Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Eilts & Associates, Inc. 1330 Shermer Road Ste. 245 Northbrook, IL 60062

March 29, 2023

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please review the return for completeness and accuracy.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Eilts & Associates, Inc.

Barton Eilts

Eilts & Associates, Inc. 1330 Shermer Road Ste. 245 Northbrook, IL 60062

March 29, 2023

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 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

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	${ t JUL}$	1	, 2021, and ending	JUN	30	, 20 2 2

2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer Glenview Education Foundation

36-3789505

EIN or SSN

Julie Moon Name and title of officer or person subject to tax Chair

F

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more
than one line in Part I.

iui i oi	io inio irri dici:				
1a	Form 990 check here X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	158,598
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and Signat	ure	Authorization of Officer or Person Subject to Tax		
Inder _I	penalties of perjury, I declare that X	l ar	n an officer of the above entity or 🔲 I am a person subject to tax with res	pect to	(name
f entit	y)		, (EIN) and that I hav	e examir	ned a copy of the
021 e	lectronic return and accompanying sch	nedu	lles and statements, and, to the best of my knowledge and belief, they are t	rue, con	rect, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize	Eilts	& Associates, Inc.	to enter my PIN	36378
		ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36238404996 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Glenview Education Foundation 36-3789505 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your Post Office Box 373 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Glenview, IL 60025 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) The Organization The books are in the care of ► P.O. Box 373 - Glenview, IL 60025 Telephone No. ► 847-998-5000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. May 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Extended to May 15, 2023

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2021 and ending JUN 30, and ending JUN 30, 2022 Open to Public

В	Check if applicable:	C Name of organization		D Employer identifi	cation number		
Г	Address	Glenview Education Foundation					
Ē	Name change	Doing business as		36-37895	05		
Ē	Initial return	· ·	n/suite	E Telephone numbe			
	Final return/	Post Office Box 373		847-486-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	164,995.		
	Amende	Glenview, IL 60025	İ	H(a) Is this a group re			
	Applica tion	F Name and address of principal officer: Julie Moon		for subordinates			
	pending	PO Box 373, Glenview, IL 60025		H(b) Are all subordinates in			
ī	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions		
J	Website	www.gef34.org		H(c) Group exemption	n number 🕨		
K	Form of o	organization: X Corporation Trust Association Other L	L Year o	of formation: 1990	$arphi$ State of legal domicile: ${ m IL}$		
P		Summary					
О	1 E	Briefly describe the organization's mission or most significant activities: ${ t Financi}$					
Governance	=	educators in IL Dist. #34 with education gr	ant	s. The prim	ary		
ern	2 (Check this box $lacktriangledown$ if the organization discontinued its operations or disposed o	of more	than 25% of its net as			
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)			8		
		Number of independent voting members of the governing body (Part VI, line 1b)			8		
ies	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			0		
Activities &	6 T	otal number of volunteers (estimate if necessary)			0		
Act	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
			-	Prior Year	Current Year		
ne	8 0	Contributions and grants (Part VIII, line 1h)		97,292. 0.	123,096.		
Revenue	9 F	Program service revenue (Part VIII, line 2g)		318.	45.		
Be	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		18,276.	35,457.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		115,886.	158,598.		
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	130,390.		
		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)		0.	0.		
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	l loar	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>	· ·		
Ň	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,662.	145,594.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		106,662.			
		Revenue less expenses. Subtract line 18 from line 12		9,224.	13,004.		
or or	g	10Voltad 1000 0xportidod. Gabardot inte 10 mont into 12		ginning of Current Year			
Net Assets or	[20 T	otal assets (Part X, line 16)	100	435,218.	474,424.		
Ass	21 T	otal liabilities (Part X, line 26)		186,230.	212,433.		
Set	22 N	Net assets or fund balances. Subtract line 21 from line 20		248,988.	261,991.		
P	art II	Signature Block					
Un	der penali	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is		
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer l	has any knowledge.			
Sig	gn	Signature of officer		Date			
He	re	Julie Moon, Chair					
		Type or print name and title	- 15				
		Print/Type preparer's name Preparer's signature	טן	ate Check Check	PTIN		
Pa -	-	Barton Eilts		self-employ	P01327750		
	-	Firm's name Eilts & Associates, Inc.		Firm's EIN	61-1443699		
Us	e Only	Firm's address 1330 Shermer Road Ste. 245			2 525 6454		
		Northbrook, IL 60062		Phone no. 7.7	3-525-6171		
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Paı	rt III Statement of Program Service Accomplishments	
	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 e	ducation
	grants. The primary grant-making activity fo the Glenview Educ	
	Foundation is the Educator Development Grants. These Grants ar	
	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	<u>F</u>
_	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
3	If "Yes," describe these changes on Schedule O.	res [21] NO
4	· · · · · · · · · · · · · · · · · · ·	, avnanaa
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 e	xpenses, and
_	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 62,702 • including grants of \$) (Revenue \$)
	Arts and Enrichment	
4b	(Code:) (Expenses \$)
	Professional Development	
4c	(Code:) (Expenses \$ 26,730 • including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ 20,730 including grants of \$) (Revenue \$) Literacy	,
	Hittiacy	
4d		
	(Expenses \$ 2,838 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 133,279.	
		Form 990 (2021)

15440329 797808 GLE-001

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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 donor-restricted endowments			
	or in 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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

132003 12-09-21

Form **990** (2021)

Form 990 (2021) Glenview Education Foundation
Part IV | Checklist of Required Schedules (continued)

	Officerist of nequired Schedules (continued)			
	Division 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 4 a	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	l		- V
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a marker explain for fordered in some tay as unconseq. If IVo. II complete School do D. Dort VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 50	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	000	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
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.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		X
	any contributions that were not tax deductible as charitable contributions?	6a		Α
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	```			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Glenview Education Foundation Form 990 (2021) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

P.O. Box 373, Glenview, IL 60025 Form 990 (2021)

State the name, address, and telephone number of the person who possesses the organization's books and records

132006 12-09-21

The Organization - 847-998-5000

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Megan Share	2.00			l						•
Secretary		Х		Х				0.	0.	0.
(2) Becky Borree	2.00									•
Vice-Chair	4 00	Х						0.	0.	0.
(3) Lori Poticha	4.00	٠,		,,						_
Communications Chair	2 00	Х		Х				0.	0.	0.
(4) Alex Kamilewicz	2.00	,,								0
Fundraising Chair-Business	2 00	Х						0.	0.	0.
(5) Catherine Gray	2.00	. ,		\ \ **					0	^
Grants Co-Chair	2 00	Х		Х				0.	0.	0.
(6) Maria Gordon	2.00	X		,,				0.	0	0
Co-Treasurer	4.00	^		Х				0.	0.	0.
(7) Susie Garman	4.00	X						0.	0.	0.
Fundraising Chair-Events (8) Julie Moon	6.00	Δ						0.	0.	0.
(8) Julie Moon Chair	0.00	X		x				0.	0.	0.
(9) Betsy Nelson	2.00	^		^				0.	0.	<u> </u>
Co-Treasurer	2.00	x		x				0.	0.	0.
Co-Treasurer		^		^				0.	0.	<u></u>

Form **990** (2021)

	990 (2021) Glenview									36-37	789	505	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average	(40		Posi				Reportable	Reportable		Es	stimate	ed
		hours per			heck iss per				compensation	compensation	n	1	nount	
		week			nd a di				from	from related			other	
		(list any	stor						the	organizations	3	com	pensa	ation
		hours for	r director				pa		organization	(W-2/1099-MIS	C/	f	rom th	ıe
		related	Individual trustee or	Institutional trustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	janizat	tion
		organizations	trus	nal tru		yee	omp		1099-NEC)			an	d relat	ted
		below	/id ua	tutior	e.	mplc	est c loyee	Jer				org	anizati	ions
		line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former						
			1											
			1											
			1											
			1											
1h	Subtotal	1					_		0.		0.			0 .
	Total from continuation sheets to Part VI								0.		0.			0.
									0.		0.			0.
u	Total (add lines 1b and 1c) Total number of individuals (including but n									000 of reportable				
2	- · · · · · · · · · · · · · · · · · · ·	iot iimited to tr	iose	IISLE	eu ai	JOVE	e) wi	10 16	eceived more than \$100	,000 or reportable	е			(
	compensation from the organization												Yes	_
		_											res	No
3	Did the organization list any former officer,			•		•		_		•				۱,,
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	itior	n and	d oth	ner compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	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 į	oers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pens	sation	from	
	the organization. Report compensation for	-	-								•			
	(A)								(B)	,		((C)	
	Name and business	address	NO	INC	Ξ				Description of s	services	C		nsatio	n
								+	•					
								\dashv						
								+						
								4						
								T						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	sted	above) who received n	nore than				
		-					_							
	\$100,000 of compensation from the organi	zation 🕨				(U							

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						Educ	ation Fo	undation		36-3789	505 Page 9
Pa	rt \	/III	_								
			Check if Schedule O	conta	ains a	response	or note to any lir	7.1			
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue		from tax under
40											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns			1a					
اع کا			Membership dues			1b					
Łs,		С	Fundraising events			1c					
ᅙ		d	Related organizations			1d					
ini		е	Government grants (contr	ibuti	ons)	1e					
흔		f	All other contributions, gifts,	grant	s, and						
اجَقِ			similar amounts not included	abov	е	1f	123,096.				
돃		g	Noncash contributions included in	lines	1a-1f	1g \$					
ခ င		h	Total. Add lines 1a-1f				>	123,096.			
							Business Code				
မွ	2	а									
ا ہ خ		b									
S ă		С									
e a		d									
Program Service Revenue		e									
Pr			All other program service	rever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (include								
	Ū		other similar amounts)	-				45.	45.		
	4		Income from investment of								
	5		Royalties			-					
	J		noyanes	·····) Real	(ii) Personal				
	6	_	Grace rente	60	(*)	, 11001	(ii) i oroonai				
	0			6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss)	<u>'</u> i		ecurities	(ii) Other				
	′	а	Gross amount from sales of	l_	(1) 3	ecurities	(ii) Other				
			assets other than inventory	7a							
as l		b	Less: cost or other basis								
evenue			and sales expenses	7b							
eve			Gain or (loss)	7с			L				
Ä.			Net gain or (loss)				D				
Other	8	а	Gross income from fundraisir			I					
0			including \$								
			contributions reported on		•	I	41 500				
			Part IV, line 18								
			Less: direct expenses				<u> </u>	25 400			25 400
			Net income or (loss) from				<u></u>	35,402.			35,402.
	9	а	Gross income from gamin								
			Part IV, line 19				+				
			Less: direct expenses								
		С	Net income or (loss) from	gami	ing ac	tivities <u>.</u>	<u></u>				
	10	а	Gross sales of inventory, I	ess r	eturn	s					
			and allowances			10a	a				
		b	Less: cost of goods sold			10k	o				
			Net income or (loss) from				>				
s							Business Code				
e go	11	а	Securities Ca	<u>pi</u>	<u>tal</u>	Gai	611710	55.	55.		
ane		b									
e e		С									
Miscellaneous Revenue		d	All other revenue								
			Total. Add lines 11a-11d				>	55.			
	12		Total revenue. See instruction	ns			.	158,598.	100.	0.	35,402.

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35,402. Form **990** (2021)

		ucation Foun	dation	36-3	789505 Page 10
	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	·		• • • • • • • • • • • • • • • • • • • •	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,355.		1,355.	
12	Advertising and promotion	1,333.		1,333.	
13	Office expenses	6,684.		6,684.	
14	Information technology	0,004.		0,004.	
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) Program services	133,279.	133,279.		
a b	_ 1 1 1 1 C	2,705.	133,213•	2,705.	
a	Legal & professional fe	1,093.		1,093.	
c d	Supplies Supplies	297.		297.	
-	All other expenses	181.		181.	
25	Total functional expenses. Add lines 1 through 24e	145,594.	133,279.	12,315.	0.
26	Joint costs. Complete this line only if the organization				
_5	reported in column (B) joint costs from a combined				

Form **990** (2021)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Par	τλ	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			268,305.	1	299,492
	2	Savings and temporary cash investments			161,692.	2	169,657
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use				8	
ξ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ine 11		5,221.	12	5,275
	13	Investments - program-related. See Part IV, I	line 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal lir	e 33)	435,218.	16	474,424
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			186,230.	18	212,433
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
ß	22	Loans and other payables to any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
1	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax	, payab	es to related third			
		parties, and other liabilities not included on I	lines 17	24). Complete Part X			
		of Schedule D			106 020	25	212 422
	26	Total liabilities. Add lines 17 through 25			186,230.	26	212,433
ຄ		Organizations that follow FASB ASC 958,	check I	iere 🕨 🔼			
≦		and complete lines 27, 28, 32, and 33.			240 000		261 001
ala	27	Net assets without donor restrictions			248,988.	27	261,991
ן ב	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB AS	SC 958,	check here 🕨 📖			
-		and complete lines 29 through 33.					
3	29	Capital stock or trust principal, or current fur				29	
	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulate			0.40 000	31	0.64 0.04
ž	32	Total net assets or fund balances			248,988.	32	261,991
	33	Total liabilities and net assets/fund balances	3		435,218.	33	474,424

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			98.
2	Total expenses (must equal Part IX, column (A), line 25)	2			94.
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	248	8,9	88.
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 on Schedule O)	9			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	263	1,9	91.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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	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 th	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 on Sch	nedule 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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Glenview Education Foundation 36-3789505 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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).) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (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 assests (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances te	360	tion A. Public Support						
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								. \square
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		·		-	•			>
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s

Schedule A (Form 990) 2021

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

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

Sec	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")	89,659.	82,722.	80,357.	97,292.	123,097.	473,127.
2	Gross receipts from admissions,	05,055.	02,722.	00,337.	31,232.	123,037.	1/3/12/1
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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	89,659.	82,722.	80,357.	97,292.	123,097.	473,127.
	Total. Add lines 1 through 5	09,039.	02,122.	80,337.	31,434.	143,097.	4/3,14/.
/ 8	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons						<u> </u>
L	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						
	Public support. (Subtract line 7c from line 6.)						473,127.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017 89,659.	(b) 2018 82,722.	(c) 2019 80,357.	(d) 2020 97, 292.	(e) 2021 123, 097.	(f) Total 473,127.
	Amounts from line 6	09,039.	04,144.	00,357.	91,494.	143,097.	4/3,14/.
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	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 on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	211	704	464	1 126	100	1 067
	assets (Explain in Part VI.)	311.	784.	-464.	1,136.	100.	1,867.
	Total support. (Add lines 9, 10c, 11, and 12.)	89,970.	83,506.	79,893.	98,428.	123,197.	474,994.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3) organizati	ion,
_	check this box and stop here		•				>
	ction C. Computation of Publ		<u> </u>				00 61
	Public support percentage for 2021 (I					15	99.61 %
	Public support percentage from 2020					16	98.98 %
Se	ction D. Computation of Inves						
17						17	.00 %
18	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						▶ X
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see ins	structions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	organization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported 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	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 202

Part v	Type III Non-Functionally Integrated 509(a)(3) Support	ung Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ad	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
	illection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
	xplain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ad	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sch ₆	3441677 (1 61111 666) 2621	ation Foundation			0-3/895U5 Pa	ւge 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	d)		
Sec	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	•	1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s 3	3		
4	Amounts paid to acquire exempt-use assets		4	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.		(6		
7	Total annual distributions. Add lines 1 through 6.		7	7		
8	Distributions to attentive supported organizations to which t	he organization is responsive				
	(provide details in Part VI). See instructions.		8	8		
9	Distributable amount for 2021 from Section C, line 6		9	9		
10	Line 8 amount divided by line 9 amount		10	0		
		(i)	(ii)		(iii)	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
	Excess from 2018			
c	Excess from 2019			
	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Employer identification number

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Glenview Education Foundation 36-3789505 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Glenview Education Foundation

36-3789505

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Aaron Share 1494 Waukegan Road Glenview, IL 60025	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MLB of Glenview 1200 Central Ave, Suite 350 Wilmette, IL 60091	\$5,000.	Person X Payroll
(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.)

Name of organization Employer identification number

Glenview Education Foundation

36-3789505

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(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
		 \$	Schedule R (Form 990) (2021)

Employer identification number Name of organization 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 the year Part III 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)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number

	w Education Founda	CIO	11		30-3703	303		
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.								
1 Indicate whether the organization rais	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
		-			•			
a Mail solicitations				overnment grants				
b Internet and email solicitations	s f Solicitat	ion of	gover	nment grants				
c Phone solicitations g Special fundraising events								
d In-person solicitations			Ū					
		C I		ee:				
2 a Did the organization have a written of								
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes ∟ Yes	└── No		
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ements under which	the fundraiser is to b	oe .		
compensated at least \$5,000 by the	organization.							
		l (iii)	Did		(v) Amount paid	(1.11) A		
(i) Name and address of individual	(ii) Activity	(iii) fundr have con or con	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) / iotivity	or con	trol of	from activity	fundraiser	organization		
		contribu	ulions?		listed in col. (i)			
		Yes	No					
		•						
^r otal								
	a is a sistematical and in the control of the contr				 			
3 List all states in which the organization	on is registered or licensed to solicit (contrib	utions	s or has been notified	a it is exempt from re	egistration		
or licensing.								

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Schedule G (Form 990) 2021

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

	edu ı rt İ	,	w Education			-3789505 Page 2
. u		of fundraising event contributions and gro	_			
		<u>-</u>	(a) Event #1 GEF Triva Night	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	41,799.			41,799.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	41,799.			41,799.
	4	Cash prizes				
_	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect I	7	Food and beverages				
<u> </u>	8	Entertainment	(207			6,397.
	9 10	Other direct expenses				6,397.
	11	Net income summary. Subtract line 10 from li				35,402.
Pa	rt I					•
_		\$15,000 on Form 990-EZ, line 6a.	ı	(b) Pull tabs/instant		14 n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Ne						
듄			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rever			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
penses			(a) Bingo		(c) Other gaming	
Direct Expenses Reven		Cash prizes	(a) Bingo		(c) Other gaming	
benses	3	Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
penses	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo Yes % No		(c) Other gaming Yes % No	col. (a) through col. (c))
penses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes% No	bingo/progressive bingo Yes%	Yes %	col. (a) through col. (c))
penses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 1 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
b G Direct Expenses	3 4 5 6 7 8 Entities to	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 1 5 in column (d) 2 from line 1, column (d)	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (c))

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

132082 10-21-21

Sch	nedule G (Form 990) 2021 Glenview Education Foundation 36-	3789	505	Page 3
	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:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ,	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided >			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	Glenview	Education	Foundation	36-3789505	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continue	d)			
-						

SCHEDULE O (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
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 Foundation 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 III, Line 4d, Other Program Services: Other diversity, equity and inclusion initiatives Expenses \$ 2,838. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section A, line 8b: TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE Form 990, Part VI, Section B, line 11b: The Treasurer and the Chairperson review and approve for the Internal Revenue Service and State of Illinois the Form 990 to be filed. Form 990, Part VI, Section C, Line 19: All Form 990 information filed with the internal revenue service and the State of Illinois is made available to the public by request, and is posted

Form 990, Part XI, line 9, Changes in Net Assets:

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

Schedule O (Form 990) 2021

to the website.

Schedule O (Form 990) 20)21			Page
Name of the organization	Glenview	Education	Foundation	Employer identification number 36-3789505
Rounding				-1

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Eilts & Associates, Inc. 1330 Shermer Road Ste. 245 Northbrook, IL 60062

March 29, 2023

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

We have prepared and enclosed your 2021 Illinois Charitable Organization Annual Report. The report should be signed, dated, and mailed as indicated.

ILLINOIS FORM AG990-IL:

The Illinois Form AG990-IL should be mailed as soon as possible to:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Enclose a check or money order for \$15.00, payable to Illinois Charity Bureau Fund.

The report should be signed and dated by the authorized individual(s).

Please review the return for completeness and accuracy.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Eilts & Associates, Inc.

Barton Eilts

PLEASE NOTE: IL AG990 MUST BE RECEIVED AT IL ATTORNEY GENERALS OFFICE BEFORE THE DUE DATE OF MAY 15, 2023 OR WILL BE CHARGED \$100 LATE FEE

Form AG9	90-IL
Revised	1/19

$\overline{}$	ce Use Only	-	E ORGANIZATION ANNUA				Revised 1/19
PMT	#		KWAME RAOUL State of t Bureau, 100 West Rand		~~	" ∩1	023319
			r, Chicago, Illinois 60601	Юрп	CO		
AMT			r the Fiscal Period:		X	Copy of IF	items attached:
AIVIT		Report ic	i tile riscai Fellou.	Maka Obaaka			inancial Statements
		Beginnin	07/01/2021	Make Checks Payable to		Copy of Fo	
INIT		209	<u> </u>	the Illinois	X		nnual Report Filing Fee
HVII		[」] & Ending	06/30/2022	Charity Bureau Fund			ate Report Filing Fee
Federa	aliD# 36-3789505	3	MO DAY YR	Darcaarana		Ψ100.00 E	·
	intributions to the organization	tax deductible? X Yes	No Date	Organization was	create		2/27/1990
	LEGAL			Year-end			
	NAME Glenview 1	Education Foundat	ion	amounts			
	MAIL			A) ASSETS		A) \$	474,424.
	DRESS Post Offic			B) LIABILITIE	S	B) \$	212,433.
	STATE Glenview ,	IL		C) NET ASSE	TS	C) \$	261,991.
ZI	P CODE 60025						
I.		REVENUE ITEMS DURIN		PERCENTA		-	AMOUNT
	, , , , , , , , , , , , , , , , , , ,	RIBUTIONS & PROGRAM SERVICE R	EV. (GROSS AMTS.)	77.61		D) \$	123,096.
	E) GOVERNMENT GRANTS 8	& MEMBERSHIP DUES		22.20	<u>%</u>	E) \$	25 502
	F) OTHER REVENUES			22.38	5 %	F) \$	35,502.
	O) TOTAL DEVENUE INCOM	E AND CONTRIBUTIONS DESCRIVED	ADD D E 9 E)	4.0	00.0/	G) \$	158,598.
ш.	•	E AND CONTRIBUTIONS RECEIVED (EXPENDITURES DURING		10	00 %	α) φ	130,390.
"-	H) OPERATING CHARITABLE		THE TEAN.	87.14	8%	H) \$	126,882.
	II) OI LIIATING OHAITIADEL	THOUNAMEN EN ENGL		0,111	7,0	Ι 11) Ψ	
	I) EDUCATION PROGRAM S	FRVICE EXPENSE			%	1) \$	
	.,				-,-	, , , , , , , , , , , , , , , , , , , 	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H &	I)	87.14	8%	J) \$	126,882.
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUD	ED IN J): <u>\$</u>				
	CDANTE TO OTHER CHAP	DITADI E ODCANIZATIONO			0/	L() (A)	
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS			%	K) \$	
	L) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENDITURE (ADI) & K\	87.14	8%	L) \$	126,882.
	L) TOTAL OHARITABLET NO	MININ DETITION EXTENDITIONS (ADI	, o a k	0,111	7,0	Γ) Ψ	120,002
	M) MANAGEMENT AND GENE	ERAL EXPENSE		8.45	8%	M) \$	12,315.
	,					, ,	
	N) FUNDRAISING EXPENSE			4.39	4%	N) \$	6,397.
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)		10	00 %	0) \$	145,594.
III.	SUMMARY OF ALL F	PAID FUNDRAISER AND	CONSULTANT ACTIVITIES	S:			
	(Attach Attorney General Repo	rt of Individual Fundraising Campaigr					
	PROFESSIONAL FUNDRAISER	<u>RS:</u> BY PAID PROFESSIONAL FUNDRAIS	The state of the s	4.0	00.0/	P) \$	0.
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAIS	ENO.	10	00 %	Ι , φ	
	Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES			%	Q) \$	
	a) TOTAL TONDINIOLITOTE	EO MIND EM ENOLO			/0	Ι = , Ψ	
	R) NET RECEIVED BY THE CI	HARITY (P MINUS Q=R)			%	R) \$	
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS					
		PROFESSIONAL FUNDRAISING CON	SULTANTS			S) \$	0.
IV.		THE (3) HIGHEST PAID	PERSONS DURING THE Y	/EAR:			
	T) NAME, TITLE: None					T) \$	
	U) NAME, TITLE:					U) \$	
	V) NAME, TITLE:					V) \$	
٧.	CHARITABLE PROG	RAM DESCRIPTION: CHAR	ITABLE PROGRAM (3 HIGHEST BY \$ EXPEN CATEGORIES	IDED)		List on ba	ack side of instructions CODE
11-21	W) DECODIDITION Cons	ta to programa fo	or the IL School 1	ว.ส+ #ว	1	\\\\\ #	150
198091 04-01-21		cs to programs 10	T CHE IN SCHOOL I)TBC. #3	4	W)# X)#	T 2 0
.6086	X) DESCRIPTION: Y) DESCRIPTION:					Y) #	
	i, becomminding.					1 ' / "	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
				v
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
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.		X
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
0.	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	٠		Х
	OR ORGANIZATION?	5.		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	7		Х
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		^
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 \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
٠.		٠.		
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.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	THILE LANGEOF ACCOUNTS.			
40	NAME AND TELEPHONE NUMBER OF CONTACT DEPOCK Who Organization 947 000 E000			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization - 847-998-5000			
ALI	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			
JNDF	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND T	HE AT	TACHFD	
)0CU	IMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED V	NITH 1	HE	_
	OIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER E TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.	AUTH	URIZE AI	ND

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

198101 04-01-21

Julie Moon

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE Maria Gordon TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

PREPARER (PRINT NAME)

SIGNATURE

DATE

Extended to May 15, 2023

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

			renaing C	101N 30, 4044					
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	Doing business as		36-37895	05				
	Initial return	,	Room/suite	E Telephone numbe					
	Final return	Post Office Box 373		847-486-					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	164,995.				
	Amen return	Glenview, in 00025		H(a) Is this a group re					
	Application	F Name and address of principal officer:Julie Moon		for subordinates	? Yes X No				
	pendi	PO Box 373, Glenview, IL 60025		H(b) Are all subordinates in	ncluded? Yes No				
T	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. See instructions				
J	Websi	te:▶ www.gef34.org		H(c) Group exemptio	n number 🕨				
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1990 N	A State of legal domicile: IL				
	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities: Fina	ncial	Support pro	vided to				
Activities & Governance		educators in IL Dist. #34 with education	grant	s. The prim	ary				
ra	2	Check this box if the organization discontinued its operations or disposition	osed of more	e than 25% of its net as	ssets.				
Š	3			3	8				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8				
စ္စ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
ij	6	Total number of volunteers (estimate if necessary)			0				
듅	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
		, , ,		Prior Year	Current Year				
a)	8	Contributions and grants (Part VIII, line 1h)		97,292.	123,096.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		318.	45.				
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,276.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		115,886.	158,598.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
bei	b	Total fundraising expenses (Part IX, column (D), line 25)							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,662.	145,594.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		106,662.	145,594.				
		Revenue less expenses. Subtract line 18 from line 12		9,224.	13,004.				
Or or	3			eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		435,218.	474,424.				
ASS	21	Total liabilities (Part X, line 26)		186,230.	212,433.				
Jet H	22	Net assets or fund balances. Subtract line 21 from line 20		248,988.	261,991.				
P	art II	Signature Block		,	, , , , ,				
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is				
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of w		·	,				
	,								
Sig	ın	Signature of officer		Date					
He		Julie Moon, Chair							
		Type or print name and title							
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	Barton Eilts	if self-employ	D01227750					
	parer	Firm's name Eilts & Associates, Inc.		Firm's EIN	61-1443699				
Use Only Firm's address 1330 Shermer Road Ste. 245									
	•••	Northbrook, IL 60062		Phone no 77	3-525-6171				
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		1 110110 110. 7 7	X Yes No				
. v 10	., I	Supplies the retain man are properly offewire above: Occiliationoris			<u> 140 140 </u>				

	1990 (2021) Glenview Education Foundation	36-3/89505	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	Financial support provided to educators in IL Dist. #34		
	grants. The primary grant-making activity fo the Glenvi		
	Foundation is the Educator Development Grants. These Gr		
	intended to support teachers at various stages of the i	nquiry proce	<u>ss</u>
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		37
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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 62,702. including grants of \$) (Rever	nue \$)
	Arts and Enrichment		
41	(Code:) (Expenses \$ 41,009 • including grants of \$) (Rever		
4b	(Code:) (Expenses \$ 41,009. including grants of \$) (Reverence Professional Development	ue \$)
	rioressional beveropment		
4-	(Code:) (Expenses \$ 26,730 • including grants of \$) (Rever		
4c	(Code:) (Expenses \$) (Rever Literacy	ue \$)
	Hiteracy		
4 (1	Other presumes any ince (December on Calendal & O.)		
40	Other program services (Describe on Schedule O.)	`	
4 -	(Expenses \$ 2,838 • including grants of \$) (Revenue \$ Total program service expenses ▶ 133,279 •)	
4e	Total program service expenses ► 133,279.	Γονη ς Ο	90 (2021)
		Form 3	

15440329 797808 GLE-001

			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? See instructions	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			37
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Pal	t IV Checklist of Required Schedules (continued)		Yes	No
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	35	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~	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	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 15	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	1	I

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
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.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l							
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).			37							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X							
	to file Form 8282?	7c		Α.							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e									
e											
f	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a form 1098-C?	7g 7h									
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
_	sponsoring organization have excess business holdings at any time during the year?										
9											
а											
b											
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans										
•	Enter the amount of reserves on hand 13c										
		14a		Х							
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
excess parachute payment(s) during the year?											
	If "Yes," see the instructions and file Form 4720, Schedule N.	15									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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 on 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	8										
	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 on Schedule O.	_										
b	b Enter the number of voting members included on line 1a, above, who are independent lb											
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?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
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		X								
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		X								
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		X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 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	X									
b	Describe on 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 "Yes," describe											
	on 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 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		X								
b	Other officers or key employees of the organization	15b		Х								
	If "Yes" to line 15a or 15b, describe the process on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able								
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial									
	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											

Form **990** (2021)

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	(B)				C)	.,,		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per					than is bot		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			su a		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	lal tru	onal t		oloye	comb		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Megan Share	2.00	흐	Ë	5	종	主旨	요			
Secretary	2.00	X		х				0.	0.	0.
(2) Becky Borree	2.00	^		<u> </u>				0.	0.	· ·
Vice-Chair	2.00	X						0.	0.	0.
(3) Lori Poticha	4.00	^						0.	0.	0.
Communications Chair	4.00	x		x				0.	0.	0.
(4) Alex Kamilewicz	2.00	^		_				0.	0.	0.
Fundraising Chair-Business	2.00	X						0.	0.	0.
(5) Catherine Gray	2.00							0.	•	•
Grants Co-Chair	2.00	X		X				0.	0.	0.
(6) Maria Gordon	2.00								0.	•
Co-Treasurer	2.00	Х		х				0.	0.	0.
(7) Susie Garman	4.00			 						
Fundraising Chair-Events	1100	x						0.	0.	0.
(8) Julie Moon	6.00									
Chair		х		x				0.	0.	0.
(9) Betsy Nelson	2.00							-		-
Co-Treasurer		Х		x				0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1					1	1	1	

Form **990** (2021)

Form 990 (2021)	Glenview	Educat:	<u>i 01</u>	n l	Fot	ıno	dat	:i	on	36-37	<u> 89</u>	<u>505</u>	Pa	age 8
Part VII Section A. Office	ers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)		(B)				C)			(D)	(E)			(F)	
Name and t	·itle	Average			Pos	ition	ı		Reportable	Reportable		Fe.	timate	d
Name and t	itie	hours per		not c	heck	more	than		compensation	compensation	,		ount o	
		week	offi	cer ar	nd a d	lirecto	is bot or/trus	n an stee)			'		other	וכ
		(list any	_					Ė	from	from related				
		hours for	director						the	organizations			oensa	
		1	or d	gy.			ated		organization	(W-2/1099-MIS	C/		om the	
		related	stee	ruste			Suac		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	를	nalt		loyee	li oci		1099-NEC)				relate	
		below	Individual trustee or	Institutional trustee	je je	Key employee	hest	Former				orga	nizatio	วทร
		line)	ib	Inst	Officer	Key	Highest compensated employee	ъ						
			-											
							-							
			1											
			-											
							\vdash							
			-											
1h Cubtotal									0.		0.			0.
1b Subtotal									0.		0.			0.
c Total from continuation									0.					
d Total (add lines 1b and											0.			0.
2 Total number of individ		ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	Э			,
compensation from the	e organization											I	Yes	No
3 Did the organization list	t any former officer	director truct	-	·0\/	omn	lovo		, bio	shoot componented omr	alayaa an			163	140
•	•			•		•		_		•		3		Х
									her compensation from			3		
and related organizatio										the organization		4		Х
5 Did any person listed o	-									idual for services				
* *						-						5		Х
Section B. Independent Co		prote corroda.		0. 0.		0.0								
1 Complete this table for		mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
· · · · · · · · · · · · · · · · · · ·			-						n the organization's tax		•			
	(A)								(B)			(C	;)	
	Name and business	address	N	INC	E				Description of s	services	С	omper	nsation	1
								+						
								\dashv						
2 Total number of indepe	endent contractors (i	including but n	not li	mite	ed to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensa							0			.575 (11411				
-												Form 9	90 (c	2021)

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						Educ	ation F	oundation		36-3789	505 Page 9
Pa	rt \	/III									
			Check if Schedule O	conta	ains a ı	response	or note to any		(B)		
								(A) Total revenue	Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Zan	Ī		Membership dues		r	1b					
اڭ اڭ			Fundraising events			1c					
a it			Related organizations			1d					
S, E			Government grants (contr		ı	1e					
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,								
t et			similar amounts not included			1f	123,096				
		g	Noncash contributions included in		1	1g \$					
a S		h	Total. Add lines 1a-1f					123,096.			
							Business Code	е			
မွ	2	а									
ا و کَ		b									
S u		С									
ev ev		d									
Program Service Revenue		е									
۵ ا		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				<u></u>				
	3		Investment income (include	•			•	4.5	4.5		
			other similar amounts)					45.	45.		
	4		Income from investment of				•				
	5		Royalties								
	_				(1)	Real	(ii) Personal				
	6			6a				_			
			Less: rental expenses	6b				_			
			Rental income or (loss)	(6c							
	7		Net rental income or (loss) Gross amount from sales of	"—		ecurities	(ii) Other				
	′	a	assets other than inventory	7a	(1) 00	Cartics	(ii) Oti ici				
		h	Less: cost or other basis	1 a				_			
e l		D	and sales expenses	7b							
enue/		c	Gain or (loss)	7c							
Rev			Net gain or (loss)				<u> </u>				
ē	8		Gross income from fundraisi								
Other	•	-	including \$			I					
			contributions reported on								
			Part IV, line 18			8a		•			
		b	Less: direct expenses			8b	6,397				
			Net income or (loss) from				, >	35,402.			35,402.
	9	а	Gross income from gamin	ig act	tivities	. See					
			Part IV, line 19			9a					
			Less: direct expenses								
		С	Net income or (loss) from	gami	ing act	tivities	<u>,</u>				
	10	а	Gross sales of inventory,								
			and allowances				 				
			Less: cost of goods sold								
\dashv		С	Net income or (loss) from	sales	s of inv	entory	1				
sn			Coguritica Co	ni	+ - 1	Cai	Business Code 611710	55.	55.		
ge ge	11		Securities Ca	ιЪΤ	Lal	Gal	011/10	55.	55.		
cellaneous Revenue		b									
ಜಹಿ		С									

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35,402. Form **990** (2021)

55. 158,598.

100.

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					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		·		·	
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees					
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages					
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
С	Accounting					
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,					
	column (A), amount, list line 11g expenses on Sch O.)					
12	Advertising and promotion	1,355.		1,355.		
13	Office expenses					
14	Information technology	6,684.		6,684.		
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)					
а	Program services	133,279.	133,279.			
b	Bank and credit card fe	2,705.	-	2,705.		
С	Legal & professional fe	1,093.		1,093.		
d	Supplies	297.		297.		
е	All other expenses	181.		181.		
25	Total functional expenses. Add lines 1 through 24e	145,594.	133,279.	12,315.	0.	
26	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)					

Form **990** (2021)

ı u	ILA	Dalance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		268,305.	1	299,492.
	2	Savings and temporary cash investments		161,692.	2	169,657.
	3	Pledges and grants receivable, net			3	·
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any currer				
	•	trustee, key employee, creator or founder, si				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disq				
	-	under section 4958(f)(1)), and persons descr			6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation	_ 		10c	
	11	Investments - publicly traded securities	•		11	
	12	Investments - other securities. See Part IV, li		5,221.	12	5,275
	13	Investments - program-related. See Part IV, I		,	13	·
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		435,218.	16	474,424
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		186,230.	18	212,433
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Ş	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, so				
abi		controlled entity or family member of any of			22	
_	23	Secured mortgages and notes payable to ur	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax	, payables to related third			
		parties, and other liabilities not included on I	ines 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		186,230.	26	212,433.
"		Organizations that follow FASB ASC 958,	check here ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		248,988.	27	261,991.
ΪB	28	Net assets with donor restrictions	<u></u>		28	
ŭ		Organizations that do not follow FASB AS	C 958, check here 🕨 📖			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds		29	
sse	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
t As	31	Retained earnings, endowment, accumulate	d income, or other funds		31	
Š	32	Total net assets or fund balances		248,988.	32	261,991.
	33	Total liabilities and net assets/fund balances		435,218.	33	474,424.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			1	-0 -	- 0 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1			98.
2	Total expenses (must equal Part IX, column (A), line 25)	2		45,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	18,9	88.
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 on Schedule O)	9			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	51,9	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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 the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	5	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au		1	
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	The second secon				

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 c	omplete th	nis part.) S	ee instructions.	
Γhe	organ	nization is not a private foundation because it is: (For lines 1 through 12, 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).)						
3	\Box	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).	
4	一	A medical research organiz						the hospital's name.
		city, and state:	a operatea ee.	ngan onon man a moopha		000		,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficulty owner	а ог орста	ica by a g	overnmental and desent)CG 1
6				aantal unit daaarihad in	coetion 17	70/6\/4\/A\	(v)	
6	H	A federal, state, or local gov	_					nublic described in
′		An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D				
8	H	A community trust describe						
9		An agricultural research org				-		-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
	v	university:						
10	X	An organization that norma						
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\vdash	An organization organized a	•	•	-			
12		An organization organized a	•	•	•		•	
		more publicly supported or						Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.	
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) Is the orga	nization lieted		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)
.								
Γ∩t≤	11							

Schedule A (Form 990) 2021 Glenview Education Foundation 36-37895 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(,	(-7 =	(-,	(-,	(=,===	(-)
	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						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for the	e organization's fi				501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	- 2020. 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 th	e facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>

Schedule A (Form 990) 2021

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

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

Sec	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")	89,659.	82,722.	80,357.	97,292.	123,097.	473,127.
2	Gross receipts from admissions,	05,055.	02,722.	00,337.	31,232.	123,037.	1/3/12/1
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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	89,659.	82,722.	80,357.	97,292.	123,097.	473,127.
	Total. Add lines 1 through 5	09,039.	02,122.	80,337.	31,434.	143,097.	4/3,14/.
/ 8	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons						<u> </u>
L	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						
	Public support. (Subtract line 7c from line 6.)						473,127.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017 89,659.	(b) 2018 82,722.	(c) 2019 80,357.	(d) 2020 97, 292.	(e) 2021 123, 097.	(f) Total 473,127.
	Amounts from line 6	09,039.	04,144.	00,357.	91,494.	143,097.	4/3,14/.
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	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 on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	211	704	464	1 126	100	1 067
	assets (Explain in Part VI.)	311.	784.	-464.	1,136.	100.	1,867.
	Total support. (Add lines 9, 10c, 11, and 12.)	89,970.	83,506.	79,893.	98,428.	123,197.	474,994.
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3) organizati	ion,
_	check this box and stop here		•				>
	ction C. Computation of Publ		<u> </u>				00 61
	Public support percentage for 2021 (I					15	99.61 %
	Public support percentage from 2020					16	98.98 %
Se	ction D. Computation of Inves						
17						17	.00 %
18	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						▶ X
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see ins	structions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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
		. 03	
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
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	9a		
	9b		
	9c		
	23		
	10a		
	,		
J I a	10b	~ 000ì	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
	non or type in eappertung organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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			
	tion 5.7th Type in supporting organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1				
	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	4		
0	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 on line 2, above, 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	3		
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
b	The organization is the parent of each or its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	20)	
C	Activities Test. Answer lines 2a and 2b below.	! <i>!uc</i> !!o! 		Na
2			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			
	, , , , , , , , , , , , , , , , , , , ,	22		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	Ob.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
J-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part v	Type III Non-Functionally Integrated 509(a)(3) Support	ung Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	ther gross income (see instructions)	3		
4 Ad	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
	illection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
	xplain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ad	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

D 13/1	(10111000)2021
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990) 2021

	w Education Founda	LTO	11		36-3789	505		
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 rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity have custody for a strict the fundamental to (or relativity) to (or relativity)				(vi) Amount paid to (or retained by) organization			
		Yes	No					
Total			•					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

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

		· ' '	w Education			-3789505 Page 2			
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro	_		· · · · · · · · · · · · · · · · · · ·				
		-	(a) Event #1 GEF Triva Night	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))			
ne			(event type)	(event type)	(total number)	. "			
Revenue	1	Gross receipts	41,799.			41,799.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	41,799.			41,799.			
	4	Cash prizes							
SS	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct F	7	Food and beverages							
	8 9	EntertainmentOther direct expenses	6,397.			6,397.			
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				6,397. 35,402.			
Pa	rt I					0072023			
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
æ	1	Gross revenue							
ses	2	Cash prizes							
: Expenses	3	Noncash prizes							
Direct Ex	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	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)	<u></u>	>				
		er the state(s) in which the organization condu	_						
		he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No			

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

132082 10-21-21

Sch	nedule G (Form 990) 2021 Glenview Education Foundation 36-	3789	505	Page 3
	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:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ,	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	Glenview	Education	Foundation	36-3789505	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continue	d)			
-						

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

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 Foundation 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 III, Line 4d, Other Program Services: Other diversity, equity and inclusion initiatives Expenses \$ 2,838. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section A, line 8b: TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE Form 990, Part VI, Section B, line 11b: The Treasurer and the Chairperson review and approve for the Internal Revenue Service and State of Illinois the Form 990 to be filed. Form 990, Part VI, Section C, Line 19: All Form 990 information filed with the internal revenue service and the State of Illinois is made available to the public by request, and is posted

Form 990, Part XI, line 9, Changes in Net Assets:

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

Schedule O (Form 990) 2021

to the website.

Schedule O (Form 990) 20	21			 Page 2
Name of the organization	Glenview	Education	Foundation	Employer identification number $36-3789505$
Rounding				-1.