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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

Δ	For the	2010 calendar year, or tax year beginning JAN , 2010, and ending	lec.	31 2018
	Check if a			dentification number
Ď	Address		76-	
H	Name ch		Telephone	
ă	Initial retu		•	
	Terminat	1300 +00190 have	_	779-1538
	Amended	(return)	Group Ex	
Ļ		on pending Genview IL Goorb	Number	7 00, 0
				if the organization is not
	Websi [ax-exe		•	ttach Schedule B 90-EZ, or 990-PF)
_	Check			
• •	Form 9	90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction		
		return, be sure to file a complete return	•	·
L	Add line	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	Part II,	
line	25, co	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$
_ F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I.		
~	1	Contributions, gifts, grants, and similar amounts received	. 1	125 607
re ₃	2	Program service revenue including government fees and contracts	. 2	1
2	3	Membership dues and assessments	. 3	
<u>~</u>	4	Investment income	. 4	382
$\frac{1}{4}$	5a	Gross amount from sale of assets other than inventory 5a		
~	b	Less: cost or other basis and sales expenses		
<u>ئ</u> د	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
2	6	Gaming and fundraising events		
Z	а	Gross income from gaming (attach Schedule G if greater than		
SCANNEL Revenue		\$15,000)		
ॐ	Ь	Gross income from fundraising events (not including \$ of contributions		
æ		from fundraising events reported on line 1) (attach Schedule G if the	ļ	
		sum of such gross income and contributions exceeds \$15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
		line 6c)	- 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	1. 8	
	9	10tal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 6 (▶ 9	175 989
	10	Grants and similar amounts paid (list in Schedule O)		96' 445
	11	Benefits paid to or for members	11	
es	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors OGDEN, UT	13	
ğ	14	Occupancy, rem, utilities, and maintenance	14	·
ú	15	Printing, publications, postage, and shipping	. 15	
	16	Other expenses (describe in Schedule O)	. 16	15
	17	Total expenses. Add lines 10 through 16	▶ 17	96 460
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	29'579
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	uth	· '/ — —
		end-of-year figure reported on prior year's return)		16 333
	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	45 86V
For	Paperv	work Reduction Act Notice, see the separate instructions. Cat No 106421		Form 990/EZ (2010)

Pa	Balance Sheets. (see the instructions Check if the organization used Schedule	s for Part II.)	stion in this Par	+ iI		
		o o to roopona to any que		Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments				22	45 812
23	Land and buildings			• • • • • • • • • • • • • • • • • • • •	23	
24	Other assets (describe in Schedule O)	· · · · · · · · · · ·			24	
25	Total assets				25	45 862
26	Total liabilities (describe in Schedule O)				26	100
27	Net assets or fund balances (line 27 of column	n (B) must agree with line 2	1)		27	45 862
Par		nplishments (see the instr	uctions for Part	III.)		Expenses
	Check if the organization used Schedule	e O to respond to any que	stion in this Par	t⊪i 🖂		uired for section
Wha	is the organization's primary exempt purpose?	see a	Tached			c)(3) and 501(c)(4) nizations and section
Desc	ibe what was achieved in carrying out the organization	n's exempt purposes. In a clea	ar and concise ma	nner, describe	_	(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and	other relevant information for	each program title	•	for o	thers)
28						
	**					
	(Grants \$) If this amount	t includes foreign grants, ch	eck here	. ▶ 🗆	28a	
29						
		******				ļ
						İ
	(Grants \$) If this amount	t includes foreign grants, ch	eck here .	▶ 📙	<u> 29a</u>	
30	•					
			•••••			
	(Grants \$) If this amount	tradudos foreigo granta, eb			00-	ĺ
	Other program services (describe in Schedule O)	includes foreign grants, ch		· · • □	<u>30a</u>	
	, ,	includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a	through 31a)	· · · · ·		32	
Part		y Employees. List each one e	ven if not compen	sated. (see the in		tions for Part IV.)
	Check if the organization used Schedule	O to respond to any que	stion in this Parl	:IV		🗀
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit p		(e) Expense account and
		devoted to position	enter -0)	deferred compens		other allowances
15.	PARKER	Chairman				-0-1
	00 Indigo La Glenview PL	2-4 hrs	707	10-		
	WORKMAN.	VICE- Chair.	1.0-			
	00 Indigo La Glenview IL	2-4 hvs.	10	-0-		-0-
	KASTENHOLY	Treasurer				
	V Trimrose La Glenview IL	' ' '	07	-0-		-0-
	Caplin	Secy	-0-	1 -0 -		A -
<u> </u>	Indigo La Glenvèw IL	2-4 hrs		+	-	-6-
ريب.	Linden o Indigo La Glenview IL	Director	101	-0-	-	-0/
11	Eas.	2-4 hrs	<u> </u>	 "- -	-	
اع م	Egan co Indigo La Gleuvier IL corester	2-4 600	10-	1-0-	-	-0-
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\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or Indigo la Glenview IL	7-4 hrs	10/	1-0-	-	-0-
ρ. 6	TAR DUCK	Director				
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5.	oo Indigo La Gleuxeu II. Vinton D Indigo la Gleuxeu IL	Director		 		
250	o Indian la Glerview IL	7-4 hrs	-0/	101	ĺ	-0-
	1,50				\dashv	
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		·				

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		7
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		
	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 tax year covered by this return? .	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9		ļ	
	Gross receipts, included on line 9, for public use of club facilities		<u>'</u>	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		į	
	section 4911 ▶; section 4912 ▶; section 4955 ▶)	1	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
	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) 	
	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. ► <u>ILLI Nas</u>			<u> </u>
	The organization's books are in care of ► J. KM STENHOLV Telephone no. ► & H Located at ►/JJY Printrose La Qlenuew TL ZIP+4 ► 600		29 - 2	<u> </u>
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	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.			
	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
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	. •	· 🗆
		F	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		文 人
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	i	X

- Onn 9	90-EZ (2010)							age
4-							Yes	No
45	Is any related organization a controlled entity of					45		LZ.
а	Did the organization receive any payment from meaning of section 512(b)(13)? If "Yes," Form	or engage in any transaction	on witr	i a controlled	entity within the			ļ .
	Form 990-EZ (see instructions)			to be comp	neted instead of	45a		$\overline{\nabla}$
46	Did the organization engage, directly or indirect			on behalf of	or in appasition	45a		- X
	to candidates for public office? If "Yes," comp	lete Schedule C, Part I				46		V
Part	VI Section 501(c)(3) organizations and	section 4947(a)(1) none	exem	pt charitab	le trusts only. A	All sec	tion	7
	501(c)(3) organizations and section 49 and 52, and complete the tables for li	947(a)(1) nonexempt char nes 50 and 51.	ritable	trusts mus	t answer question	ons 4	7–491)
	Check if the organization used Schedul	e O to respond to any que	estion	in this Part \	<u>/ </u>			· <u>_</u>
							Yes	No
47	Did the organization engage in lobbying activiti					47		
48						48		X
49a	Did the organization make any transfers to an e		ed org	anization?		49a		×
50	If "Yes," was the related organization a section					49b		<u>'</u>
50	Complete this table for the organization's five the employees) who each received more than \$100 cm.	nignest compensated emplo	oyees	(otner than o	fficers, directors,	truste	es an	d ke
		(b) Title and average		Compensation	(d) Contributions to	,	Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	' '		employee benefit plans & deferred compensation	acc	ount a	ind
		devoted to position	+	-	GOIGITOS COMPONDATION	other	allowa	nces
	<u></u>	"						
	6	-	 					
	None							
	, , , , , , , , , , , , , , , , , , , ,		1					
							_	
							-	
	•							
		<u> </u>	J					
f	Total number of other employees paid over \$10	· · · · · · · · · · · · · · · · · · ·						
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde	epende	ent contracto	ors who each reco	eived	more	tha
	(a) Name and address of each independent contracto		vorie.	(b) Typ	e of service	(c) Con	nensa	tion
				(-) (-)	-	(0, 00		
	······		•••••					
	•		_					
	NO MP.	************************************						
	, ,,,,,,							
		**						
		 -						
	T-1-1							
	Total number of other independent contractors	<u>-</u>		. •				
52	Did the organization complete Schedule A? Not		inizatio	ons and 4947	· · · · ·	/		
	nonexempt charitable trusts must attach a com	<u> </u>		· · · · ·		Yes		lo
Jnder pe rue, con	enalties of penjury, I declare that I have examined this return, in ect, and complete Declaration of preparer (other than officer)	ncluding accompanying schedules a is based on all information of which	and stat h prepai	ements, and to the rer has any know	he best of my knowled; rledge	ge and	belief,	ıt ıs
				,	<u> </u>			
		l		۱ (Tu . ~ ~ ~	V0 11	-	
Sign	Signature of officer Date							
Here	J. Kastenholz Treasurer							
	Type or print name and title	1,04,00,0						
Paid	Print/Type preparer's name Prepa	arer's signature		Date	Check F	TIN		
rena Prena					Check if self-employed			

Preparer Use Only

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶ Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number 26-035-349 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (n) EIN (iii) Type of organization (iv) is the organization (vii) Amount of (v) Did you notify (vi) Is the the organization in organization (described on lines 1-9 organization in col support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? US? Yes No Yes No Yes (A) (B) (C) (D) (E)

Total

Par	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(\	/i)
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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)				, · ·	, <u>, , , , , , , , , , , , , , , , , , </u>	
6_	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization				12 ear as a section	on 501(c)(3)
	organization, check this box and stop her		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> ▶ □</u>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6		•			14	%
15 16a	Public support percentage from 2009 Sch 331/2% support test—2010. If the organization qual box and stop here. The organization qual	ation did not	check the box		 d line 14 is 33½		theck this
b	331/3% support test—2009. If the organ check this box and stop here. The organi					15 is 33¹/a% 	 -
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstai	nces" test, che	eck this box an	d stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means to the orga	on meets the	"facts-and-cir	rcumstances"	test, check th	is box and st	, and line op here.
10	supported organization	inot check a	nov on line 12			this boy and	. • 🗍
18	instructions			104, 100, 174	, or trb, check	VIIIS DOX 8110	. • 🗆

Part III	Support Schedule for Organization	s Described i	n Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	under the te	solo libited pel	ow, please c	omplete Part	. 11.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees			r.c. a.		ļ	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		2/ 631	55,681	79341	125,607	287 NO
2	sold or services performed, or facilities	<u> </u>	'	'	, ,	'	/
	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 business under section 513			1		1	
4	Tax revenues levied for the				1		
	organization's benefit and either paid					İ	
	to or expended on its behalf .						}
5	The value of services or facilities				-		<u> </u>
	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5		21 631	55681	79 341	145607	V87 762
	Amounts included on lines 1, 2, and 3		1,65.	7 4 6 6 7	17,04	113607	1
	received from disqualified persons .			/		'	
ь	Amounts included on lines 2 and 3					 	
D	received from other than disqualified				ļ		
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		_				
8	Public support (Subtract line 7c from						
•	line 6.)		1				V87 160
ecti	on B. Total Support	L	<u> </u>		<u> </u>	1	70
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(-,	V 631	55,681	7934(175,607	
10a			1,621	3 V, 201	, (, 27)	1 13 00 1	V87 160
	payments received on securities loans, rents,		'				ĺ
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975]	
С	Add lines 10a and 10b					-	
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	- · · · · · · · · · · · · · · · · · · ·						
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,		<u> </u>				
	and 12.)		21,631	55681	79.341	1x, 607	284,460
14	First five years. If the Form 990 is for th	o organization		, ,	1 (27)		, ,
17	organization, check this box and stop her						
ecti	on C. Computation of Public Suppor		<u></u>	· · · · ·	• • • • •	• • • •	<u></u>
15	Public support percentage for 2010 (line 8			3 column (f))		15	
16	Public support percentage from 2009 Sch		-	***		16	<u>%</u>
	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · ·		101	<u>%</u>
17	Investment income percentage for 2010 (II		_ <u>-</u>	line 13 colun	nn (fl)	17	%
18	Investment income percentage from 2009					18	
19a	33 ¹ / ₃ % support tests—2010. If the organization						% and line
. Ja	17 is not more than 33½%, check this box a						·
b	331/2% support tests—2009. If the organiza		-			_	
D	line 18 is not more than 331/3%, check this b						•
00	Private foundation If the organization did		_				

PART III

The organizations purpose is to offer non-reimburseable tuition PATMents for full and partime employees of Vi at the Glen (formerly Classic Residence by Hyatt) These payments are made directly to the university college or any other type of school, but not to the employee directly. Juring the calendar year 7010 approximately \$ 96,445 was awarded to various employees -Paid directly to the schools for tuition and books.