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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and	ending		
В	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres change	GLENVIEW PUBLIC LIBRARY FOUNDATION, IN	NC.	ļ	
Ē	Name change			26-1	951823
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Termin ated	1930 GLENVIEW ROAD			<u> 729-7500 </u>
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	198,988.
	Applica	CHENVIEW, ILL 60025		H(a) Is this a group re	
	pendin	F Name and address of principal officer:PETER MCNULTY		for affiliates?	Yes X No
		1930 GLENVIEW ROAD, GLENVIEW, IL 60025	5	H(b) Are all affiliates inc	luded? Yes No
		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
_		e: > WWW.GLENVIEWPL.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2008 N	State of legal domicile: IL
P	art I	Summary			
9	ı	Briefly describe the organization's mission or most significant activities: THE (
Activities & Governance	1 -	FOUNDATION WAS ESTABLISHED IN 2008 TO SUI			
Æ	1	Check this box	sed of more	I i	ssets.
ő	l	Number of voting members of the governing body (Part VI, line 1a)	•	3	7
٠ď	i	Number of independent voting members of the governing body (Part VI, line 1b)	-	4	
ties	I	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		<u>5</u>	7
ξ	1	Total number of volunteers (estimate if necessary)		6	0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	 ၂	. 7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	111,809.	193,251.
Revenue	1	Program service revenue (Part VIII, line 2g)	-	0.	0.
Ž	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•	6,610.	5,737.
æ	1			0,010.	3,737.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		118,419.	198,988.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	28,146.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	0.
<i>(</i> 0	i	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·· -	0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	• -	0.	0.
pen	1	Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-••	0.	0.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	28,146.
	1	Revenue less expenses. Subtract line 18 from line 12		118.419.	170,842.
og es		RECEIVEL	- Cal Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	181	700,163.	823,151.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1 Test	47,854.	0.
캺	22	Net assets or fund balances. Subtract line 21 from line 26.]\$ <u></u>	652,309.	823,151.
P	art II	Signature Block	IT 1		
Und	er pena	lties of perjury, i declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
5		Arlene arthony		5/10/1	<u>'</u>
Sig	n	Signature of officer	- 1	Date	
Her	e		, acting	President	
• 		Type or print name and title	· · · · · · · · · · · · · · · · · · ·		
5		Print/Type preparer's name Preparer's signature	. 0	Date / Check [PTIN
Paid	- 1	CHENTISCONTS ICHONACIONAL		39/11 self-employe	ed
	ater	Firm's name CHERYL ROHLFS & ASSOCIATES, LTD	4	/ Firm's EIN	
Use	Only	Firm's address 401 HUEHL ROAD, SUITE 2D	U	_	
.		NORTHBROOK, IL 60062		Phone no. 8	<u>47-753-9200 </u>
May	the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/6/

	990 (2010) GLENVIEW PUBLIC LIBRARY FOUNDATION, INC. 26-1951823 Page at III. Statement of Program Service Accomplishments
-a	Check if Schedule O contains a response to any question in this Part III
ı	Briefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
ı	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
la	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 28,146 • including grants of \$) (Revenue \$
	THE PRIMARY ACTIVITIES OF THE FOUNDATION ARE TO RAISE AND EXPEND FUNDS FOR THE CONSTRUCTION OF A NEW LIBRARY FACILITY AND TO PROMOTE THE
	LIBRARY'S MISSION OF ADVANCING EDUCATION, SCIENCE, AND LITERATURE.
b	(Code:) (Expenses \$
4b	
c	(Code:) (Expenses \$including grants of \$) (Revenue \$
ld	
	(Expenses \$ including grants of \$) (Revenue \$)
le	Total program service expenses ► 28,146.

Part IV. Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 X 10 bit the organization required to complete Schedule B, Schedule of Contributions? 2 Did the organization engage in effect or indirect political campaign activates on behalf of or in opposition to candidates for public officia? If Yes, "complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) electron in effect during the tax year? If "Fes," complete Schedule C, Part II 5 is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receive membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advoice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easiment, including easiments to preserve open space, the environment, historical areas, or historic structures? If "yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in evidence of the Schedule D, Part II 9 Did the organization, discisly or through a related organization, hold assests in term, permanent, or quasi-indowments? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 If the organization report an amount for other labelities and part X, line 10? If "Yes," complete Schedule D, Part XIII 12 Did the organization report an amount for other labelities in Part X, line 10? If "Yes," complete Schedule D, Part X X 110 13 Did the organization schedule and amount for investments - organization into that addresses reported in Part X, lin	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(6)(3) organizations. Did the organization engage in hobbying activities, or have a section 501(6) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-137 If "Yes," complete Schedule C, Part III Obt the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advised on the distribution or investment of amounts in such thinds or accounts? If "Yes, complete Schedule O, Part II Obt the organization receive or hold a conservation easement, including easements to preserve open space, the enveronment, historical areas, or historical treasures, or other similar assets? If "Yes, complete Schedule O, Part II Obt the organization report an amount in Part X, line 21; serve as a custodian for amounts in tilsted in Part X, or provide road for residual consensing, debit management, credit repair, or debt negotiation services? If "Yes, complete Schedule O, Part II If the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIV If the organization report an amount for investments - other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part X	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III as the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III but the organization maintain any donor advised funds or any similar funds or accounts where 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 II Did the organization that are any or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II Did the organization and areas, or histonic structures? If "Yes," complete Schedule D, Part II Did the organization, directly or through a related organization services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-indowments? If "Yes," complete Schedule D, Part IV IV Yes," complete Schedule D, Part IV IV Yes, "complete Schedule D, Part IV IV Yes," complete Schedule D, Part IV IV Yes, "complete Schedule D, Part IV IV Yes," complete Schedule D, Part IV IV IV Yes," complete Schedule D, Part IV IV IV Yes," complete Schedule D, Part IV IV Yes	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 601(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4), 601(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-19 if "Yes," complete Schedule C, Part II 5 bid the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II 5 bid the organization receive or hold a conservation easiment, including easiments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 5 bid the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 bid the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV 10 bid the organization report an amount for investments other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 11 bid the organization report an amount for investments other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 11 bid Did the organization report an amount for investments other securities in Part X, line 107 If "Yes," complete Schedule D, Part XI 12 bid the organization report an amount for investments other securities in Part X, line 107 If "Yes," complete Schedule D, Part XI 12 bid the organization report an amount for investments program related in Part X, line 107 If "Yes," complete Schedule D, Part X 13 bid the organization separate or consolidated financial statements for the tax year? If "Yes," complet		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 // 1/25 (complete Schedule C, Part III) 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where 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 II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III To the organization report an amount in Part X, line 21; serve as a oustodian for amounts not listed in Part X; or provide ordid counseling, debt management, credit repair, or debt negotation services? If Yes, complete Schedule D, Part IV Did the organization, directly or through a related organization services? If Yes, complete Schedule D, Part IV The organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part VI The organization report an amount for investments or years, the complete Schedule D, Part VI The organization report an amount for investments - other securities in Part X, line 10? If Yes, complete Schedule D, Part VI The Old the organization report an amount for westments - program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 187 If Yes, complete Schedule D, Part VII The Old the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 187 If Yes, complete Schedule D, Part X III The X III	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization a section 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-197 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III 7 Did the organization amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide schedule D, Part III 8 Did the organization in amount in Part X, line 21; 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-indowments? 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI 12 Did the organization report an amount for westments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IVI 13 Did the organization report an amount for westments - other securities 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 XVI 14 Did the organization report an amount for other assets 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 XVI 15 Did the organization report an amount for other assets 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 XVI 16 Did the organization report an amount f		distribution of the control of the c	4		Х
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7	6				
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic and areas, or histonic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 9 Did the organization proprt an amount in Part X, line 21; 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. 10 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 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. 14 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. 15 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 XIII. 16 Did the organization report an amount for investments or the tax year III. 17 Did the organization report an amount for investments or the tax year III. 18 Did the organization report an amount for investments or the tax year III. 19 Did the organization report an amount for investments or the tax year III. 10 Did the organization report an amount for the isabilities in Part X, line 15? If "Yes," complete Schedule		· · · · · · · · · · · · · · · · · · ·	6		x
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Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V III, 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, Part V III but 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 VIII 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 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 X III but Its III but	8				
9 Did the organization report an amount in Part X, line 21; 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 10 Did the organization, defectly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11			8		х
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII 2 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 2 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 2 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 XII 2 Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 3 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X 3 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'and if the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes, 'and if the organization ashoot described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule D, Part XI, XII, and XIII is optional. 1 Did the organization ashoot described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule P, Parts II and IV 3 Did the organization report on Part IX, column (A), line 3, more than \$1,0,000 from grantmaking, fundrasing, business, and program service activities outsi			9		x
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b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20a	Did the association country and the state of	-		
operate one or more hospitals must attach audited financial statements (see instructions)	b				
Form 990 (2010)			20h		
				990 (2	2010)

Part IV Checklist of Required Schedules (continued)

		i	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		'''
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on 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			
	Schedule J	23	ł	X_
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		1	
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		270		<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	and the second s	23a	<u> </u>	
	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	OFL		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	-	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•	contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		_
٠.	If "Yes," complete Schedule N, Part I	2.		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
V.	Schedule N. Part II	20		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	20		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
~	Note. All Form 990 filers are required to complete Schedule O	00	. ,	
	Assert and one metalare required to complete ouriedure o	38	X	<u> </u>

Form **990** (2010)

rai	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\Box	163	110
b	Enter the number of Forms W-2G included in 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	-	-
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?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		ĺ	
	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: ▶			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	.		l
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	to file Form 8282?	7c		x
d		''		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	.		1
a	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			1
11	Section 501(c)(12) organizations. Enter.			İ
a	Gross income from members or shareholders 11a	. 1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		ŀ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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.	-iva		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			1
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 in Schedule O	14b		
		Form	990 ((2010)

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	1990 (2010) GLENVIEW PUBLIC LIBRARY FOUNDATION, INC. 26-1951 Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			age (
	Check if Schedule O contains a response to any question 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	7		
b	Enter the number of voting members included in line 1a, above, who are independent	7]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		İ	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Does the organization have members or stockholders?	6		X
7a	General Control of the Control of th			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	ļ
b		8b	X	<u> </u>
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 in Schedule O	9	<u> </u>	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I	
40-	Done the experience have lead about as have the sure of the sure o		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with those of the organization?	10b	77	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- <u>-</u> -	
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	X	_
	to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	^	
·	in Schedule O how this is done	400	X	
13	Does the organization have a written whistleblower policy?	12c	A	х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	'''		
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person who person of the	ition: 🕨	·	
	GLENVIEW PUBLIC LIBRARY - 847-729-7500			
	1930 GLENVIEW ROAD, GLENVIEW, II. 60025			

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Form 990 (2010)	GLENVIEW	PUBLIC	LIBRARY	FOUNDATION,	INC.

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PETER MCNULTY										
PRESIDENT	2.00	x		x]			0.	0.	0.
ARLENE S. ANTHONY										
VICE PRESIDENT	2.00	x		X			ŀ	0.	0.	0.
JACK J. NEYMARK										
SECRETARY	2.00	X		X				0.	0.	0.
M. DAVID JOHNSON										
DIRECTOR	2.00	X						0.	0.	0.
WENDY GOLDSTEIN										
DIRECTOR	2.00	X						0.	0.	0.
CLAIRE MCGUIRE										
DIRECTOR	2.00	X			<u> </u>			0.	0.	0.
ELLEN SCHOLLY										
DIRECTOR	2.00	X						0.	0.	0.
			<u> </u>		<u> </u>					
					 					
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Par	t VIL	Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
		(A) Name and title	(B) Average hours per			() Pos	C) itior			(D) Reportable compensation	(E) Reportable compensation	1	(F) Estima amour	ated
			week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	C) (othe ompen from organiz and rel organiza	sation the ation ated
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				-										
_												_		
1b	Sub-	total	••••					▶		0.		0.		0.
С	Total	from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.		0.		0.
<u>d</u>								<u> </u>		0.		0.		0.
2		number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wt	no re	eceived more than \$100	,000 in reportable			_
	comp	pensation from the organization											1	0
2	Dist H		····	_ •	1								Yes	s No
3		ne organization list any former officer, a? <i>If "Yes," complete Schedule J for</i> s				y em	pio	yee,	or r	nighest compensated en	nployee on			x
4		ny individual listed on line 1a, is the su			 Ombi	ensa	ation	n and	 Loti	her compensation from:	 the organization	. 3	<u>'</u>	1
		elated organizations greater than \$150										4		x
5	Did a	ny person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr unr	elat	ed organization or indivi	dual for services			
<u> </u>		ered to the organization? If "Yes," com	plete Schedule	9 <i>J f</i>	or st	ıch	pers	son	<u></u>			5	<u>ــــــــن</u>	<u> </u>
<u>Sec</u>		. Independent Contractors plete this table for your five highest co	moensated inc	lene	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensatio	n from	
		rganization. NONE												
		(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensat	ion
										· · · · · · · · · · · · · · · · · · ·				
									_					
									\dashv	7				
	T- 4 - 1													
2		number of independent contractors (in ,000 in compensation from the organization		ot lii	nite	d to		se lis O	sted	above) who received m	ore than			
								-		· -	<u></u>	For	m 99 0	(2010)

Pa	rt VII	Statement of Reven	nue		_			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	·					
DE!			1c					
물림	d	Related organizations	" " [4 4]					
2.5		Government grants (contributi						
응등	e	-						
풀힏	1	All other contributions, gifts, grant		193,251.				1
불팅		similar amounts not included abov		193,231.		1		
SE	g	Noncash contributions included in lines	1a-1f \$		193,251.			
읙	<u>h</u>	Total. Add lines 1a-1f	···		193,431.			
i				Business Code			-	1
2	2 a							
E e	b							
e S	C							
è a	q							
Program Service Revenue	е			ļ <u>.</u>				<u> </u>
۱ ۵	f	All other program service reve	nue					ļ. <u></u>
	9	Total. Add lines 2a-2f						<u> </u>
1	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ [<u>5,737.</u>	5,737.		
l	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
			(i) Real	(ıı) Personal				
	6 a	Gross Rents						1
	b	Less: rental expenses						
	С	Rental income or (loss)						
1	d	Net rental income or (loss)		•				
- [7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
i		assets other than inventory						1
	ь	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
1		Net gain or (loss)						1
		Gross income from fundraising						
휠	-	including \$						
Š		contributions reported on line		}				
ÆΙ		Part IV, line 18	-					İ
Other Revenue	h		b					
ō		Net income or (loss) from fund						
		Gross income from gaming ac	-					1
	o a	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	•					
- 1		Gross sales of inventory, less						 -
	iu a	•		!				
			a					
l		Less: cost of goods sold		L				
- 1	<u>C</u>	Net income or (loss) from sale						
ſ		Miscellaneous Revenu	18	Business Code		İ	-	
ļ	11 a							
ļ	b							
	С			ļ				
Į		All other revenue		L				-
	е	Total. Add lines 11a-11d		r	444			
20000	12	Total revenue. See instructions.	<u> </u>		<u> 198,988.</u>	5,737.	0	
03200 12-21	-10							Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	28,146.	28,146.		,
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		Ì		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors,				
	trustees, and key employees	<u></u>			
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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal			,	
С	Accounting				
d	Lobbying				
е	· •				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а					
b					
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	28,146.	28,146.	0.	0.
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	Beginning of year		End of year
Cash - non-interest-bearing	524,361.	1	781,401.
		2	
		3	
		4	
Receivables from current and former officers, directors, trustees, key			
employees, and highest compensated employees. Complete Part II			
		5	
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
employers and sponsoring organizations of section 501(c)(9) voluntary			
		6	•
· · · · · · · · · · · · · · · · · · ·		100	
la contracta a college to ded a security			
		-	
	175 802		41,750
· · · · · · · · · · · · · · · · · · ·			823,151
Create poughts	<u> </u>		
Defended never in			
Tay ayomat hand liabilities			
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·		-21	
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· · · · · · · · · · · · · · · · · · ·	17 951		0
	4/,034.	26	<u>U</u>
·			
.			5 727
· · · · · · · · · · · · · · · · · · ·	652 300		5,737 817,414
	032,303.		011,414
· · · · · · · · · · · · · · · · · · ·		29	
		·	
	·		 _
			
Hetained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	652,309.	32	823,151
	MM / 4114		
	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(11), persons described in section 4958(c)(3)(5), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Organizations that follow SFAS 117, check here At 7, 854. Organizations that follow SFAS 117, check here Indicate Inicate State	Savings and temporary cash investments

Form **990** (2010)

	990 (2010) GLENVIEW PUBLIC LIBRARY FOUNDATION, INC.	<u> 26-1951</u>	<u> 1823</u>	Pag	де 12
Pa	t XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	8,9	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	8,1	46.
3	Revenue less expenses. Subtract line 2 from line 1	3	170	0,8	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	2,3	09.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	82	3,1	51.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1 .		. !
	separate basis, consolidated basis, or both:]	ĺ	r I
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audıt	1 1		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		
			Form 9	990 (2010)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

GLENVIEW PURITY LIBRARY FOUNDATION INC 26-1951823

Pa	rt I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.	2,) <u>1951</u>	<i>745</i>
Ъ				because it is: (For lines								
1	, S			s, or association of chui	_		-	-				
2	ಠ			70(b)(1)(A)(ii). (Attach Sc			cuon 170	יואראוני אנטא).			
3	一			rotol, ritalini, (Attach State In State			470/51/41	/ A V:::3				
4	Ħ			operated in conjunction					VLV4V4V:	::) Entarti	na haanitali	
-	ш	city, and sta		operated in conjunction	With a rios	pitai uesc	inneg ili Se	ecuon 17C	дод гдада	n). Enter ti	ie nospitai s	i name,
5		•		hanofit of a college or						.		
5	ш			benefit of a college or u	niversity o	wnea or o	perated by	a govern	mentai uni	t describe	ea in	
_			(b)(1)(A)(iv). (Compl	•								
6	님			nent or governmental un								
7	ш			eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic descr	bed in
			(b)(1)(A)(vi). (Comple	•								
8	님			section 170(b)(1)(A)(vi).								
9	ш	An organizat	tion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	d gross rec	eipts from
		activities rela	ated to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 ⁻	1/3% of its	support 1	from gross i	nvestment
		income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınizatıon a	fter June 30), 1975.
	_	See section	509(a)(2). (Complete	e Part III.)								
10	\square	An organizat	tion organized and o	perated exclusively to te	st for publ	ic safety. S	See sect io	on 509(a)(4	4).			
11		An organizat	tion organized and o	perated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the p	purposes of	one or
		more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509 (a)(3). Che	ck the box t	hat
				organization and compl	let <u>e lın</u> es 1	1e through	11h.					
	_	a X Type	l b	☐ Type II	с 🔙 Тур	e III - Fund	tionally in	tegrated		d 🔲	Type III · O	ther
е	Ш	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons othe	er than
		foundation n	nanagers and other t	than one or more publicl	y supporte	d organiza	ations des	cnbed in s	ection 509	9(a)(1) or s	ection 509(a)(2).
f				tten determination from								
		supporting o	organization, check th	his box						_		
g		Since Augus	t 17, 2006, has the d	organization accepted a	ny gift or c	ontribution	from any	of the foll	owina per	sons?		
				lirectly controls, either a							ſ	Yes No
				upported organization?					(-) (, ,	11g(i)	X
		_	- •	n described in (i) above?		••	-	•••	••••		11g(ii)	X
			•	person described in (i)		e?	••	• ••• •			11g(iii)	X
h				about the supported or							119(11)	
••				about the supported of	gamzanon	(3).						
	Mama	of our ported	(ii) CINI	(iii) Type of	(iv) le the c	organization	(v) Did vo	u notify the	(vi) Is	the		
(1)		of supported anization	(ii) EIN	organization		sted in your		tion in col.	Lorganization	on in col. I	(vii) Amount of	
	Uiga	ilization		(described on lines 1-9		document?		r support?	' Con Ifi) organized in the I		supp	ort
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
GL	ENV	IEW										
PU	BLI	C LIBRA	36-6005905	501(C)3	X		x		x	1	28	3,146.
					1							
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_		• • • • • • • • • • • • • • • • • • • •			 				1	 		
	_	• • •		<u> </u>				<u> </u>		 		
<u>Tota</u>	1							<u>L</u>			28	3,146.
LHA	For P	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 990	

032021 12-21-10

Form 990 or 990-EZ.

13

14120509 793308 292

	nedule A (Form 990 or 990 EZ) 2010						Page 2
P	art II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If the	organization
	fails to qualify under the test	s listed below, plea	ase complete Part	III.)			
<u>Se</u>	ction A. Public Support				<u> </u>		
Cal	endar 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 organ-						
	zation'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						1
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	1					
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	. <u></u>					-
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4) 2000	(6) 2001	(6) 2000	(4) 2003	(e) 2010	(I) Total
	Gross income from interest,			-	 		
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9				-	† · · · · · · · · · · · · · · · · · · ·		-
•	activities, whether or not the				1		
	business is regularly carried on	1					
10	Other income. Do not include gain				 		
	or loss from the sale of capital	İ	Ì				
	assets (Explain in Part IV.)					-	
11	Total support. Add lines 7 through 10				<u> </u>		
	Gross receipts from related activities	etc. (see instructi	ione)	<u> </u>		40	
	First five years. If the Form 990 is fo		•	 rd for with our fifth t		12	
.0	organization, check this box and stor		s mst, second, um	u, iouriii, or iiitii t	lax year as a secti	on 50 r(c)(3)	
Se	ction C. Computation of Publ		rcentage			•	
	Public support percentage for 2010 (column (fl)		14	%
	Public support percentage from 2009		11			15	%
	33 1/3% support test - 2010.If the o		••••		14 10 22 1/20/ 07		
	stop here. The organization qualifies						× and ►
	33 1/3% support test - 2009. If the o		-				- -
٠	and stop here. The organization qual						≥ UUX
17-							▶□
176	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fact					art iv now the organ	ization
	meets the "facts-and-circumstances"					47	▶∟
	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-cire	Jumstances test.	ine organization	qualines as a publ	iciy supportea org	ganization	▶∟

032022 12-21-10

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
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	Gross receipts from admissions,						
	merchandise sold or services per-	1				ļ	
	formed, or facilities furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that				Ī		
	are not an unrelated trade or bus-		•				
	iness under section 513		}]	1		
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to						İ
	the organization without charge				j		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		
Ł	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		İ				
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				İ		
	acquired after June 30, 1975		<u> </u>	<u> </u>	<u>] </u>		
•	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is		İ	İ			
	regularly carned on		ļ	ļ	1		
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)				<u> </u>		
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here .			•	<u></u>		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (line 8, column (f) d	livided by line 13,	column (f))		15	
	Public support percentage from 2009			<u> </u>	<u>.</u>	16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)10 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	
198	a 33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qua	lifies as a publicly	supported organiz	zation	▶□
ì	33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		-	▶ □
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
0320	23 12-21-10				Sc	hedule A (Form 99	90 or 990-EZ) 2010

SCHEDULE, D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

Employer identification number

	GLENVIEW PUBLIC LIE			26-1951823
Pai	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.		
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	- -		
5	Did the organization inform all donors and donor advisors in w	riting that the assets I	neld in donor advised	funds
•	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad	•		
•	for charitable purposes and not for the benefit of the donor or			-
	impermissible private benefit?	201101 4211001, 01 101	ary carer parpood co.	Yes No
Pai		anization answered "Y	es" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or ed	· · · · · · · · · · · · · · · · · · ·	•	ncally important land area
	Protection of natural habitat		servation of a certifie	• •
	Preservation of open space		Servation of a certifie	a mistoric structuro
2	Complete lines 2a through 2d if the organization held a qualifie	nd	hudian makka fama af .	tien ecomont on the last
2		ed conservation contr	bullon in the form of a	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			. 2a 2b
C	Number of conservation easements on a certified historic stru	eture included in (a)		2c
d	Number of conservation easements on a certified historic stru		-	
a	listed in the National Register	·	a historic structure	
3	Number of conservation easements modified, transferred, rele			2d
3	year	aseu, extiliguisileu, o	terminated by the or	ganization during the tax
4	Number of states where property subject to conservation easi	ement is located		
5	Does the organization have a written policy regarding the pend	· -	ction, handling of	
•	violations, and enforcement of the conservation easements it	-	otion, nariding or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		ation easements duri	
7	Amount of expenses incurred in monitoring, inspecting, and e	-		
8	Does each conservation easement reported on line 2(d) above	•	•	· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?	, ,		Yes No
9	In Part XIV, describe how the organization reports conservatio	n easements in its rev	enue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization			
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical T	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9		•	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in	its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or re	search in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its	revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit			
	relating to these items:		·	•
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	my Appete to the dealth for an OOO DOLLY			▶ \$
2	If the organization received or held works of art, historical treat			ain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating t	these items:	
а	Revenues included in Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			. \$

	dule D (Form 990) 2010 GLENVIET t III, Organizations Maintaining C	W PUBLIC L							
3	Using the organization's acquisition, accession								
	(check all that apply).	·	•	· ·					
а	Public exhibition	d	Loan or exc	change programs					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	oilections and explain	n how they further	the organization's	exemp	t purpose i	n Part XI	IV.	
5	During the year, did the organization solicit or		=	_					
-	to be sold to raise funds rather than to be ma				_			Yes [□ No
Par	t IV Escrow and Custodial Arrang				to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Par		J			·	-		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ns or other assets	not inc	luded			
	on Form 990, Part X?		,					Yes [□ No
b	If "Yes," explain the arrangement in Part XIV		llowing table:	• •••	•	• •• ••	-		
			3				A	mount	
С	Beginning balance					1c			
	Additions during the year				•	1d			
e	Distributions during the year			•••		1e			
í	Ending balance	•		•	•	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	212		•			Yes	No
	If "Yes," explain the arrangement in Part XIV.			•••	••				
Par			swered "Yes" to Fe	orm 990. Part IV. lii	ne 10.				
		(a) Current year	(b) Pnor year	(c) Two years bad		Three years	back (e) Four ve	ars back
1a	Beginning of year balance	127 0 2110 7 0 211	107. 110. 700.	107 1110 70210 222	<u> 1/</u>	1111100 10111	-	-1 1 -	
h	Contributions								
	Net investment earnings, gains, and losses				_				
4	Grants or scholarships			 	\top				,
	Other expenditures for facilities			-	+				
·	and programs				}		1		•
•	Administrative expenses								
	End of year balance			 					
2	Provide the estimated percentage of the year	r end halance held a		<u> </u>			<u>_</u>		
_	Board designated or quasi-endowment	ond balance neld t	%						
	Permanent endowment	%							
	Are there endowment funds not in the posse	•	ation that are held	and administered f	or the	nraanizatio	'n		
Ja	by:	Solon or the Organiz	anon that are neld	and administrated i	JI 1110 1	o gai iizailu	••	آv.	s No
							Ī	3a(i)	SINO
	(i) unrelated organizations (ii) related organizations			••	•	•	·		
	If "Yes" to 3a(ii), are the related organizations				•		· }	3a(ii)	+
4	Describe in Part XIV the intended uses of the	•		• • •			L	3b	
	t VI Land, Buildings, and Equipm								
	Description of investment	(a) Cost or o		st or other (c	A Accu	mulated	1 10	i) Book v	aluo.
	Description of investment	basis (investr	, , ,	s (other)	-	ciation	'c	I) DOOK V	aiue
10	Land		Jasic	, (5.11.51)	20p.0				
	Buildings		·				 -		
	Leasehold improvements		 -				+		
	Equipment	<u> </u>					 		
	Other						 		
_	Add lines 1a through 1e (Column (d) must e	aual Form 000, Doct	Y column (P) /===	10(a))					

Schedule D (Form 990) 2010

(a) Description of security or category	See Form 990, Part X, line 12.		hod of valuation:	
(including name of security)	(5) 500% Value	Cost or end	-of-year market value	
Closely-held equity interests				
2) Closely-held equity interests	•			
(A)				
(B)			= 	
(C)			<u> </u>	
(P)				
(F)				
(f)				
(G)				
(H)				
<u>()</u>				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related	See Form 990, Part X, line 13.			
(a) Description of investment type	(b) Book value		hod of valuation: -of-year market value	
		Cost or end	-oryear market value	
(1)	+			
(2)				·
(3)			 _	
(4) (5)	- 			
(6)				
(7)				
(8)				
(9)		······································		
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	-		-	
Part IX Other Assets. See Form 990, Part X, I				
	(a) Description		(b)	Book value
(1) CONTRIBUTIONS RECEIVABLE	<u> </u>			41,750
(2)				
(3)				
(4)				
(5)				···
(6)				
(7)				
(4)				
(8)				
(9)				
(9) (10)	line 15 \			41 750
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)			41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	X, line 25.	Amount	Þ	41,750
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes	X, line 25.	Amount	▶	41,750
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2)	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4)	X, line 25.	Amount	•	41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3)	X, line 25.	Amount		41,750
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25.	Amount		41,750
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, line 25.	Amount		41,750
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25. (b)			
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25. (b)			

	dule D (Form 990) 2010 GLENVIEW PUBLIC LIBRARY FO					<u>951823</u>	Page 4
Pai	t XI, Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Fina	ncial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<i>.</i>		1			<u>.988.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		28	<u>.146.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		170	842.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Pnor period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8	•••	•••••	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	ıd 9		10		170	842.
	t XII Reconciliation of Revenue per Audited Financial Stateme		th Reve		Return	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				1	198	,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•					
- а	Net unrealized gains on investments	2a					
-	Donated services and use of facilities	2b			-		
b							
C	Recovenes of prior year grants	2c					
d	Other (Describe in Part XIV.)	_2d			· ·		^
e	Add lines 2a through 2d				. 2e	100	<u> </u>
3	Subtract line 2e from line 1	•			. 3	190	, 900 •
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	_4b					•
С	Add lines 4a and 4b				. 4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<i></i>		5		<u>,988.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents w	ith Exp	enses p	<u>er Ketun</u>		
1	Total expenses and losses per audited financial statements				1	28	<u>,146.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1					
а	Donated services and use of facilities	_2a					
þ	Prior year adjustments	2b			_		
C	Other losses	2c			_		
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				. 2e		<u> </u>
3	Subtract line 2e from line 1				. 3	28	<u>,146.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	<u> </u>	<u>.</u>	5	28	,146.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1	a and 4; f	Part IV, line:	s 1b and 2b	; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						
	•	'		•			
							
							
							

Grants and Other Assistance to Organizations, SCHEDULE I (Form 990)

•			Government	s, and Individuals	Governments, and Individuals in the United States	tes		21 27
Department of the Treasury Internal Revenue Service		Сотр	Complete if the organizatio	n answered "Yes" to Fo ► Attach to Form 990.	" to Form 990, Pa m 990.	janization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization Part I General Info	e organization GLENVIEW PUBLIC LIBRARY General Information on Grants and Assistance	PUBLIC LI		FOUNDATION, INC				Employer identification number 26-1951823
1 Does the organiz	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as:	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ion Yes X No
낋	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant	of grant funds in the United States.	d States.			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	e United States. (Somplete if the org	anization answered "	Yes" to Form 990, Part i	
1 (a) Name and ad or gov	1 (a) Name and address of organization (b) EIN (c) IRC section or government or government (b) EIN (c) IRC section (d) Amount of a mon-cash grant or government (e) Amount of a mon-cash grant or government (f) Method of additional space is needed (g) Description of a mon-cash assistance (g) Description of a mon-cash assista	(b) EIN	box if no one recipier (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	can be duplicated if (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			İ					
9								
				,				
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government or	janizations					
1	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2010) GLENVIEW PUBLIC LIBRARY FOUNDATION, INC.
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 26 (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11 Part III

Page 2

26-1951823

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

GLENVIEW PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 26-1951823

GDENVIEW FORBIC BIBRARY FOUNDATION, INC. 20 1991029
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEW_LIBRARY FACILITY AND TO PROMOTE THE LIBRARY'S MISSION OF ADVANCING
EDUCATION, SCIENCE, AND LITERATURE.
FORM 990, PART VI, SECTION B, LINE 11: THE TAX FORM 990 WAS REVIEWED BY
THE EXECUTIVE LIBRARIAN AND BUSINESS MANAGER OF THE GLENVIEW PUBLIC LIBRARY
PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES AN
ANNUAL STATEMENT FROM EACH DIRECTOR, OFFICER AND COMMITTEE MEMEBER THAT
CONFIRMS THE READING AND COMPLIANCE WITH THE CONFLICT OF INTEREST
STATEMENT.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAINTAINS COPIES OF
ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AT THE OFFICES OF THE
GLENVIEW PUBLIC LIBARY.
FORM 990, PART XII, LINE 2C
THE FOUNDATION'S BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY OF THE
SELECTION OF THE AUDITORS AND THE REVIEW OF THE AUDITED FINANCIAL
STATEMENTS PRIOR TO RELEASE.