations	3	comp	ensation
	hours for	r dire				pe		organization	(W-2/1099-MIS	C)	froi	m the
	related	tee or	nstee			ensa		(W-2/1099-MISC)			orgar	nization
	organizations	l trus	nal tr		oyee	dwo					and	related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
(18) Lauren Matles	0.50	밀	lus	#0	Ke	E E	휸					
Fundraising Committee	0.30	X						0.		0.		0.
(19) Niraj Jain	0.50	 								•		
Operations Committee		X						0.		0.		0.
(20) Kristi Roy	0.50											
Grants Committee		Х						0.		0.		0.
(21) Beth Schmidt	0.50											
Grants Committee		Х						0.		0.		0.
(22) Julie Leahy	0.50	ļ								•		•
Grants Committee	0.50	Х						0.		0.		0.
(23) Pilar Westfall Grants Committee	0.50	x						0.		0.		0.
(24) Mike Zimmermann	0.50	^						0.		0.		0.
Grants Committee		X						0.		0.		0.
(25) Jackie Lutz	0.50									-		
BOE Rep		Х						0.		0.		0.
(26) Kim Shampine	0.50											
Fundraising Committee		Х						0.		0.		0.
1b Sub-total							ightharpoons	0.		0.		0.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable	е		_
compensation from the organization											- 1	(2.2.1.2)
											,	es No
3 Did the organization list any former officer				•	•	•		•				- -
line 1a? If "Yes," complete Schedule J for s	such individual							h - u	Ale a susse ! +! -		3	X
4 For any individual listed on line 1a, is the s												х
and related organizations greater than \$15Did any person listed on line 1a receive or											4	
rendered to the organization? If "Yes," con	=				-						5	Х
Section B. Independent Contractors	,											
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	om
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.			
(A)	o ddraaa		~===	,				(B)	nom do o o	~	(C)	
Name and business	address	1/(INC	<u> </u>			-	Description of s	services		ompens	รสบอก
							\dashv					
							\dashv					
							_					
2 Total number of independent contractors (including but n	not li	mite	d to	tho	se li	ster	d above) who received n	nore than			
- Total number of independent contractors (L	iot ill		u 10	110	O 0 11.	0.00	a above, who received h	IOIO IIIIIII			

\$100,000 of compensation from the organization
See Part VII, Section A Continuation sheets

ustees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
	<u> </u>							(E)	(F)
					1				Estimated
hours	(cl						-	· ·	amount of
per	<u> </u>				Ϊ́	Ĺ,	from	from related	other
week					yee		the	organizations	compensation
(list any	ector				oldme			(W-2/1099-MISC)	from the
	or di	98			sated		(W-2/1099-MISC)		organization
	rustee	l frust		ee	npens				and related organizations
1 ~	dual tr	tional	١.	nploy	stcon				organizations
line)	Individ	Institu	Officer	Key er	Highe	Forme			
0.50									
	х						0.	0.	0.
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0.
0.50									
1 0 50	X						0.	0.	0 .
0.50									0
	X						0.	0.	0.
0.50									
0.50	X						0.	0.	0.
0.50									•
0.50	X						0.	0.	0.
0.50	٠,,								•
0 50							0.	0.	0.
0.50							0	٥	0.
	^						0.	0.	0.
I		l	I -		1	l -			
	(B) Average hours per week (list any hours for related organizations below line) 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X X X X X X X X X X X X X	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) (C) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	Ustees, Key Employees, and High (B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	C	Columbia Columbia Compensated Employees Continued

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 124,158. g Noncash contributions included in lines 1a-1f: \$ 124,158. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 390. 390. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 28,767. Part IV, line 18 a Other 3,586. **b** Less: direct expenses 25,181. 25,181. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code _{11 a} Securities Capital Gai 611710 114. 114 b d All other revenue 114. e Total. Add lines 11a-11d

149,843.

Total revenue. See instructions.

504.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 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 _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 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 O.) 1,809. 1,809. Advertising and promotion 12 229. 229. Office expenses 13 149. 149. 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 469. 469. 23 Other expenses. Itemize expenses not covered 24 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 O.) 111,460. 111,460. Program services Credit card fees 3,130. 3,130. Dues and subscriptions 2,922. 2,922. 220. d Miscellaneous 220. 306. 306. e All other expenses 120,694 111,460. 9.234. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Part X	Balance Sneet			
	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	173,597.	1	244,861.
2	Savings and temporary cash investments	259,482.	2	259,872.
3	Pledges and grants receivable, net	·	3	•
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	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			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ı	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 کھ	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			
,	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,082.	12	2,166
13	Investments - program-related. See Part IV, line 11	<u> </u>	13	,
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	435,161.	16	506,899
17	Accounts payable and accrued expenses		17	-
18	Grants payable	244,259.	18	289,348
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	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			
	Schedule D	2,500.	25	0 .
26	Total liabilities. Add lines 17 through 25	246,759.	26	289,348
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မွ	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	188,402.	27	217,551
ğ 28	Temporarily restricted net assets		28	
g 29	Permanently restricted net assets		29	
호	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ъ	and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
Net Assets or 30 31 35 33	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	188,402.	33	217,551
34	Total liabilities and net assets/fund balances	435,161.	34	506,899

Par	T 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				43.
2	Total expenses (must equal Part IX, column (A), line 25)	2				94.
3	Revenue less expenses. Subtract line 2 from line 1	3				49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		188	8, <u>4</u>	02.
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		21'	7,5	51.
Par	t 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	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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 th	e audit	t,			
	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 Sir					
	Act and OMB Circular A-133?	-		3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		I .	3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
The (organi	zation is not a private found	lation because it is:	(For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative		•			i).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:	•	, ,			(,					
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	一	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	. ,	(1)(A)(vi) (Complete Par	+ 11)								
	X	An organization that norma				contribution	one membershin fees a	and aross receints from					
Ŭ		activities related to its exen											
		income and unrelated busin	•	•				-					
		See section 509(a)(2). (Coi		(1000 ocollorr or r taxy ii	om baome	ooco doqu	med by the organization	artor dario do, 1070.					
10		An organization organized a		sively to test for public sa	afety See	section 50	19(a)(4)						
11	一	An organization organized a	· ·	•	•			e purposes of one or					
••		more publicly supported or	· ·	· · · · ·	-		· · · · · · · · · · · · · · · · · · ·						
		lines 11a through 11d that	-					orioon and box in					
а		Type I. A supporting orga				•		, aivina					
_		the supported organization	•	•									
		organization. You must o			a majority	01 1110 4110		apporting					
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s) by ha	ivina					
-		control or management of	· ·					•					
		organization(s). You mus			arrio peroc	ono that oc	milior of manage the out	portod					
c		Type III functionally inte			in connec	tion with a	and functionally integrate	ed with					
·		its supported organizatio					• •	od Willi,					
d		Type III non-functionally						zation(s)					
-		that is not functionally int					• • • • • •						
		requirement (see instruct	-	- ·	•								
е		Check this box if the orga	•	- ·									
_		functionally integrated, or					, , . , , . ,						
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,									
q		ide the following information											
	-) Name of supported	(ii) EIN				(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	governing of	n your document?	support (see	other support (see					
				above (see instructions))	Yes	No	instructions)	instructions)					
Γota	1							I					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and		, ,	, ,	Ì		`,		
	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								
3	furnished by a governmental unit to								
	, ,								
	the organization without charge								
	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)								
	Public support. Subtract line 5 from line 4.								
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instructi	ons)			12			
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t					
.5	organization, check this box and stop								
Sec	tion C. Computation of Publ	c Support Pe	rcentage						
	Public support percentage for 2015 (I			column (f))		14	%		
	Public support percentage from 2014					15	/ 6		
	33 1/3% support test - 2015. If the c								
100	stop here. The organization qualifies								
h	33 1/3% support test - 2014. If the c								
b							IIS DOX		
17-	and stop here. The organization qual						or more		
ı/a	10% -facts-and-circumstances test								
	and if the organization meets the "fac		•	•	•	•			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	_							
	more, and if the organization meets the				-				
	organization meets the "facts-and-circ								
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								

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	,	,						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.		
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	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.		
7	a Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
ı	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.		
8	Public support. (Subtract line 7c from line 6.)						817,499.		
<u>Se</u>	ction B. Total Support								
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.		
10	g Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
ı	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital		F 0 F		4.40	F 2 4	2 442		
	assets (Explain in Part VI.)	901.	527.	747.	440.	504.	3,119.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	152,049.	149,174.	157,467.	210,369.	151,559.	820,618.		
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,		
<u> </u>	check this box and stop here						<u></u>		
	ction C. Computation of Publ						99.62 %		
	Public support percentage for 2015 (I					15	00 F1		
	Public support percentage from 2014					16	99.51 %		
	ection D. Computation of Investment Income Percentage								
	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))								
	Investment income percentage from 2					18	<u>%</u>		
198	a 33 1/3% support tests - 2015. If the	-					7 is not ► X		
	more than 33 1/3%, check this box a								
'	33 1/3% support tests - 2014. If the	•			•				
	line 18 is not more than 33 1/3%, che			•	as a publicly suppo his how and see ins	ŭ	~		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
0-		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	0-EZ	2015

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
С	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		
	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 yea(see instructions):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
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 <i>Part VI</i> .	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 <i>Part VI</i> the role played by the organization in this regard.	3b	l	ı

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr u	uctions. All		
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-functional	y-integra	ated Type III supporting org	ganization (see		
	instructions)	-				

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
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 t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Glenview Education Foundation

Employer identification number

36-3789505

Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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
, ,	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	T(o)(r), (o), or (ro) organization can check boxes for both the deficial ridic and a opecial ridic. See instructions.
X For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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, -EZ, line 1. Complete Parts I and II.
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contributi is checked, ent purpose. Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., ot complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> table, etc., contributions totaling \$5,000 or more during the year
but it must answer "No'	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

Name of organization Employer identification number

Glenview Education Foundation 36-3789505

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Phil and Amy Schneider 2141 Fir St. Glenview, IL 60025	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Glenview Education Foundation

36-3789505

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		 \$	

Name of organization Employer identification number 36-3789505 Glenview Education Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

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

 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations B X Internet and email solicitations C X Phone solicitations G X Special fundraising events 						
d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Particle of the solid properties of the soli	art VII) or entity in connection with p viduals or entities (fundraisers) purs	rofess	ional f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organizatio or licensing.			outions	s or has been notified	d it is exempt from re	egistration

532081

Schedule G (Form 990 or 990-EZ) 2015

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Various None (add col. (a) through Events col. (c)) (event type) (total number) (event type) 28,767 28,767. 1 Gross receipts 2 Less: Contributions 28,767. 28,767. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,586. 3,586 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 Glenview Education Foundation	36-3789505 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Caming manager componention	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
bliector/officer Employee independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
votain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9, 9b, 10b, 15b.
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, , , , .

Schedule G	G (Form 990 or 990-EZ)	Glenview	Education	Foundation	36-3789505	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continue	d)			
			,			
-						
				<u>-</u>		
	<u> </u>		<u> </u>	<u> </u>		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

Form 990, Part I, Line 1, Description of Organization Mission:
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 11:
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.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for 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 .

OMB No. 1545-1709

u are filing for an Automatic 3-Month Extension, compl	ete only Pa	art I and check this box			X	
u are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II (on page 2 of	this form).			
complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
onic filing (e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a	corporation	
d to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically f	ile Form 8	368 to reques	t an extension	
to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated W	ith Certain	
al Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details	on the elec	ctronic filing o	f this form,	
ww.irs.gov/efile and click on e-file for Charities & Nonprofit	S.					
I Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies ne	eded).			
oration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete			
nly					▶ □	
ncome tax returns.			Enter file	er's identifyin	g number	
			Employer identification number (EIN) or			
Glenview Education Foundation				36-3789505		
	see instruc	tions.	Social se	curity number	r (SSN)	
Post Office Box 373				,	•	
City, town or post office, state, and ZIP code. For a Glenview, IL 60025	foreign add	dress, see instructions.				
ne Return code for the return that this application is for (fi	le a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •		0 1	
ation	Return	Application			Return	
	Code	Is For			Code	
90 or Form 990-EZ	01	Form 990-T (corporation)			07	
90-BL	02	Form 1041-A			08	
720 (individual)	03				09	
,	04	· · · · · · · · · · · · · · · · · · ·				
90-T (sec. 401(a) or 408(a) trust)	05				11	
	06	Form 8870			12	
books are in the care of ▶ P.O. Box 373 -		view, IL 60025 Fax No. ▶				
e organization does not have an office or place of busines	ss in the Ur	nited States, check this box			▶ □	
	О Г					
is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole gr	oup, check this	
	¬ '	· · · · · · · · · · · · · · · · · · ·		•	• •	
. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	•	• •	
. If it is for part of the group, check this box request an automatic 3-month (6 months for a corporatio	and atta	ach a list with the names and EINs o to file Form 990-T) extension of time	f all memb until	ers the exten	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemption of the second seco	and atta	ach a list with the names and EINs o to file Form 990-T) extension of time	f all memb until	ers the exten	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for:	and atta	ach a list with the names and EINs o to file Form 990-T) extension of time	f all memb until	ers the exten	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: calendar year or	and atta n required ot organiza	ach a list with the names and EINs o to file Form 990-T) extension of time	f all memb until ed above.	ers the exten	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: calendar year or	and atta n required ot organiza , an	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN_30,2016	f all memb until ed above.	ers the extension The extension	sion is for.	
. If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: Calendar year or X tax year beginning JUL 1, 2015	and atta n required ot organiza , an	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN_30,2016	f all memb until ed above.	ers the extension The extension	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: calendar year	and atta n required ot organiza , an	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN_30,2016 con: Initial return	f all memb until ed above.	ers the extension The extension	n	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: Calendar year	and atta n required ot organiza , an	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN_30,2016 con: Initial return	f all memb until ed above.	ers the extension The extension	sion is for.	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017, to file the exemple for the organization's return for: Calendar year	and atta n required ot organiza , an check reas), or 6069,	ach a list with the names and EINs of to file Form 990-T) extension of time action return for the organization name and endingJUN30_,2016 son: Initial return enter the tentative tax, less any	f all member until ed above.	ers the extension The extension	o .	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017 , to file the exemple for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2015 The tax year entered in line 1 is for less than 12 months, □ Change in accounting period This application is for Forms 990-BL, 990-PF, 990-T, 4720 onrefundable credits. See instructions.	and atta n required ot organiza , an check reas 0, or 6069, 9, enter an	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN_30,2016 son: Initial return enter the tentative tax, less any y refundable credits and	f all member until ed above.	ers the extension The extension	n	
If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation February 15, 2017 and the exemples for the organization's return for: □ calendar year or	and attann required of organizann, and check reasenn, or 6069, enter an payment a	ach a list with the names and EINs of to file Form 990-T) extension of time ation return for the organization named and endingJUN30_,2016 Son: Initial return enter the tentative tax, less any y refundable credits and allowed as a credit.	f all member untilled above. Final retur	The extension	o .	
	tomplete Part II unless you have already been granted tonic filing (e-file). You can electronically file Form 8868 if ed to file Form 990-T), or an additional (not automatic) 3-more to file any of the forms listed in Part I or Part II with the entry and Benefit Contracts, which must be sent to the IRS in particular and click on e-file for Charities & Nonprofit I Automatic 3-Month Extension of Time Progration required to file Form 990-T and requesting an automorphism of the IRS in particular and construction of the IRS in particular and construction of the IRS in particular and click on e-file for Charities & Nonprofit I Automatic 3-Month Extension of Time Progration required to file Form 990-T and requesting an automorphism of the IRS in particular and requesting an automorphism of the IRS in particula	tomplete Part II unless you have already been granted an automoronic filing (e-file). You can electronically file Form 8868 if you need are do file Form 990-T), or an additional (not automatic) 3-month extension of file any of the forms listed in Part I or Part II with the exception of the file and click on e-file for Charities & Nonprofits. Late Automatic 3-Month Extension of Time. Only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T and requesting an automatic 6-month only support of the file Form 990-T file Form 990-T file Form 990-EZ 990-BL 990-F 990-F 990-T (sec. 401(a) or 408(a) trust) 990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above) 900-T (books are in the care of Pools Box 373 - Glentephone No. Page 500-T (sec. 999-500-T) 990-T (sec. 999-500-T) 990-T (sec. 999-500-T) 990-T (sec. 999-500-T) 990-T (sec. 999-70-T) 990-T	tomplete Part II unless you have already been granted an automatic 3-month extension on a previous conic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of tire at the file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file for file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for a to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for a to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for a to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for a to file any of the form 990-T and requesting an automatic (see instructions). For more details www.irs.gov/lefile and click on e-file for Charities & Nonprofits. **The Automatic 3-Month Extension of Time.** Only submit original (no copies new corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requesting an automatic 6-month extension - check this box and only ere corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requesting the returns. **Glenview Education Foundation** Number, street, and room or suite no. If a P.O. box, see instructions. Glenview Education Foundation Number, street, and room or suite no. If a P.O. box, see instructions. Glenview, IL 60025 **The Return code for the return that this application is for (file a separate application for each return) must are application for each return) **The Organization** The Organization The Organization Books are in the care of P.O. Box 373 - Glenview, IL 60025 Bephone No. Part 10 - Box	t complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Foronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (e de to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 81 et al. file for the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers and Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the election of Form 8870, Information Return for Transfers and Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the election with instance of the form 990-T and requesting an automatic 6-month extension - check this box and complete only Automatic 3-Month Extension of Time. Only submit original (no copies needed).	tomplete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. point filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a dot to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a dot to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a dot file for file for the file for the file for the file for the file for file file for file file for file	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841

Form 8868 (Rev. 1-2014)

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, 2016

	Julie 30, 2010
Prepared for	Glenview Education Foundation Post Office Box 373 Glenview, IL 60025
Prepared by	Eilts & Associates, Inc. 3711 N. Ravenswood, Ste. 105 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	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

Form AG990-IL

$\overline{}$	ffice Use Only ILLINOIS CHARITABLE ORGANIZATION A		Revised 3/0
PMT	⊺# Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West		# 01-023319
	11th Floor, Chicago, Illinois 60		
	, ,	X	Check all items attached:
AMT	T Report for the Fiscal Period:		1,7
	Posinning 07/01/2015	Make Checks Payable to	Audited Financial Statements
l	Beginning <u>07/01/2015</u>	the III:neie	Copy of Form IFC
INIT		Charity	, ,
	<u> </u>	Bureau Fund	\$100.00 Late Report Filing Fee
	Tailb# 30 3703303		MO DAY YR
Are co	contributions to the organization tax deductible?	Date Organization was create	d: 12/27/1990
	LEGAL	Year-end	
	NAME Glenview Education Foundation	amounts	10 C 000
	MAIL	A) ASSETS	A) \$ 506,899
	DDRESS Post Office Box 373	B) LIABILITIES	B) \$ 289,348
	Y, STATE Glenview, IL	C) NET ASSETS	C) \$ 217,551
	ZIP CODE 60025		
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.672%	D) \$ 152,925
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES	0.328%	F) \$ 504
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 153,429
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE PROGRAM EXPENSE	89.685%	H) \$ 111,460
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	89.685%	J) \$ 111,460
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
		00.605	111 460
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	89.685%	L) \$ 111,460
		F 420	0.004
	M) MANAGEMENT AND GENERAL EXPENSE	7.430%	M)\$ 9,234
		0.005	2 506
	N) FUNDRAISING EXPENSE	2.885%	N) \$ 3,586
			104 000
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 124,280
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIV	VITIES:	
	(Attach Attorney General Report of Individual Fundraising Campaign-Form IFC. One for each PFR.)	
	PROFESSIONAL FUNDRAISERS:	400.04	D/ 6
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	0. TOTAL FUNDS MOREO FEED AND EVENTS		ο\ Φ
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	D. MET DECEMED DV THE QUADITY /D MINING Q. D.		D) ¢
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:		6/ 6
l .,	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	THE VEAD.	S) \$ 0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING	INE YEAK:	Τ\ Φ
	T) NAME, TITLE:None		T) \$
	U) NAME, TITLE:		U) \$
	V) NAME, TITLE:		V) \$
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY CODE CATEGORIES	(\$ EXPENDED)	List on back side of instructions
1-15			CODE 150
04-0	w) DESCRIPTION: Grants to programs for the IL Scho	OI DISC. #34	W)# 150
598091 04-01-15	X) DESCRIPTION:		X) #
56	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	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.		Х
	COURT OF ANY MICEEMICANOTHIS VOLVING THE MICEOUS OF MICAET HOLD HATTON OF FONDS ON ANY FLECUTE	۷.		
3.	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.		Х
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
J.	OR ORGANIZATION?	5.		Х
C				Х
ь.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			77
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "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 \$			
	THE AND (IV) THE ANIOUNT ALECOATED TO FORDINATING \$\psi			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	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			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization - 847-998-5000			
AII	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:	Patrick Brennan		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE

598101 04-01-15

PREPARER (PRINT NAME)

SIGNATURE

DATE

Extended to February 15, 2017

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	\pm 2015 calendar year, or tax year beginning $$ JUL 1 , $$ 2015 $$ and endin	g JUN	30, 201	6
В	Check if applicable	C Name of organization	D	Employer identi	fication number
	Addres	Glenview Education Foundation			
	Name change Initial	Doing business as			3789505
Ļ	return		/suite E	Telephone numb	
	Final return/ termin	<u>'</u>		847-	-486-7861
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	153,429.
Ļ	Ameno	Gienview, in 00025	H(a	a) Is this a group	
	Applic tion pendir			for subordinate	—
		Post Office Box 373, Grenview, IL 60025	_	Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c) ()	527	If "No," attach	a list. (see instructions)
		e: www.gef34.org) Group exempti	
			. Year of for	mation: 1990	M State of legal domicile: IL
Р	art I	Summary	- 1 C		
9	1	Briefly describe the organization's mission or most significant activities: Financi	ar su	pport pro	ovided to
ğ		educators in IL Dist. #34 with education gra			
/er		Check this box if the organization discontinued its operations or disposed of			1 2
်		Number of voting members of the governing body (Part VI, line 1a)			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			+
Activities & Governance	6	Total number of volunteers (estimate if necessary)		<u>6</u>	
Ş		Total unrelated business revenue from Part VIII, column (C), line 12			
	<u>D</u>	Net unrelated business taxable income from Form 990-T, line 34			Current Year
		Contributions and grants (Dort VIII line 1h)	-	Prior Year 131,603	
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0	_
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		437	_
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,976	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		188,016	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	_
þer	h	Total fundraising expenses (Part IX, column (D), line 25)		-	
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		228,216	. 120,694.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		228,216	
		Revenue less expenses. Subtract line 18 from line 12		-40,200	
10 kg			Beginni	ing of Current Year	
Net Assets or Find Balances	20	Total assets (Part X, line 16)		435,161	
ASS	21	Total liabilities (Part X, line 26)		246,759	
ise ise	22	Net assets or fund balances. Subtract line 21 from line 20		188,402	. 217,551.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements,	and to the best of r	my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer has a	any knowledge.	
Sig	ın	Signature of officer		Date	
Не	re	Patrick Brennan			
		Type or print name and title	I D-t-		DTIN.
		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN
Pai -		Barton Eilts Barton Eilts		self-empl	
	parer	Firm's name Filts & Associates, Inc.		Firm's EIN ▶	61-1443699
Use	Only	Firm's address 3711 N. Ravenswood, Ste. 105			72 505 6454
_		Chicago, IL 60613		Phone no. 7	73-525-6171
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments	v
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: Financial support provided to educators in IL Dist. #34 with	education
	grants. The primary grant-making activity fo the Glenview Educ	
	Foundation is the Educator Development Grants. These Grants as	
	intended to support teachers at various stages of the inquiry	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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 services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$36,785. including grants of \$) (Revenue \$))
	betenee Olympiaa	
	16 500	
4b	(Code:) (Expenses \$16,500. including grants of \$) (Revenue \$))
	GBS ENGINEETING TITP	
_	11 554	
4c	(Code:) (Expenses \$11,554. including grants of \$) (Revenue \$) Henking Family Literacy Program)
	neming ruming breededy frogram	
	Other pregram convices (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 46,621 • including grants of \$) (Revenue \$	١
	(Expenses \$ 40,621 • including grants of \$) (Revenue \$ Total program service expenses ▶ 111,460 •	
	, =	Form 990 (2015)

Form 990 (2015) 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes." complete Schedule D. Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ν,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13				X
14a		14a		X
b				
				х
45		140		
15		45		х
16		15		
16		16		Х
17		10		
17		17	x	
18		17		
10		12	х	
19		.0		
		19		х
		nization required to complete Schedule B, Schedule of Contributors? 7 If "Yes," complete Schedule C, Part I 8 (c)(3) organizations. Did the organization engage in liobbying activities, or have a section 501(h) election in effect or xyear? If "Yes," complete Schedule C, Part II 9 Inization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or not as a defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 10 Inization maintain any donor advised funds or any similar funds or accounts for which donors have the right to ce on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Inization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Part III Inization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Part III Inization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for inization report any of the following questions is "Yes," then complete Schedule D, Part IV Inization's answer to any of the following questions is "Yes," then complete Schedule D, Part SI, line 16? If "Yes," complete Schedule D, Part VI, line 16? If "Yes," complete Schedule D, Part VI Inization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Inization report an amount for other isastion report man amount for other isastion investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII Inization report an amount for other isasties in Part X, line 15? If "Yes," complete Schedule D, Part VII Inization report an amount for other liability in Part X, line 15? If "Yes," complete Schedule D, Part X III Inization report an amount for other liability in Part X, line 15? If "Yes," complete Schedule D, Part X III Inization report an amount for other liability in Part X, line 15?		

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities? If "Yes," complete Schedule II will be in ceil 20a in II was 10 to 10 the organization partial and active active poly of its audited infancial statements to this return? 20b II was 10 the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, colume I/N, like of II "I "Ves," complete Schedule I, Parts I and II 21 I X 21				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic opseriment on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 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 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization never "Yes" to Part IX IS schedule I, Parts I and III 24 Did the organization answer "Yes" to Part IX IS schedule I, Parts I and III 25 Schedule II 26 Did the organization nave 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, 20027 If "Yes," answer lines 24b through 24d and complete Schedule II, If It is on the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 20 Did the organization are sort with a disciplination of the organization and any time during the year? 21 Did be organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 22 Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 22 Did the organization are port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, with a second or any of the organization organization aparty to a business transaction with ore of a populate limiting the person during the y	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule (, Part I and II) Part IX, column (A), line 27 If "Yes," complete Schedule (, Part I and III) 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 M X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III 2 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 Is and all of the year, that was sissed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; op to line 25a 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 sissed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; op to line 25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24c Did the organization aware many proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year. Organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert or any of these persons? If "Yes," complete Schedule I,	21				
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IX 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 I, Part II			21		_X_
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 \$10,000 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!, 9 to line 25a 24 Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27c Did the organization invest as an 'no behalf of' issuer for bonds outstanding at any time during the year? 28d Did the organization as an 'no behalf of' issuer for bonds outstanding at any time during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person out in the transaction with a disqualified person out in a prior year, and that the transaction has not been reported on any of the organization proper any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, circctors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 28d Was the organization receive more than \$25,000 in non-cash contributions of a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28d A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, that was issued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule I, "Pot," or Join Ince 25s 24b 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c did 25c Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 35c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year of the organization with a disqualified person during the year? 1f" "Yes," complete Schedule I, Part I 25b 1s the organization and state tengaged in an excess benefit transaction with a disqualified person during the year? 1f" "Yes," complete Schedule I, Part I 25b 1s the organization has not been reported on any of 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," complete Schedule I, Part IV 25b 12b 12b 12b 12b 12b 12b 12b 12b 12b 12			22		
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stad 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did 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 reforms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25a	240	Did the examination have a tay exampt hand issue with an outstanding principal amount of more than \$100,000 as of the	23		
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any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d did 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d		24d		
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-E2? If "Yes," complete Schedule L, Part II 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," complete Schedule L, Part II 26 X 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 of any of these persons? If "Yes," anolytes Schedule L, Part II 27 X 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): 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 29 A remitly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization on inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization on soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization on will 00% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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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 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 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Schedule N, Part II	32		_X_
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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a 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 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33				37
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			33		_X_
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				v
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 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.5				
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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			35a		
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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	D		25h		
If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36		330		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	55		36		Х
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25a is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or corner officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? if "Yes," complete Schedule L, Part II 25b id 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 of any of these persons? if "Yes," complete Schedule L, Part II 27b is the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27b is the organization at party to a business transaction with one of the following parties (see Schedule L, Part IV 27b is a current or former officer, director, trustee, or key employee? if "Yes," complete Schedule L, Part IV 27b is an entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or diverse, or organization receiv			
			38	X	

Part 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					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and response to the complex of the organization comply with backup withholding rules for reportable payments to vendors and response to the complex of the organization comply with backup withholding rules for reportable payments to vendors and response to the complex of the organization comply with backup withholding rules for reportable payments to vendors and response to the complex of the organization compl					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•			1
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		_		37
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		$\stackrel{f \wedge}{=}$
D	If "Yes," enter the name of the foreign country:		+o (FDAD)			1
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		Х
b	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 w					
	to file Form 8282?			7с		Х
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 of	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
	Section 501(c)(7) organizations. Enter:	١				1
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	11a				1
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	па				1
D	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		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.					1
	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	13b				
С	Enter the amount of reserves on hand	13c				
	Did the averagination was in a group of the few indeed to mind any tempinal and in the day was 0			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2015)

532005 12-16-1

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			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36										
	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 O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 36										
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5											
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
-	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	and an analytic control of the contr		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure			•							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the forms 1023 (or 1024 if applicable).	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	The Organization - 847-998-5000										
	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 r	nor any related	orga	aniza	ation	cor	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Coran		1)/ a do		from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	In divid ual trustee	Institutional trustee		yee	Highest compensated employee		,		and related
	below	vidual	tution	Je.	Key employee	nest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) Amanda Chiarieri	3.00	ļ								
Chair		Х		Х				0.	0.	0.
(2) Scott Nelson	3.00	ļ								
Past Chair		Х		Х				0.	0.	0.
(3) Greg Hughes	2.00	ļ								
Vice Chair		Х		Х				0.	0.	0.
(4) Jim Kendall	2.00	ļ								
Treasurer		Х		Х				0.	0.	0.
(5) Mary Patronik	2.00	ļ								
Advisory Board		Х						0.	0.	0.
(6) Meg Costigan	2.00	ļ								
Communications Chair		Х		Х				0.	0.	0.
(7) Sandy Schwartz	2.00	ļ								
Advisory Board		Х						0.	0.	0.
(8) Tom Prchal	2.00	ļ								
Grants Committee		Х						0.	0.	0.
(9) Diane Bilcer	2.00	ļ								
Grants Chair		Х		Х				0.	0.	0.
(10) Catherine Gray	2.00	ļ								
Secretary		Х		Х				0.	0.	0.
(11) Chiara Andrews	0.50	ļ								
Grants Committee		Х						0.	0.	0.
(12) Jim Baumstark	0.50	۱								_
Advisory Board		Х						0.	0.	0.
(13) Cathy Cunningham	0.50	ļ								
Fundraising Committee		Х						0.	0.	0.
(14) Alison Beitzel	0.50	ļ								
Fundraising Committee		X						0.	0.	0.
(15) Anne Burke	0.50	ļ								
Fundraising Chair		Х		Х				0.	0.	0.
(16) Cynthia Garcia	0.50							_	_	_
Communications Committee		Х						0.	0.	0.
(17) Jennifer Kramer	0.50	l						_	_	_
Grants Committee		X	1	I		1	1	0.	0.	0.

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Form 990 (2015) Glenview	Educat:	ior	n I	·Οι	ınc	dat	tio	on	36-378	9505	Pa	ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	/		Pos				Reportable	Reportable	E	stimated	i
	hours per	box	, unle	ss pe	rson i	than	h an	compensation	compensation	aı	nount o	f
	week	offic	cer an	d a d	irecto	or/trus	stee)	from	from related		other	
	(list any	ctor						the	organizations	con	pensati	on
	hours for	or director				8		organization	(W-2/1099-MISC)		rom the	
	related	tee or	stee			ınsat		(W-2/1099-MISC)		org	ganizatio	n
	organizations		nal tru		yee	omp				ar	d relate	d
	below	Individual1	Institutional trustee	er	Key employee	est c	Jer.			org	anizatio	าร
	line)	Indi	Insti	Officer	Keye	Highest compensated employee	Former					
(18) Lauren Matles	0.50											_
Fundraising Committee	0.50	Х						0.	0	•		0.
(19) Niraj Jain	0.50	,,										^
Operations Committee	0.50	Х						0.	0	•		0.
(20) Kristi Roy	0.50	. ,										^
Grants Committee	0 50	Х						0.	0	•		0.
(21) Beth Schmidt	0.50							0.	0			Λ
Grants Committee	0.50	Х						0.	U	•		0.
(22) Julie Leahy	0.50	X						0.	0			0.
Grants Committee (23) Pilar Westfall	0.50	^				-		0.	0	•		<u> </u>
Grants Committee	0.50	X						0.	0			0.
(24) Mike Zimmermann	0.50							0.	0	•		<u> </u>
Grants Committee	0.30	x						0.	0			0.
(25) Jackie Lutz	0.50									1		<u> </u>
BOE Rep		х						0.	0	.		0.
(26) Kim Shampine	0.50							-				_
Fundraising Committee		Х						0.	0	.		0.
1b Sub-total	•				•		▶	0.	0	•		0.
c Total from continuation sheets to Part V							•	0.	0	•		0.
d Total (add lines 1b and 1c)							•	0.	0	•		0.
2 Total number of individuals (including but n							no re	eceived more than \$100	0,000 of reportable			
compensation from the organization						,			,			0
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch _I	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	sation	from	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	rithir	the organization's tax	year.			
(A) Name and business	addross	NT/	\\TT	,				(B) Description of s	convices		C) ensation	
- Ivaine and business	address	INC	ONI	<u>. </u>			\dashv	Description of s	SEI VICES	Compe	i isation	
							\dashv					
							T					
							\perp					
2 Total number of independent contractors (i		iot lii	mıte	a to		se li: 0	sted	above) who received n	nore than			
a foctor of compensation from the organi	/audi 💳				•	_						

See Part VII, Section A Continuation sheets

ustees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
	<u> </u>							(E)	(F)
					1				Estimated
hours	(cl					ly)	-		amount of
per	<u> </u>				Ϊ́	Ĺ,	from	from related	other
week					yee		the	organizations	compensation
(list any	ector				oldme			(W-2/1099-MISC)	from the
	or di	98			sated		(W-2/1099-MISC)		organization
	rustee	l frust		ee	npens				and related organizations
1 ~	dual tr	tional	١.	nploy	stcon				organizations
line)	Individ	Institu	Officer	Key er	Highe	Forme			
0.50									
	х						0.	0.	0.
0.50									
	Х						0.	0.	0.
0.50									
	Х						0.	0.	0.
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1 0 50	X						0.	0.	0 .
0.50									0
1 0 50	X						0.	0.	0.
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1		l	I -		1	l -			
	(B) Average hours per week (list any hours for related organizations below line) 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X X X X X X X X X X X X X	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) (C) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	Ustees, Key Employees, and High (B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	(B) Average hours per week (list any hours for related organizations below line) 0.50 X 0.50	C	Columbia Columbia Compensated Employees Continued

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 124,158. g Noncash contributions included in lines 1a-1f: \$ 124,158. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 390. 390. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 28,767. Part IV, line 18 a Other 3,586. **b** Less: direct expenses 25,181. 25,181. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code _{11 a} Securities Capital Gai 611710 114. 114 b d All other revenue 114. e Total. Add lines 11a-11d 149,843. 504. 25,181 Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 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 _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 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 O.) 1,809. 1,809. Advertising and promotion 12 229. 229. Office expenses 13 149. 149. 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 469. 469. 23 Other expenses. Itemize expenses not covered 24 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 O.) 111,460. 111,460. Program services Credit card fees 3,130. 3,130. Dues and subscriptions 2,922. 2,922. 220. d Miscellaneous 220. 306. 306. e All other expenses 120,694 111,460. 9.234. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Par	χχ	Balance Sheet			
		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	173,597.	1	244,861
	2	Savings and temporary cash investments	259,482.	2	259,872
	3	Pledges and grants receivable, net	·	3	-
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		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			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,				6	
	7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
99966	7	Notes and loans receivable, net			
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	_	basis. Complete Part VI of Schedule D 10a 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2 002	11	2 166
	12	Investments - other securities. See Part IV, line 11	2,082.	12	2,166
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	425 161	15	F06 006
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	435,161.	16	506,899
	17	Accounts payable and accrued expenses	0.4.4 0.5.0	17	000 040
	18	Grants payable	244,259.	18	289,348
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
1	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	2,500.	25	0
	26	Total liabilities. Add lines 17 through 25	246,759.	26	289,348
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g		complete lines 27 through 29, and lines 33 and 34.			
raila Dalailees	27	Unrestricted net assets	188,402.	27	217,551
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
?	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
[]	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets O	33	Total net assets or fund balances	188,402.	33	217,551
	34	Total liabilities and net assets/fund balances	435,161.	34	506,899

	n 990 (2015) Glenview Education Foundation	36-3789	<u> 505</u>	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		9,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	8,4	02.	
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,			7,5		
	column (B)) 10					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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	Ο.			Х	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	e audit,				
	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	edule O.				
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				
	Act and OMB Circular A-133?		За		Х	
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		3b			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number

36-3789505 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support			1	1		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
40	business is regularly carried on						
IU	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 instructi	one)			12	<u> </u>
	First five years. If the Form 990 is for			rd fourth or fifth t			
.0	organization, check this box and stop	ŭ					
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			column (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the c						ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2014. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	check this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶□
					Scho	edule A (Form 990	or 990-EZ) 2015

532022

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

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

Se	ction A. Public Support	,	,				
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.
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	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.
7	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	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.
8	Public support. (Subtract line 7c from line 6.)						817,499.
<u>Se</u>	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	151,148.	148,647.	156,720.	209,929.	151,055.	817,499.
10	g Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		F 0 F		4.40	F 2 4	2 442
	assets (Explain in Part VI.)	901.	527.	747.	440.	504.	3,119.
13	Total support. (Add lines 9, 10c, 11, and 12.)	152,049.	149,174.	157,467.	210,369.	151,559.	820,618.
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,
<u> </u>	check this box and stop here						<u></u>
	ction C. Computation of Publ						99.62 %
	Public support percentage for 2015 (I					15	00 F1
	Public support percentage from 2014					16	99.51 %
	ction D. Computation of Inves			10 1 (0)		4-	•00 %
	Investment income percentage for 20					17	, -
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2015. If the	-					7 is not ► X
	more than 33 1/3%, check this box a						
'	33 1/3% support tests - 2014. If the	•			•		
	line 18 is not more than 33 1/3%, che			•	as a publicly suppo his how and see ins	ŭ	~

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.)

	Yes	No
1		
•		
2		
За		
3b		
3c		
4a		
-1 a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
_		
7		
8		
3		
9a		
9b		
9c		
40=		
10a		
10b		
m 990 or 99	10-F7	2015

Pai	rt IV	Supporting Organizations (continued)			
		- (************************************		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son 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 fami	ily member of a person described in (a) above?	11b		
С	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 E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		1		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	`	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described in (2), did the organization's supported organizations have a			
	U	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>		rted organizations played in this regard.	3		
		E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions):			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inst</i>	ructions	1	
C		the organization supported a governmental entity. Describe in Part vi now you supported a government entity (see insti ies Test. Answer (a) and (b) below.	ructions). Yes	No
2				162	NO
а		abstantially all of the organization's activities during the tax year directly further the exempt purposes of apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If res, then if real violentity supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>Z</u> d		
b		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <i>Answer (a) and (b) below.</i>	ZD		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~		supported organizations? If "Yes." describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functional	y-integra	ated Type III supporting org	ganization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
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 t	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

required to complete this par	t.	ereu r	es 01	1 FOIII 990, Fait IV,	iille 17. Form 990-E2	. Illers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a X Mail solicitations	e Solicitat	tion of	non-g	overnment grants		
b X Internet and email solicitations				nment grants		
c X Phone solicitations	g X Special	fundra	ising	events		
d X In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	l (includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes	X No
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
		T ,,			(-) A	
(i) Name and address of individual	(SEX A patients)	(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or con contrib	trol of	from activity	fundraiser	organization
		COITHID	Juons:		listed in col. (i)	
		Yes	No			
						_
						_
Total						
3 List all states in which the organization		contrib	utions	or has been notified	d it is exempt from re	egistration
or licensing.						

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Various None (add col. (a) through Events col. (c)) (event type) (total number) (event type) 28,767 28,767. 1 Gross receipts 2 Less: Contributions 28,767. 28,767. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,586. 3,586 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 Glenview Education Foundation	36-3789505 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Caming manager componention	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
bliector/officer Employee independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
votain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. lines 9, 9b, 10b, 15b.
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, , , , .

Schedule G	G (Form 990 or 990-EZ)	Glenview	Education	Foundation	36-3789505	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued	()			
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

Form 990, Part I, Line 1, Description of Organization Mission:
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 11:
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.