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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Section 501   Campaign and the control of the con	A			2 <u>009 cal</u>	endar year, or tax	year beginning				and end					
SIENVIEW PUBLIC LIBRARY FOUNDATION, INC.   26-1951823	8	apı	plicable		C Name of organizati	on				· · ·		D Empl	oyer i	dentificatio	on number
Section 501(c)(3) organizations and 4947(9)(1) increasing total further trust must attach a completed   Section 501(c)(3) organizations and 4947(9)(1) increasing total further trust must attach a completed   CLENVIEW I L 60025   CLENVIEW			change Name change	label or print or						INC.		26	5-1	95182	3
Section 501(c)(S) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule (A from 930 or 950-62).   CLENVIEW_IL 600.25	-	$\neg \neg$	Initial	See			t delive	red to street addres	s)	P	loom/suite	E Tele	ohone	number	
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Part	<b>—</b> _											urn			110 110
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3				5b, 6b, ar	nd 7b, to line 9 to dete	rmine gross receipts, if \$	500,000	or more, file Form	990 inst	lead of Forn	n 990-EZ				118,419.
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Form 9	990-EZ (2009) GLENVIEW PUBLIC LIBRARY	FOUNDATION, IN	С.	26-	19518	23 Page 2
	Statement of Program Service Accomplishm	ents (See the instructions for	Part III )		E	(penses
	s the organization's primary exempt purpose? SEE STATEMEN				1	or section 501(c)(3)
						l) organizations and
	ribe what was achieved in carrying out the organization's exempt p			ibe	1	7(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and other relev	ant information for each prog	ram title.		for others)	
28 _	SEE STATEMENT 4		<del></del>			
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(0	Grants \$ ) If this amount includes foreig	n grants, check here			28a	
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((	Grants \$ ) If this amount includes foreig	n grants, check here	<u> </u>		30a	
<b>31</b> C	Other program services (attach schedule)					
(0	Grants \$ ) If this amount includes foreign	n grants, check here	<b>•</b>		31a	
32 1	otal program service expenses (add lines 28a through 31a)			<b>•</b>	32	0.
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
			·		ntributions	I
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	1	eferred pensation	other allowances
A D T	ENE S. ANTHONY	DIRECTOR/VICE	DDECTDEN	<b></b>	pensation	<u> </u>
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<u>M.</u>	DAVID JOHNSON	DIRECTOR	_		_	_
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CLF	AIRE MCGUIRE	DIRECTOR				:
193	30 GLENVIEW RD, GLENVIEW, IL 60025	2.00	0.		0.	0.
PET	ER MCNULTY	DIRECTOR/PRES	IDENT			
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	CK J. NEYMARK	DIRECTOR/SECR				<del></del>
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	LEN SCHOLLY	DIRECTOR		<del> </del>	<u> </u>	<u></u>
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	DY GOLDSTEIN	DIRECTOR			_	
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	Ciner information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	300	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the			
	organization   • 0.			
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   IL  THE CLEAN AREA CLEAN ARE	0 7	<u> </u>	
42 a	The organization's books are in care of ► THE GLENVIEW PUBLIC LIBRARY  Telephone no ► 847-72			
		002	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	<b>V</b> [	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	X
	account)?	42b		Λ
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	40.		v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country	42c		X
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43		N/A		لــا
	and enter the amount of tax-exempt interest received of accided during the tax year	11/ A		
		ı	Vas	Na
AA	Did the arganization maintain any denor advised funds 2 if "Ves." Form 000 must be completed instead of		Yes	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
	Form 000-F7	44	I.	
45	Form 990-EZ	44		X
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X

age 4

ra	rt vi	organizations and section 4947(a)(1) nonexempt charitable to and 51.			-			
46	Did th	e organization engage in direct or indirect political campaign activities or	hehalf of or in opposition to	candidates for publ			Yes	No
		? If "Yes," complete Schedule C, Part I	, bondin or or in opposition to	candidates for past		46	1.0.	X
		e organization engage in lobbying activities? If "Yes," complete Sche	dule C. Part II			47		X
		organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Yes,				48		X
		e organization make any transfers to an exempt non-charitable related o				49a	1	X
		s," was the related organization a section 527 organization?	rgamzation.			49b		+
		lete this table for the organization's five highest compensated employee:	· (other than officers, director	e tructoce and key	amalayaas) who s		-	more
		\$100,000 of compensation from the organization. If there is none, enter		s, trustees and key		acii ii	cceived	
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	oti	(e) Exp accoun ner allo	
	Comp	number of other employees paid over \$100,000 blete this table for the organization's five highest compensated independe lization If there is none, enter "None" NONE  (a) Name and address of each independent contractor paid more the		ived more than \$10	·		from th	
	Tabal							
	l otal	number of other independent contractors each receiving over \$100,000						
Sign Here		Under penalties of Sequiry, I declare that I have examined this return, including according to Declaration of present (other than officer) is based on all information of the Declaration of present (other than officer) is based on all information of the Signature declaration of the Declaration of the Signature declaration of the Declaration of the Signature decla	ompanying schedules and stateme ormation of which preparer has an	nts, and to the best of y knowledge	my knowledge and bo 17,22/2 Date	elief, it	is true,	
Paid Prep Use (	arer's	Preparer's signature Melo, CPA	1 - 1 . 1	eck if self- ployed ▶ □	eparer's identifying n	umber	(See ins	tr)
U38 (	Jilly	GREENWALT CPAS, INC.  15 self-employed), address, and ZIP+4  TND TANAPOLITS. IN 46224	,	EIN Pho no	ne 🕨	A 1	200	
		INDIRMINODIO, IN TOZZI		""	317-2			
May '	ine IKS	S discuss this return with the preparer shown above? See instructions	<del></del>		<u> </u>		<u>'es                                     </u>	<u>No</u> (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

2009

Open to Public

Name of the organization

Employer identification number 26-1951823

		GLENVIE	W PUBLIC LIE	BRARY	FOUND	ATION	, INC	! <b>.</b>	26	-1951823
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t ) See ins	tructions.		
The organ			because it is: (For lines							-
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	).		
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).			
4	A medical res	search organization o	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's name,
	city, and stat	e								_
5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(	I)(A)(v).			
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)							
8 🛄	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🔲	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, an	d gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33 1	1/3% of its	support f	from gross investment
	income and u	inrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975.
	See section	<b>509(a)(2).</b> (Complete	Part III.)							
10	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety S	See <b>sectic</b>	n 509(a)(4	4).		
11 X	An organizati	on organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	ourposes of one or
	more publicly	supported organiza	itions described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509	( <b>a)(3).</b> Che	ck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_					
	a X Type I	1 <b>b</b>	ا Type II و	с 📖 Тур	e III - Fund	tionally in	tegrated		d 📖	Type III - Other
e X	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other than
		-	han one or more publicl		-				9(a)(1) or s	ection 509(a)(2).
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		G-12
	supporting or	rganization, check th	is box							<u>X</u>
9			rganization accepted ar			-				
			irectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (II) and (	(iii) below,	Yes No
	_		upported organization?							11g(i) X
	•	•	n described in (i) above?		_					11g(ii) X
			person described in (i)							11g(iii) X
h	Provide the fo	ollowing intormation	about the supported or	ganization	(s).					
-		<del></del>	(iii) Type of	b		14.5.4		(vi) I	tho	
	of supported	(ii) EIN	organization		organization sted in your			Torganizati	on in col	(vii) Amount of
orga	anization		(described on lines 1-9		document?		r support?	(i) organiz U S	red in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
GLENV	TEW		(,	1		100			"	
		36-6005905	501(C)3	X		x		х		0.
			( ) ( )	<del>  "</del>		<del></del> -				•
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	<del></del> "			<del>  .</del>	<del>                                     </del>			<del> </del>	<del>                                     </del>	
				<u> </u>	<del>                                     </del>			<b> </b>	1	
Total										0.
	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for	<del> </del>	·	Schedu	le A (Form	990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009		_				Page 2
Pa	rt II Support Schedule for	-			)(b)(1)(A)(iv) an	d 170(b)(1)(A)(ı	/i)
_	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I.)	<del></del>			<del></del>
	ction A. Public Support			<del></del>	<del></del>	<del></del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")				ļ <u> </u>		
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						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,				· I		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<u>,</u>					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					,	
11	<b>Total support</b> . Add lines 7 through 10	L	<u> </u>	<u> </u>	1	<u> </u>	L
12	Gross receipts from related activities					12	
. 13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	,
<u></u>	organization, check this box and stor		to				<u> </u>
	ction C. Computation of Publ					1221	
14			-	column (f))		14	%
15	Public support percentage from 2008			- 6 40 16	14 - 00 1/00/	15	<u> </u>
102	a 33 1/3% support test - 2009.If the o	-			14 IS 33 1/3% or n	nore, cneck this bo	x and
	stop here. The organization qualifies		-		Himo 15 io 22 1/20/	Cormona abook th	us box
•	33 1/3% support test - 2008.If the c	-			Julie 15 is 55 1/5%	of more, check to	IIS 00X ▶□
17-	and stop here. The organization qual 10% -facts-and-circumstances tes		• •		a 13 16a ar 16b	and line 14 in 1004	or more
1/6	and if the organization meets the *fac	-					
	meets the "facts-and-circumstances"			-	•	artivinow the organ	► □
		•	•		-	17a and lina 15 in	10% or
	10% -facts-and-circumstances tes more, and if the organization meets t	_					
	organization meets the "facts-and-cire						▶□
18							
	is a insulation in the organization	Sie net encen a	227 011 1110 10, 10	, 100, 110, 01 11			or 990-EZ) 2009

	rt III Support Schedule for O	rganizations	Described in	Section 509(a	(2) (Complete only	of you checked the bo	ox on line 9 of Part I
	ction A. Public Support		·	г	Т	1	Γ
	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008_	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	-1					
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	<del></del>					
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on times 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  Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)					,	
	ction B. Total Support		1	l	1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	10,2000	(5) 2000	10,2007	(4) 2000	10/2003	(i) rotai
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975				ļ		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	1	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	zation,
	check this box and stop here						<b>_</b>
<u>Se</u>	ction C. Computation of Publi	c Support Pe	rcentage			<del>.,,</del>	
15	Public support percentage for 2009 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2008					16_	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	e Percentage	<u></u>			
17	Investment income percentage for 20	<b>09</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	.008 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here</b> . The	organization qual	fies as a publicly s	supported organiz	ation	▶∟
1	b 33 1/3% support tests - 2008. If the	-					and
	line 18 is not more than 33 1/3%, che						▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER ASSETS		STATEMENT 1
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CONTRIBUTIONS RECEIVABLE OTHER RECEIVABLE		150,007.	173,385. 2,417.
TOTAL TO FORM 990-EZ, LINE 24		150,007.	175,802.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTED DAVABLE		47,854.	47,854.
ACCOUNTS PAYABLE		1.,001.	47,034.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT	3
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REAL INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	] YES	[X]	NO
В)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [	] YES	[X]	NO

990-EZ PG 2

STATEMENT

4

THE PRIMARY ACTIVITIES OF THE FOUNDATION WILL CONSIST OF RAISING, INVESTING, AND EXPENDING FUNDS FOR THE BENEFIT OF THE GLENVIEW PUBLIC LIBRARY. SUCH FUNDS WILL BE USED TO MAINTAIN AND EXPAND THE BUILDING AND FACILITIES OF THE LIBRARY, REDUCE THE ONGOING BURDENS OF FUNDING LIBRARY OPERATIONS (WHICH BURDENS CURRENTLY REST WITH THE VILLAGE OF GLENVIEW, ILLINOIS), AND TO PROMOTE THE LIBRARY'S MISSION OF ADVANCING EDUCATION, SCIENCE, AND LITERATURE IN THE VILLAGE OF GLENVIEW, ILLINOIS.

990-EZ PG 2

STATEMENT

5

THE GLENVIEW PUBLIC LIBRARY FOUNDATION WILL SUPPORT THE GLENVIEW PUBLIC LIBRARY BY RAISING, INVESTING, AND EXPENDING FUNDS FOR THE BENEFIT OF THE LIBRARY.

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you ar</li></ul>			
-	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	rm 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporat	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nolete	
Part I only			▶ □
•	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	exter	ision of time
	me tax returns.	, 6,,,6,,	
noted belo (not autom you must :	E Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cosubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file by/efile and click on e-file for Chanties & Nonprofits.	ically if	(1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print	ALEMATER BURLES LIBRARY FOUNDATION THE	١,	C 1051000
File by the	GLENVIEW PUBLIC LIBRARY FOUNDATION, INC.		6-1951823
due date for filing your return See	Number, street, and room or suite no. If a P O box, see instructions.  1930 GLENVIEW RD		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  GLENVIEW, IL 60025		
Check typ	e of return to be filed (file a separate application for each return):		
Forn	n 990	227	
Forn	n 990-PF		
The boo		370 is ıs fo	- ·
• The book Telepho • If the oil • If this is box ▶ □	THE GLENVIEW PUBLIC LIBRARY  oks are in the care of   1930 GLENVIEW RD - GLENVIEW, IL 60025  one No.   847-729-7500  FAX No.   rganization does not have an office or place of business in the United States, check this box  of for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the lift is for part of the group, check this box  quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until the care of lift is possible.	370 is Is fo memb	ers the extension will cover.
● The book Telepho ● If the or ● If this is box ▶ □  1 I rec	THE GLENVIEW PUBLIC LIBRARY  oks are in the care of   1930 GLENVIEW RD - GLENVIEW, IL 60025  one No.   847-729-7500  FAX No.   rganization does not have an office or place of business in the United States, check this box  of for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  and attach a list with the names and EINs of all  guest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital AUGUST 15, 2010  The organization return for the organization named as the organization's return for:	370 is Is fo memb	ers the extension will cover.
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