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GOVERNMENT COPY

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

November 12, 2024

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed is the organization's 2022 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

November 12, 2024

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 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

#### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1 , 2022, and ending JUN~30 , 20 23

2022

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.

EIN or SSN Name of filer Glenview Education Foundation 36-3789505 Becky Borree Name and title of officer or person subject to tax Chair Type of Return and Return Information Part I 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. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 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. PIN: check one box only X | Lauthorize Eilts & Associates, Inc. 36378 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 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 2022 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 36238404996 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

## 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

Form 8868 (Rev. 1-2022)

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. 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, 2024 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, 2022 , and ending JUN 30, 2023 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. 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 instructions.

223841 04-01-22

LHA

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

### Extended to May 15, 2024

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

		nue Service		Go to www.irs.	gov/Forr	m990 fo	r instructio	ns and t	the lates	st inf	ormation.			Inspection	i .
A F	or the	2022 calend	dar year, or tax	year beginning	JUI	i 1,	2022	and	ending	Jτ	JN 30,	2023			
B c	heck if pplicabl	C Name o	of organization								D Employe	er identifi	cation nu	ımber	
	Addre:		nview Ed	ucation	Found	datio	on								
	Name chang	itio											05		
	]Initial return ]Final return/			P.O. box if mail is Box 373	not deliver	red to str	eet address)		Room/su	uite	E Telephoi	ne numbe – 486 –			
	termin ated	_	town, state or r	province, country	, and ZIF	or fore	ign postal co	ode		T	G Gross recei	pts\$		117,39	96.
	Amend		rview, I		,					Γ	H(a) Is this	a group re	eturn		
	Applic tion pendir			principal officer: Glenview			rree 025					ordinates	s? [	□Yes X □Yes □	No No
ΙT	ax-exe	empt status:	X 501(c)(3)	501(c) (	)	(insert ı	10.) 494	17(a)(1) (	or 5	527				instructions	;
J۷	Vebsit	te: WWW •	gef34.o	rg		-					H(c) Group	exemptio	n numbe	r	
<b>K</b> F	orm of	organization:	X Corporation	n Trust	Assoc	ciation	Other		LY	ear of	formation:	1990 n	M State of	legal domicile	E IL
Pa	ırt I	Summary													
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Activities &				estimate if necestenue from Part \											0.
Pc				ble income from											0.
	_ <u> </u>	ivet uillelated	Dusiness taxa	ble income nom	1 01111 991	0-1, Fai					Prior Ye		Cu	rrent Year	<del></del>
	8	Contributions	and grants (D	art VIII lina 1h)					ŀ			,096 <b>.</b>		112,12	26.
ne	l		rice revenue (Pa						Γ			0.			0.
Revenue		•	•									45.		2,23	• •
Re				, column (A), line							35	,457.		-8,33	
	l			umn (A), lines 5,					Г			,598.		106,02	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)										0.		100,02	0.
												0.			0.
,	l		nefits paid to or for members (Part IX, column (A), line 4)  aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0.				0.
ses				s (Part IX, colum					-		0.				0.
Expenses				Part IX, column (					0.						<u>.</u>
Ä	l		<b>o</b>	umn (A), lines 11	, , ,	,					145	,594.		36,72	20.
				3-17 (must equal								,594.		36,72	
				otract line 18 fro								,004.		69,30	
or es		ricveriae iess	схрензез. оак	Stract line 10 iroi	TI IIIIC 12					Beg	inning of Cur		Er	nd of Year	
Net Assets or Fund Balances	20	Total assets (	(Part X, line 16)						t			,424.		449,63	<del>37.</del>
Ass I Ba	21		s (Part X, line 26						·····			,433.		118,33	
Net	22		•	. Subtract line 2								,991.		331,30	
	rt II	Signatur		. Cabilact iii C Z	1 110111 1111	0 20						,	<u> </u>		
				ave examined this	return, inc	luding ac	companying	schedules	s and stat	temer	nts, and to th	e best of m	v knowled	ge and belief.	it is
				oreparer (other tha		_									
٠.		Signature of o	officer								Date	<u> </u>			
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May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pa	statement of Program Service Accomplishments	V
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	-da-+i
	Financial support provided to educators in IL Dist. #34 with	
	grants. The primary grant-making activity fo the Glenview Educ	
	Foundation is the Educator Development Grants. These Grants as	
	intended to support teachers at various stages of the inquiry	process
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	)
	Curriculum Enhancements & Supports	
4b	(Code:) (Expenses \$ 2 , 340 . including grants of \$) (Revenue \$)	)
	Arts & Enrichment	
4c	(Code:) (Expenses \$1,791 • including grants of \$) (Revenue \$	)
	Social Emotional Learning	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 19,302.	
		Form <b>990</b> (2022)

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	id the organization receive or hold a conservation easement, including easements to preserve open space,			\ <sub>3,7</sub>
_	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			x
_	Schedule D, Part III			
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		<del>  **</del>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del></del> -
·	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		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		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	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,			<b>.</b>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_ <u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (	2022)	Glenview	Education
Part IV	Che	ecklist of Required Sched	dules (continued)

	The state of the dame of the state of the st		<u> </u>	٠
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	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	240		
d	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	244		
	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		X
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%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		- 25
_,	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			l
	"Yes," complete Schedule L, Part IV	28a		X
	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 "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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٥.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			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 partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>ن</del>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\sqcup$
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1c United the number of Port -0- if not applicable 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
U	(gambling) winnings to prize winners?	1c		
				-

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# 022) Glenview Education Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b						
За	· · · · · · · · · · · · · · · · · · ·		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	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 A	,			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 transa		5b 5c		X				
С	· · · · · · · · · · · · · · · · · · ·								
6a	70								
	any contributions that were not tax deductible as charitable contributions?								
р	<b>b</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).	vices provided to the pover?	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70						
С	to file Form 8282?	•	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		21				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e						
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h						
	sponsoring organization have excess business holdings at any time during the year?								
9									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b> </b>	12a						
	,	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
h	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	13b							
С	Enter the amount of reserves on hand	13c							
14a		100	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	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	t income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

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Form 990 (2022)

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 1a 9			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
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		Х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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		X
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		_	
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	) availa	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, are	d 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 (2022)

# 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, box 6 of 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.

hours per week (list any hours for list any hours for list any list and lis	Reportable ompensation	Estimated	
Week (list any hours for related organization spellow line)   Megan Share   2.00   Secretary   X	•	Estimated amount of other	
Clist any hours for related organizations below line)   Page			
Megan Share   2.00   X	from related organizations -2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
X			
(2) Becky Borree       2.00       X       X       0.         Chair       X       X       0.         (3) Lori Poticha       4.00       X       0.         Communications Chair       X       0.         (4) Rahul Sharma       2.00       X       0.         Fundraising Chair-Business       X       0.       0.         (5) Catherine Gray       2.00       X       0.         Vice Chair Grants Co-Chair       X       X       0.         (6) Brenda Raccuglia       2.00       0.         Grants Co-Chair       X       0.         (7) Susie Garman       4.00       X         Fundraising Chair-Events       X       0.         (8) Ellie Peterka       4.00       0.	0.	0.	
Chair         X         X         X         0.           (3) Lori Poticha         4.00         0.         0.           Communications Chair         X         0.         0.           (4) Rahul Sharma         2.00         X         0.           Fundraising Chair-Business         X         0.         0.           (5) Catherine Gray         2.00         X         0.           Vice Chair Grants Co-Chair         X         X         0.           (6) Brenda Raccuglia         2.00         X         0.           Grants Co-Chair         X         0.         0.           (7) Susie Garman         4.00         X         0.           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         0.	0.	0.	
(3) Lori Poticha       4.00         Communications Chair       X         (4) Rahul Sharma       2.00         Fundraising Chair-Business       X         (5) Catherine Gray       2.00         Vice Chair Grants Co-Chair       X         (6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.		
Communications Chair         X         0.           (4) Rahul Sharma         2.00         0.           Fundraising Chair-Business         X         0.           (5) Catherine Gray         2.00         X           Vice Chair Grants Co-Chair         X         X           (6) Brenda Raccuglia         2.00         X           Grants Co-Chair         X         0.           (7) Susie Garman         4.00         X           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         X	0.	0.	
(4) Rahul Sharma       2.00         Fundraising Chair-Business       X         (5) Catherine Gray       2.00         Vice Chair Grants Co-Chair       X         (6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.	0.	
Fundraising Chair-Business         X         0.           (5) Catherine Gray         2.00         X           Vice Chair Grants Co-Chair         X         X           (6) Brenda Raccuglia         2.00         0.           Grants Co-Chair         X         0.           (7) Susie Garman         4.00         0.           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         0.	0.	0.	
(5) Catherine Gray         2.00           Vice Chair Grants Co-Chair         X           (6) Brenda Raccuglia         2.00           Grants Co-Chair         X           (7) Susie Garman         4.00           Fundraising Chair-Events         X           (8) Ellie Peterka         4.00	0.	0.	
Vice Chair Grants Co-Chair         X         X         X         0.           (6) Brenda Raccuglia         2.00         0.<	· ·		
(6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.	0.	
Grants Co-Chair	•	0.	
(7) Susie Garman  Fundraising Chair-Events  (8) Ellie Peterka  4.00  X  0.	0.	0.	
Fundraising Chair-Events X 0.  (8) Ellie Peterka 4.00			
(8) Ellie Peterka 4.00	0.	0.	
		_	
rundialising co chair reents     ZZ               U	0.	0.	
(9) Betsy Nelson 2.00			
Treasurer X X X	0.	0 .	

Form 990 (2022) Glenview									36-37	1895	505	Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	th an	(D)  Reportable compensation from	(E) Reportable compensatio from related		(F Estim amou oth	nated unt of ner
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		from organi and re organiz	the zation elated
		-								$\dashv$		
										_		
		_								$\downarrow$		
										$\dashv$		
										$\dashv$		
										$\perp$		
										$ \bot $		
1b Subtotal c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r								0. eceived more than \$100	,000 of reportabl	0 • e		0.
compensation from the organization											Ye	0 es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	auch individual										3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	-				-			ed organization or indiv	dual for services		5	Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	ition fror	n
the organization. Report compensation for (A)											(C)	
Name and business	address	NC	INC	Ξ				Description of s	ervices	Co	ompensa	ation
Total number of independent contractors (     \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	sted	l above) who received m	nore than			
										F	orm <b>99</b>	<b>0</b> (2022)

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Pa	rt V	Ш			as in this Dort VIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	1	_	Federated campaigns 1a					
ran			Membership dues 1b					
,° Fmc			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G mil			Government grants (contributions) 1e					
ion			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	112,126.				
nti O		a	Noncash contributions included in lines 1a-1f	-				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		112,126.			
				Business Code				
ø	2	а						
Program Service Revenue		b						
Se		С						
am		d						
ogr R		е						
P		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)		2,237.	2,237.		
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
o.		b	Less: cost or other basis					
Revenue			and sales expenses					
eve			Gain or (loss) 7c					
er B			Net gain or (loss)	1				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	3,033.				
		h	Part IV, line 18 8a Less: direct expenses 8a					
			Net income or (loss) from fundraising events		-8,334.			-8,334.
			Gross income from gaming activities. See	<u> </u>	3,331.			3,331.
	9	u	Part IV, line 19	<u> </u>				
		b	Less: direct expenses 9t					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
s				Business Code				
e go	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		106,029.	2,237.	0.	-8,334.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2,955. 2,955. Advertising and promotion 12 Office expenses 13 7,082 7,082. Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) 19,302. 19,302. Program services Bank and credit card fe 3,437. 3,437. 1,208. 1,208. Meals & Entertainment 1,193. 1,193. Legal & professional fe 1,543. 1,543. e All other expenses 36,720. 19,302. 17,418. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part	. /\	balance Sneet					
		Check if Schedule O contains a response or n	note to a	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			299,492.	1	300,374
	2	Savings and temporary cash investments			169,657.	2	143,980
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	nese pe	rsons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in s	ection 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1			
	b	Less: accumulated depreciation	10k			10c	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	5,275.	12	5,283		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			474,424.	16	449,637
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			212,433.	18	118,337
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complet				21	
န္မ   း	22	Loans and other payables to any current or fo	ormer of	ficer, director,			
		trustee, key employee, creator or founder, suk	bstantia	al contributor, or 35%			
<u>a</u>		controlled entity or family member of any of th	nese pe	rsons		22	
<b>-</b>   :	23	Secured mortgages and notes payable to unr	elated t	hird parties		23	
:	24	Unsecured notes and loans payable to unrela	ted thir	d parties		24	
:	25	Other liabilities (including federal income tax, I	payable	es to related third			
		parties, and other liabilities not included on lin	nes 17-2	24). Complete Part X			
		of Schedule D				25	
:	26	Total liabilities. Add lines 17 through 25			212,433.	26	118,337
ا س		Organizations that follow FASB ASC 958, c	heck h	ere X			
၌		and complete lines 27, 28, 32, and 33.					
:   aar	27	Net assets without donor restrictions			261,991.	27	331,300
<u> </u>	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, c	heck here			
ַ		and complete lines 29 through 33.					
<u> </u>	29	Capital stock or trust principal, or current fund	ds			29	
ese	30	Paid-in or capital surplus, or land, building, or	equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	lincome	e, or other funds		31	
<u> </u>	32	Total net assets or fund balances			261,991.	32	331,300
;	33	Total liabilities and net assets/fund balances			474,424.	33	449,637

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **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

Name of the organization

Glenview Education Foundation

Employer identification number 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources  Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the	•				L .	
	organization, check this box and stor	•		•	•	. , . ,	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check th	is box and <b>stop he</b>	<b>ere.</b> Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	mstances test, ch	eck this box and <b>s</b>	<b>stop here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns
						Schedule A	(Form 990) 2022

232022 12-09-22

## 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 beat ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2019	(6) 2020	(u) 2021	( <del>e</del> ) 2022	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	82,722.	80,357.	97,292.	123,097.	112,126.	495,594.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		33,337	37,7232	220,007.	112,120	130 703 11
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	82,722.	80,357.	97,292.	123,097.	112,126.	495,594.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						495,594.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	82,722.	(b) 2019 80,357.	(c) 2020 97,292.	(d) 2021 123,097.	(e) 2022 112,126.	495,594.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	784.	-464.	1,136.	100.	2,237.	3,793.
13	Total support. (Add lines 9, 10c, 11, and 12.)	83,506.	79,893.	98,428.	123,197.	114,363.	499,387.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						
Se	Section C. Computation of Public Support Percentage						
15	15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))						
16	00 61						
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lin	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	<b>2021</b> Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						X and
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

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		
Sect	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			

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ting Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see		

Schedule A (Form 990) 2022

instructions).

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	ion D	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe		1		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	orgar	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		r distributions (describe in Part VI). See instructions.		6		
7	Total	annual distributions. Add lines 1 through 6.		7		
8	Distri	butions to attentive supported organizations to which the	e			
	(prov	ide details in <b>Part VI</b> ). See instructions.			8	
9	Distri	butable amount for 2022 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E	- Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1_	Distri	butable amount for 2022 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2022 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exce	ss distributions carryover, if any, to 2022				
a	From	2017				
b	From	2018				
c	From	2019				
d	From	2020				
e	From	2021				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2022 distributable amount				
i	Carry	over from 2017 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	butions for 2022 from Section D,				
	line 7	: \$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2022 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2022, if				
	any.	Subtract lines 3g and 4a from line 2. For result greater				
	than	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part '	VI. See instructions.				
7	Exce	ss distributions carryover to 2023. Add lines 3j				
	and 4c.					
8	Breal	kdown of line 7:				
а	Exce	ss from 2018				
b	Exce	ss from 2019				
		ss from 2020				
		ss from 2021				
	- Fyee	no from 2000				

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
[ 2.17 51 ]	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

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

2022

Employer identification number

2022

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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# Glenview Education Foundation

36-3789505

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l 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	\$	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
3	Anonymous unknown unknown, IL 60025	\$ 6,053.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Northfield Township  2550 Waukegan Rd  Glenview, IL 60025	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# Glenview Education Foundation

36-3789505

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

Name of organization **Employer identification number** 36-3789505 Glenview Education Foundation Part III 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 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. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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

Open to Public

Inspection Internal Revenue Service **Employer identification number** Name of the organization 36-3789505 Glenview Education Foundation

Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover aising 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	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
S List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	outions	s or has been notified	d it is exempt from re	egistration

232081 10-27-22

Schedule G (Form 990) 2022

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

Sch	edule (	G (Form 990) 2022	Glenview	Education	Foundation	36-	3789505 Page <b>2</b>
Pa	rt II	Fundraising Events. ( of fundraising event contrib					
			_	(a)Event#1 SEF Triva Jight & Reci	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
Ф				(event type)	(event type)	(total number)	COI. (C))
evenue	<b>1</b> G	ross receints		3.033.			3.033.

			GEF Triva Night & Reci	(b) Event #2	None	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	3,033.			3,033.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	3,033.			3,033.
	4	Cash prizes				
ses	5	Noncash prizes				
=xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	11,367.			11,367.
		Direct expense summary. Add lines 4 through				11,367.
Pa	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization				-8,334.
ГС	11 ( 1	\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more trian	
		Ţ.0,000 0 0 000 <u>=</u> , 0 ca.	(-) Discour	(b) Pull tabs/instant	(-) Otto	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				_
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		,	,			
		ter the state(s) in which the organization cond				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
~		res, explain.				

Schedule G (Form 990) 2022 232082 10-27-22

Schedule G (Form 990) 2022 Glenview Education Foundation	36-3/89505 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	ره ا وها
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revo	enue?
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	nd the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 163, enternante and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Gaming manager mornation.	
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
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990) <b>Supplemental Info</b>	Glenview Ed	lucation	Foundation	36-3789505	Page 4
Part IV	Supplemental Info	ormation (continued)				

# SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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						
ceachers 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						
Form 990, Part VI, Section A, line 8b:						
TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE						
Form 990, Part VI, Section B, line 11b:						
The Treasurer and the Chairperson review and approve for the Internal						
Revenue Service and State of Illinois the Form 990 to be filed.						
Form 990, Part VI, Section C, Line 19:						
All Form 990 information filed with the internal revenue service and the						
State of Illinois is made available to the public by request, and is posted						
to the website.						

**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

November 12, 2024

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

We have prepared and enclosed your 2022 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 115 S. LaSalle St Chicago, IL 60603

Enclose a check or money order for \$115.00, 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

For Of	ILLINOIS CHARITABLE ORGANIZATION ANNUAL Illinois Attorney General Kwame Raoul		Form AG990- Revised 1/2
PIVI	Charitable Trust Bureau, 115 S. LaSalle		# 01-023319
	Chicago, IL 60603		Check all items attached:
AM	Report for the Fiscal Period:	X	Copy of IRS Return
		Make Checks	Audited Financial Statements
		Payable to III	Reviewed Financial Statements
INIT		Bureau Fund 🏻 🔛	Copy of Form IFC
	& Ending 06/30/2023	X	\$15 Annual Report Filing Fee
	ral ID # 36 - 3789505 MO DAY YR Date on	<u>X</u>	\$100 Late Report Filing Fee
		ganization was created	
	ontributions to the organization tax deductible? X Yes Mo al Name: Glenview Education Foundation	YEAR-END	MO DAY YR
Leg	al Name. Gienview Eddedeion i odnadeion	AMOUNTS	
Mail	Address: Post Office Box 373	A) ASSETS	A) \$ 449,637
	ty, State: Glenview, IL	B) LIABILITIES	B) \$ 118,337
	Tip Code: 60025	C) NET ASSETS	c) \$ 331,300
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	94.843%	D) \$ 112,126
	E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	% - 155	E) \$
	F) OTHER REVENUES	5.157%	F) \$ -6,097
	C) TOTAL DEVENUES INCOME AND CONTRIBUTIONS DESCRIPTO (ADD D. E. 9. E.)	100.0/	G) \$ 106,029
П.	G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)  SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	α) φ 100,029
"-	H) OPERATING CHARITABLE PROGRAM EXPENSE	52.565%	H) \$ 19,302
	TI) OF ETHING OF MITTABLE FITOGRAM EXICENCE	3233370	Π) Φ 23 / 3 3 2
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	52.565%	J) \$ 19,302
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$		
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
	'		, ,
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	52.565%	L) \$ 19,302
			4 - 44 -
	M) MANAGEMENT AND GENERAL EXPENSE	47.435%	M)\$ 17,418
	N) FUNDRAIGING EVENOF	0/	N) Φ
	N) FUNDRAISING EXPENSE	%	N) \$
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	0) \$ 36,720
1	· · · · · · · · · · · · · · · · · · ·	100 70	σ, φ
1111.	SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	D. NET DECEMED BY THE QUADITY /D MINUR Q. D.	.,	D) ¢
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:     TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	-/ +
	T) NAME, TITLE: None		T) \$
	U) NAME, TITLE:		U) \$
	V) NAME, TITLE:		V) \$
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	ED)	List on back side of instructions
1			CODE
02-20	w) DESCRIPTION: Grants to programs for the IL School D:	1st. #34	W)# 150
298091 02-20-24	X) DESCRIPTION:		X) #
29	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO					
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х					
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X					
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X					
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.		X					
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X					
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х					
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  IF "YES", ENTER	7.		X					
76.	(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	1				
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х					
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х					
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:								
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization - 847-998-5000				-				
	● ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●				ر				
DOCL ILLIN	INDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED INCCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE LINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND INGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.								
BE	SURE TO INCLUDE ALL FEES DUE: Becky Borree								

2.) FOR FEES DUE SEE INSTRUCTIONS.

1.) REPORTS ARE DUE WITHIN SIX

3.) REPORTS THAT ARE LATE OR

MONTHS OF YOUR FISCAL YEAR END.

INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

298101 02-20-24

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE

# Extended to May 15, 2024

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2022 calendar year, or tax year beginning $\mathrm{JUL}1,2022$	ng J	UN 30, 2023	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	Glenview Education Foundation			
	Name change	Doing business as		36-37895	05
	Initial return Final return/	,	n/suite	E Telephone numbe	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	117,396.
	Ameno		Ī	H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: Decky Dolle		for subordinates	
	pendir	PO BOX 3/3, GIENVIEW, IL 60025		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websit	<u> </u>		H(c) Group exemptio	
_	_		L Year o	of formation: $1990$	<b><math>arkappa</math></b> State of legal domicile: ${ t IL}$
P	art I	Summary	-		
çe		Briefly describe the organization's mission or most significant activities: $\frac{ extst{Financi}}{ extst{educators}}$ in IL Dist. #34 with education gr			
Governance	1				<del>-</del>
Veri		Check this box if the organization discontinued its operations or disposed o Number of voting members of the governing body (Part VI, line 1a)			Ssets.
ဗွ		Number of voting members of the governing body (Part VI, line 1a)			9
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
įţį		Total number of volunteers (estimate if necessary)			0
Ęį		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		123,096.	112,126.
ű		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45.	2,237.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,457.	-8,334.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		158,598.	106,029.
	13	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.
es	15	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.
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)		145 504	26 720
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		145,594. 145,594.	36,720. 36,720.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,004.	69,309.
700	19	Revenue less expenses. Subtract line 18 from line 12	Rec	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	100	474,424.	449,637.
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		212,433.	118,337.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		261,991.	331,300.
	art II	Signature Block	•		, , , , , , , , , , , , , , , , , , , ,
Unc	der pena	lties 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
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer I	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	Becky Borree, Chair			
		Type or print name and title	- 15	-1-	DTIN
		Print/Type preparer's name  Preparer's signature	D	ate Check if	PTIN
Pai		Barton Eilts		self-employ	
	parer	Firm's name Eilts & Associates, Inc.		Firm's EIN 6	1-1443699
USE	Only	Firm's address 1330 Shermer Road Ste. 245		77	2 E2E 6171
_		Northbrook, IL 60062		Phone no. / /	3-525-6171
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

including grants of \$

Other program services (Describe on Schedule O.)

19,302. Total program service expenses

# Form 990 (2022) Glenview Education Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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

D 11/	Checklist of Required Schedules (continued)
Dart IV	I I TOOCKIICT OF WOOLIIFOO SCHOOLIIOC (continued)
Faille	i Offeckija: Of Deduited Schedules (COMMINEO)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> 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		Х
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		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
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%			- V
07	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
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?//f			
	"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			37
	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	20		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	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			X
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	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			١
	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	-	Х
_	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			X
	any contributions that were not tax deductible as charitable contributions?	6a	-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
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?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3			
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	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	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	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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?	15		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

232005 12-13-22

Form 990 (2022)

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			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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		X
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			
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.			
	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, an	d finaı	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 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

hours per week (list any hours for list any hours for list any list and lis	Reportable ompensation	Estimated
Week (list any hours for related organization spellow line)   Megan Share   2.00   Secretary   X	•	
Clist any hours for related organizations below line)   Page		amount of other
Megan Share   2.00   X	from related organizations -2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
X		
(2) Becky Borree       2.00       X       X       0.         Chair       X       X       0.         (3) Lori Poticha       4.00       X       0.         Communications Chair       X       0.         (4) Rahul Sharma       2.00       X       0.         Fundraising Chair-Business       X       0.       0.         (5) Catherine Gray       2.00       X       0.         Vice Chair Grants Co-Chair       X       X       0.         (6) Brenda Raccuglia       2.00       0.         Grants Co-Chair       X       0.         (7) Susie Garman       4.00       X         Fundraising Chair-Events       X       0.         (8) Ellie Peterka       4.00       0.	0.	0.
Chair         X         X         X         0.           (3) Lori Poticha         4.00         0.         0.           Communications Chair         X         0.         0.           (4) Rahul Sharma         2.00         X         0.           Fundraising Chair-Business         X         0.         0.           (5) Catherine Gray         2.00         X         0.           Vice Chair Grants Co-Chair         X         X         0.           (6) Brenda Raccuglia         2.00         X         0.           Grants Co-Chair         X         0.         0.           (7) Susie Garman         4.00         X         0.           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         0.	0.	0.
(3) Lori Poticha       4.00         Communications Chair       X         (4) Rahul Sharma       2.00         Fundraising Chair-Business       X         (5) Catherine Gray       2.00         Vice Chair Grants Co-Chair       X         (6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.	
Communications Chair         X         0.           (4) Rahul Sharma         2.00         0.           Fundraising Chair-Business         X         0.           (5) Catherine Gray         2.00         X           Vice Chair Grants Co-Chair         X         X           (6) Brenda Raccuglia         2.00         X           Grants Co-Chair         X         0.           (7) Susie Garman         4.00         X           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         X	0.	0.
(4) Rahul Sharma       2.00         Fundraising Chair-Business       X         (5) Catherine Gray       2.00         Vice Chair Grants Co-Chair       X         (6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.	0.
Fundraising Chair-Business         X         0.           (5) Catherine Gray         2.00         X           Vice Chair Grants Co-Chair         X         X           (6) Brenda Raccuglia         2.00         0.           Grants Co-Chair         X         0.           (7) Susie Garman         4.00         0.           Fundraising Chair-Events         X         0.           (8) Ellie Peterka         4.00         0.	0.	0.
(5) Catherine Gray         2.00           Vice Chair Grants Co-Chair         X           (6) Brenda Raccuglia         2.00           Grants Co-Chair         X           (7) Susie Garman         4.00           Fundraising Chair-Events         X           (8) Ellie Peterka         4.00	0.	0.
Vice Chair Grants Co-Chair         X         X         X         0.           (6) Brenda Raccuglia         2.00         0.         0.         0.           Grants Co-Chair         X         0.	· ·	
(6) Brenda Raccuglia       2.00         Grants Co-Chair       X         (7) Susie Garman       4.00         Fundraising Chair-Events       X         (8) Ellie Peterka       4.00	0.	0.
Grants Co-Chair	<u> </u>	0.
(7) Susie Garman  Fundraising Chair-Events  (8) Ellie Peterka  4.00  X  0.	0.	0.
Fundraising Chair-Events X 0.  (8) Ellie Peterka 4.00		
(8) Ellie Peterka 4.00	0.	0.
		_
rundialising co chair reents     ZZ               U	0.	0.
(9) Betsy Nelson 2.00		
Treasurer X X X	0.	0 .

Form 990 (2022)	Glenview	Educat:	ioı	<u>n l</u>	Fot	uno	<u>dat</u>	:ic	on	36-3	789!	505	Pa	ge <b>8</b>
Part VII Section A. Off	ficers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A) Name an		(B) Average hours per week	box	not c	Pos heck ess pe	more erson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related		Esti amo	(F) mated ount of ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		orga	m the nization relate	on ed
			-											
1b Subtotal									0.		0.			0.
c Total from continua	ation sheets to Part V	I, Section A							0.		0.			0.
	viduals (including but n								eceived more than \$100	0,000 of reportable	е			C
3 Did the organization	list any <b>former</b> officer,	director, trust	ee, l	кеу (	emp	loye	e, oı	r hig	hest compensated emp	oloyee on	ſ	`	Yes	No
line 1a? If "Yes," con 4 For any individual lis	mplete Schedule J for s ted on line 1a, is the su	<i>uch individual</i> ım of reportab	 le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization		3		X
5 Did any person listed		accrue compe	nsat	ion 1	from	any	/ unr	elate	or such individualed organization or indiv	idual for services		4		X
rendered to the orga Section B. Independent	nization? If "Yes," com Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
•	port compensation for	-	-						hat received more than the organization's tax		pensa			
	(A) Name and business	address	N	INC	E				(B) Description of s	ervices	C	(C) ompens		I
								4						
2 Total number of inde	ependent contractors (i	ncludina but n	ot li	mite	ed to	tho	se lis	sted	l above) who received m	nore than				
	nsation from the organi						0		,			Form <b>9</b>	<b>90</b> (2	022
													- \-	/

232008 12-13-22

Pa	rt V	Ш	Statement of Revenue					-
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue		( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2 :	b N c F d F e () f / s g N	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	112,126. Business Code	112,126.			sections 512 - 514
ogr	(	e -						
Ā	1	f /	All other program service revenue					
	3	1	Total. Add lines 2a-2f	st, and	2,237.	2,237.		
	5	F	Royalties					
	ı	b l	(i) Real  Gross rents  Less: rental expenses  Rental income or (loss)  (i) Real  6a  6b  6c	(ii) Personal				
			Net rental income or (loss)					
	7 :	<b>a</b> (	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
Revenue		c (	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)					
Other	8 8	a ( i	Gross income from fundraising events (not ncluding \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	3,033. 11,367.				
			Net income or (loss) from fundraising events		-8,334.			-8,334.
	9 ;	a (	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a					
			Net income or (loss) from gaming activities					
	10 (	a (	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
		<u> </u>	Net income or (loss) from sales of inventory					
sno	44	_		Business Code				
Miscellaneous Revenue	11 :	a b						
ella		ь С						
Aisc R		-	All other revenue					
_			Fotal. Add lines 11a-11d					
	12		Total revenue. See instructions		106,029.	2,237.	0.	-8,334.

232009 12-13-22

## 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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	•			
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e •	· •				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,955.		2,955.	
13	Office expenses				
14	Information technology	7,082.		7,082.	
15	Royalties	.,		7,000	
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 0.)				
а	Program services	19,302.	19,302.		
b	Bank and credit card fe	3,437.		3,437.	
С	Meals & Entertainment	1,208.		1,208.	
d	Legal & professional fe	1,193.		1,193.	
е	All other expenses	1,543.		1,543.	
25	Total functional expenses. Add lines 1 through 24e	36,720.	19,302.	17,418.	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)				
00001	n 12-13-22				Form <b>990</b> (2022)

1 2 3 4 5	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, directo trustee, key employee, creator or founder, substantial contributor, or 3	(A) Beginning of year 299,492. 169,657.	1 2 3	(B) End of year 300,374. 143,980.
2 3 4 5	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or former officer, directo	Beginning of year 299,492. 169,657.	2 3	End of year 300,374.
2 3 4 5	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or former officer, directo	169,657.	2 3	
3 4 5 6	Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or former officer, directo		3	<u>14</u> 3,980.
4 5 6	Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or former officer, directo			
4 5 6	Accounts receivable, net		_	
6	Loans and other receivables from any current or former officer, directo		4	
7	trustee, key employee, creator or founder, substantial contributor, or 3			
7		5%		
7	controlled entity or family member of any of these persons		5	
_	Loans and other receivables from other disqualified persons (as define	d		
_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(	3)	6	
Ω	Notes and loans receivable, net		7	
U	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	5,275.	12	5,283.
13			13	
14			14	
15	Other assets. See Part IV, line 11		15	
16			16	449,637
17		040 400	17	110 225
18				118,337
19				
20				
21			21	
22				
23				
24			24	
25				
	101110			
				118,337.
26		212,433.	26	110,337
7	• • • • •	261 991	07	331,300.
				331,300
20			20	
00	•		20	
				331,300.
				449,637.
1:1:1:1:1:22	1 2 3 4 5 6 7 8 9 0 1 1 2	b Less: accumulated depreciation  1 Investments - publicly traded securities  2 Investments - other securities. See Part IV, line 11  3 Investments - program-related. See Part IV, line 11  4 Intangible assets  5 Other assets. See Part IV, line 11  6 Total assets. Add lines 1 through 15 (must equal line 33)  7 Accounts payable and accrued expenses  8 Grants payable  9 Deferred revenue  10 Tax-exempt bond liabilities  11 Escrow or custodial account liability. Complete Part IV of Schedule D  2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 3: controlled entity or family member of any of these persons  3 Secured mortgages and notes payable to unrelated third parties  4 Unsecured notes and loans payable to unrelated third parties  5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part of Schedule D  6 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  7 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  9 Capital stock or trust principal, or current funds  0 Paid-in or capital surplus, or land, building, or equipment fund  11 Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	b Less: accumulated depreciation  1 Investments - publicity traded securities  1 Investments - other securities. See Part IV, line 11  3 Investments - program-related. See Part IV, line 11  4 Intangible assets  5 Other assets. See Part IV, line 11  6 Total assets. Add lines 1 through 15 (must equal line 33)  474, 424.  7 Accounts payable and accrued expenses  8 Grants payable  9 Deferred revenue  10 Tax-exempt bond liabilities  11 Escrow or custodial account liability. Complete Part IV of Schedule D  2 Loans and other 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  3 Secured mortgages and notes payable to unrelated third parties  4 Unsecured notes and loans payable to unrelated third parties  5 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  6 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  7 Net assets without donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  9 Capital stock or trust principal, or current funds  10 Paid-in or capital surplus, or land, building, or equipment fund  11 Retained earnings, endowment, accumulated income, or other funds  2 Total net assets or fund balances  261, 991.	b Less: accumulated depreciation

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses	1 2 3 4 5 6 7	10 3 6	6,0 6,7 9,3	29. 20. 09. 91.
8	Prior period adjustments  Other phases in not seed or find belonges (cyclein on Schodule O)	9			0.
9 10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	3			
10	column (B))	10	33	1.3	00.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	7 1		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	iedule U.			
Ja			3a		х
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	54		
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2022)

### **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

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Glenview Education Foundation

Employer identification number 36-3789505

Da	rt I	Reason for Public (		All expenientions must e		sia part \ C	-	0-3709303
	organ	ization is not a private found						
1	Н	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Н	A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)			
3	$\square$	A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in <b>sectio</b>	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	Щ	A federal, state, or local gov	ernment or governn	nental unit described in s	section 17	'0(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	•				· · ·	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor		,		•	, 0	,
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).	
12		An organization organized a	•	•	•			e purposes of one or
		more publicly supported or	=	•	· ·		•	
		lines 12a through 12d that	-					SHOOK THE BOX OH
а		Type I. A supporting orga	• •			-		, aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·	•	•		
		organization. You must c			z majomy .	or tine direc		supporting
b		Type II. A supporting orga			tion with it	e sunnorti	ed organization(s), by ha	avina
~		control or management o	· ·					-
		organization(s). You mus			arric perse	nis triat oc	ontrol of manage the sup	pported
c		Type III functionally inte			in connec	tion with :	and functionally integrat	ed with
Ŭ		its supported organization						oa wiiii,
d		Type III non-functionally		•				ization(s)
ŭ		that is not functionally int					• • • • • •	* *
		requirement (see instructi	-		•		•	
е		Check this box if the orga	-	-				
Ŭ		functionally integrated, or					a type i, type ii, type iii	
f	Ente	er the number of supported of	* *	nany integrated eappere	ing organi.			
a.		ride the following information		d organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
F-4-								

# 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> 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	· ·		•	•	. , . ,	
	organization, check this box and stor						<u></u>
	ction C. Computation of Publ			. (2)		T T	
	Public support percentage for 2022 (					14	%
	Public support percentage from 2021						
16a	33 1/3% support test - 2022. If the containing and life is						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the condition have						
17.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	-		· ·	
l-	meets the facts-and-circumstances to	-		• • •	•	17a, and line 15 is	
D	10% -facts-and-circumstances tes						1070 UI
	more, and if the organization meets the organization meets the facts-and-circ						
18	Private foundation. If the organization		-	=			
10	Thrate roundation. If the organization	n did flot check a	DOX OF HITE TO, TO	5a, 10b, 17a, 01 17	D, OHOUR THE DUX		(Form 990) 2022
							, ,

232022 12-09-22

# 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.)

	qualify under the tests listed b	elow, please comp	lete Part II.)				
	ction A. Public Support	<del></del>					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	82,722.	80,357.	97,292.	123,097.	112,126.	495,594.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	82,722.	80,357.	97,292.	123,097.	112,126.	495,594.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						495,594.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	82,722.	(b) 2019 80,357.	97,292.	123,097.	112,126.	495,594.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	784.	-464.	1,136.	100.	2,237.	3,793.
13	Total support. (Add lines 9, 10c, 11, and 12.)	83,506.	79,893.	98,428.	123,197.	114,363.	499,387.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
<u>Se</u>	ction C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), di	ivided by line 13, o	column (f))		15	99.24 %
16	Public support percentage from 2021	Schedule A, Part I	III, line 15			16	99.61 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	<b>2021</b> Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did no	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line	
h	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	•	•		•		and X
~	line 18 is not more than 33 1/3%, che	•			•	•	
					nis have and see ins		

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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		
С	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 <b>Part VI</b> 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		structio	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ting Orgai	nizations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2022

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

ochiedule A	(Form 990) 2022 Great Tea Education Foundation 30 3703303 Fage 8
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

2022

Open to Public Inspection

Name of the organization Employer identification number Glenview Education Foundation 36-3789505 Part I 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 raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

232081 10-27-22

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GEF Triva		None	(add col. (a) through
			Night & Reci			col. (c))
a)			(event type)	(event type)	(total number)	- Coi. (C))
Revenue						
eve	1	Gross receipts	3,033.			3,033.
ď			,			<i>'</i>
	ر ا	Less: Contributions				
	-	2000. CONTRIBUTIONS				
	3	Gross income (line 1 minus line 2)	3,033.			3,033.
	Ť	Greed interine (interininae intez)				
	<b> </b>	Cash prizes				
	"	Od311 p112C3				
	5	Noncash prizes				
S	"	Noncash prizes				
Direct Expenses	_ ا	Pont/facility costs				
хре	6	Rent/facility costs				
Ü	l _					
rec	7	Food and beverages				
՝	١.					
	8	Entertainment	11 267			11 267
	9	Other direct expenses	11,367.			11,367.
	10	- · · · · · · · · · · · · · · · · · · ·				11,367.
_		Net income summary. Subtract line 10 from li				-8,334.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		1	Tage
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				niligo/progressive niligo		col. (a) through col. (c))
Вè						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
ct E						
<u>J</u> re	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:	•	_	•	
		-				

Schedule G (Form 990) 2022 232082 10-27-22

Schedule G (Form 990) 2022 Glenview Education Foundation	36-3/89505 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	ره ا وما
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revo	enue?
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$	nd the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on 163, enternante and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Gaming manager mornation.	
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
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	i (Form 990)	Glenview	Education	Foundation	 36-3789505	Page 4
Part IV	(Form 990) <b>Supplemental Info</b>	rmation (continue	ed)		 	

### **SCHEDULE 0** (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.

OMB No. 1545-0047 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
Form 990, Part VI, Section A, line 8b:
TOTAL BOARD APPROVAL IS NECESSARY FOR ALL ACTIONS OF SUB COMMITTEE
Form 990, Part VI, Section B, line 11b:
The Treasurer and the Chairperson review and approve for the Internal
Revenue Service and State of Illinois the Form 990 to be filed.
Form 990, Part VI, Section C, Line 19:
All Form 990 information filed with the internal revenue service and the
State of Illinois is made available to the public by request, and is posted
to the website.