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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Open to Public Inspection

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

A	For the	2010 calenda	ar year, or tax year beginni	ng	January 1	, 2010,	and ending) De	cember 31	, 20 10		
В	Check if a					Employer identification number						
	Address o	ress change Glen Ellyn Library Foundation ne change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele								36-4243793		
F	Name cha	*	E Tele	E Telephone number								
┝	Initial return 400 Duane Street								630-4	69-5771		
┢	Amended		City or town, state or country, a	and ZIP + 4				F Gro	up Exemp	tion		
	ī	on pending	Glen Ellyn, IL 60137-4508					Nu	mber 🟲			
G	Accoun	ting Method:	✓ Cash	Other (specify)	·			H Check	▶ ✓ if th	e organization is no		
I	Websit	te: ▶		· · · · · · · · · · · · · · · · · · ·				require	d to attach	Schedule B		
J	Tax-exer	mpt status (che	ck only one) — 🗸 501(c)(3)	501(c) () ◀ (insert no) ☐ 4947	7(a)(1) or	527	(Form	990, 990-E	Z, or 990-PF).		
K	Check >		e organization is not a section									
			990 return is not required to	hough Form 99	0-N (e-postcard) may b	e requir	ed (see inst	ructions)	But if the o	organization chooses		
_			e to file a complete return									
			o, to line 9 to determine gross	-		or more, o	or if total ass	sets (Part I		16,261		
_			are \$500,000 or more, file Fo			<u> </u>	_ · ·		<u>▶ \$</u>			
Ł	Part I		e, Expenses, and Cha							·		
_			the organization used S					τι				
	1		ns, gifts, grants, and sım						1	4,525		
	2	-	ervice revenue including of						2			
	3		p dues and assessments						3	4 4 7 4		
	4	Investment							4	4,174		
	5a		unt from sale of assets of	o ^c		5a		_	<u> </u>			
	b		or other basis and sales of ss) from sale of assets oth	- 1		⊆[5b]	63 50		5c	7,562		
	6		d fundraising events	iei tiiaii iiiveti	toly (Subtractime Sc		ισου. Ο		30	1,302		
	a	Gross inco	ome from gaming (atta	ch Schedule	OG Mareater than		Ŏ		<u>*</u>			
9					ii grouter triair	6a	స్ట∥					
Revenue	ь	Gross inco	me from fundraising ever	its (not includ	ing\$		Contribut	ions	1 1			
٥		from fundra	aising events reported or	line 1) (attac	h Schedule-Gar the				3 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
_	•		h gross income and cont			6b			ř			
	С	Less: direc	t expenses from gaming	and fundraisin	ng events	6c			 			
	d		e or (loss) from gaming a		=	6a and	6b and	subtract				
		line 6c) .			· · · · · · ·				6d			
	7a	Gross sales	s of inventory, less return	s and allowan	ces	7a			<u> </u>			
	b	Less: cost	of goods sold			7b						
	С	Gross profi	t or (loss) from sales of in	ventory (Subt	ract line 7b from line	7a) .			7c			
	8		nue (describe in Schedule						8			
_	9		nue. Add lines 1, 2, 3, 4,			<u></u>	<u> </u>	<u>.</u> . ▶	9	16,261		
	10		similar amounts paid (lis		,				10	5,000		
	11		d to or for members .						11 12			
Ġ	12		, other compensation, and employee benefits									
20	13		sional fees and other payments to independent contractors							1,093		
Expenses	14		, rent, utilities, and maint						15			
ш	· ••		nting, publications, postage, and shipping									
	16		er expenses (describe in Schedule O)						16	525		
_	17	Tuesta expe	nses. Add lines 10 throug	gn 16		<u></u>	· · ·	<u>.</u> . ▶	17	6,618		
S	18	•	deficit) for the year (Subtroint) or fund balances at beg		· ·				18	9,643		
38.5	ן יי		r figure reported on prior						10	233,183		
Net Assets	20		ges in net assets or fund						20	10,007		
	21		or fund balances at end						21	252,833		
	'	. 10. 400010	o, iona palantoo at ona t	,, your, Oorlin				–	,			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2010)

	Balance Sheets. (see the instructions Check if the organization used Schedule	TOT Part II.)	tion in this Dort	11		
	Check if the organization used Schedule	O to respond to any ques		ginning of year	· ·	(B) End of year
22	Cash, savings, and investments			233,183		252,833
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			233,183		252,833
26	Total liabilities (describe in Schedule O)			000 100	26	250.000
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			233,183	27	252,833 Expenses
	Check if the organization used Schedule				(Requ	ured for section
Wha	t is the organization's primary exempt purpose?	Supplemental \$ support for	Glen Ellyn Public	Library		c)(3) and 501(c)(4) nizations and section
	nbe what was achieved in carrying out the organization			ner, describe	4947	(a)(1) trusts; optional
	ervices provided, the number of persons benefited, and				for ot	hers)
28	\$3,000 for Open Books, Open Doors for library card			district.		
	\$2,000 for Safety Village a program to teach youngs	ters about traine and internet	sarety			
	(Grants \$ 5,000) If this amount	includes foreign grants, ch	eck here	. ▶ 🗍	28a	5,000
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	
30						
					ļ	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				nstruc	nions for Part IV.)
		(b) Title and average				<u> </u>
			(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	(d) Contribution employee benefit deferred competences	plans &	
Leel	(a) Name and address and Lewis, President and Director	hours per week devoted to position	(If not paid,	employee benefit	plans &	account and
	and Lewis, President and Director	hours per week	(If not paid,	employee benefit deferred comper	plans &	account and
		hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr	and Lewis, President and Director ill Rajeck, Treasurer and Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr	and Lewis, President and Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr	and Lewis, President and Director ill Rajeck, Treasurer and Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director ara Urgo, Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
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Merr Kelly Gary Barb	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director ara Urgo, Director Mulherin, Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb Johr	and Lewis, President and Director ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director ara Urgo, Director Mulherin, Director	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb Johr Judii Cont	and Lewis, President and Director Ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director Mulherin, Director th Wagner, Director act address: Glen Ellyn Library Foundation Duane Street	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb Johr Judii Cont 400 I	and Lewis, President and Director Ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director Mulherin, Director th Wagner, Director act address: Glen Ellyn Library Foundation Duane Street Ellyn, IL 60137	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Merr Kelly Gary Barb Johr Judii Cont 400 I	and Lewis, President and Director Ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director Mulherin, Director th Wagner, Director act address: Glen Ellyn Library Foundation Duane Street	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
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Merr Kelly Gary Barb Johr Judii Cont 400 I	and Lewis, President and Director Ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director Mulherin, Director th Wagner, Director act address: Glen Ellyn Library Foundation Duane Street Ellyn, IL 60137	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
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Merr Kelly Gary Barb Johr Judii Cont 400 I	and Lewis, President and Director Ill Rajeck, Treasurer and Director Kalinich, Secretary and Director Still, Director Mulherin, Director th Wagner, Director act address: Glen Ellyn Library Foundation Duane Street Ellyn, IL 60137	hours per week devoted to position varies widely, but usually	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances

Part	Check if the organization used Schedule O to respond to any question in this Part V			\Box	
	ones organization about sometation to temporal to any question in this rait v	<u>···</u>	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	103	✓	
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)				
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.	<u> </u>		φξ.	
а	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		✓	
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		√	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			1/2	
b	Did the organization file Form 1120-POL for this year?	37b		✓	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1374,25			
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V	
39	If "Yes," complete Schedule L, Part II and enter the total amount involved		* 8		
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	1		1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1,		1. 横:	
	section 4911 ▶; section 4912 ▶; section 4955 ▶	图	same t	1.30	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	3	<u>,</u>	25.72	
	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		✓	
С	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			- **	
е	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	-	1	
41	List the states with which a copy of this return is filed. ▶ Illinois Charity Bureau				
42a	The organization's books are in care of ▶ Dawn Bussey, Director, Glen Ellyn Library Located at ▶ 400 Duane Street, Glen Ellyn, IL ZIP + 4 ▶	630-46 60137			
b	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		Yes		
	account)?	42b		✓	
	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.				
С	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		√	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □	
	The state of the s				
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44a		✓	
b	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		V	
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓	
d 	explanation in Schedule O	44d		1	

								Yes	No
45	Is an	y related organization a controlled ent	ity of the organization within th	ne mean	ing of section	n 512(b)(13)?	45		1
а		he organization receive any payment f	=		_		V-10-12	(a. 97)	\$6.70
		ning of section 512(b)(13)? If "Yes," F					7,00	3.4	
				•			45a	<u> </u>	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
46		he organization engage, directly or inc			on bobalf of	or in apposition	43a	7 7 70	∀
40		andidates for public office? If "Yes," co						A NO	1 20
							46		_ ✓
Part	VI	Section 501(c)(3) organizations	and section 4947(a)(1) nor	nexem _l	pt charitabl	e trusts only. A	All sec	tion	
		501(c)(3) organizations and section	n 4947(a)(1) nonexempt cha	aritable	trusts must	t answer question	ons 47	7-491	b
		and 52, and complete the tables f	or lines 50 and 51.						
		Check if the organization used Sche	edule O to respond to any qu	uestion i	in this Part V	1			. 🗀
								Yes	No
47	Did t	he organization engage in lobbying ac	tuution? If "Von " complete Col	hadula (Dort II		47	.00	7
							47		V
48		organization a school as described in					48		✓
49a		he organization make any transfers to		ated orga	anization? .		49a		✓
Ь		es," was the related organization a sec					49b		✓
50	Com	plete this table for the organization's f	ive highest compensated emp	oloyees	(other than o	fficers, directors,	truste	es an	d key
	empl	oyees) who each received more than s	\$100,000 of compensation fro	m the or	rganization. If	there is none, er	iter "N	one."	,
	(a) Nic		(b) Title and average	(c) (Compensation	(d) Contributions to		Expen	
	(a) Na	ame and address of each employee paid more than \$100,000	hours per week devoted to position			employee benefit plans & deferred compensation		count a	
		110114100,000	devoted to position			doloriod componidation	Other	allowa	111065
		•••••		1					
•							1		
				ŀ					
			***		-				
f	Total	number of other employees paid over	r \$100 000	I					
51		plete this table for the organization's		donond	ont contract		اممیرم		
31	\$100	,000 of compensation from the organ	ization If there is none enter	uepena "Mone "	eni contracti	ors who each rec	eivea	more	unan
	Ψ100	(a) Name and address of each independent con		NOITE.	(h) Tun	o of sorres	(c) Cor	20000	otion
		(a) Name and address of each independent con	tractor paid more than \$100,000		(b) Typ	e of service	(6) (0)	npensa	ation
		· · · · · · · · · · · · · · · · · · ·							
						ŀ			

			· · · · · · · · · · · · · · · · · · ·	_			-		
	-				L				
đ	Total	number of other independent contract	tors each receiving over \$100	,000 .	.▶				
52	Did tl	ne organization complete Schedule A?	Note: All section 501(c)(3) or	ganızatı	ons and 4947	'(a)(1)			
	none	xempt charitable trusts must attach a	completed Schedule A			▶ 🖸	Yes		No
Under pe	enalties	of perjury, I declare that I have examined this ret	turn, including accompanying schedule	es and stat	ements, and to t	he best of my knowled	dae and	belief.	. rt ıs
		d complete Declaration of preparer (other than o					-go u		, к ю
		1				, ,			
		MILLER	· . 0		1	2//	, .		
Sign		Superfuse of officer	ojecke			<u> </u>	/		
Here		Signature of officer	U		U	ate			
		Merfill F. Rajeck, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check ıf	PTIN		
Prepa	aror					self-employed			
·		Firm's name ▶			F	ırm's EİN ▶			
Use (JIIIY	Firm's address ▶				hone no			
					P	COLUMN TO A STATE OF THE STATE			
May th	e IRS	discuss this return with the preparer s	shown above? See instructions	<u> </u>		▶ □	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization			-				Employer id	dentification	number		
Glen Ellyn Library Foundation							36-4243793				
		rity Status (All orga						nstructio	ns.		
The organization is not a priva 1	n of churc n section erative ho organization	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Sched ation desc	s describe ule E) cribed in s	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		iii). Ente	er the	
hospital's name, city 5 An organization ope section 170(b)(1)(A)	rated for	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit d	lescribe	ed in
6 A federal, state, or lo 7 An organization that described in section	normally	=	al part of					nit or from	the ge	neral pi	ublic
support from gross	normally es related investme		an 33½% ions—sul lated bus	6 of its subject to disiness tax	ipport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 3	31/3% 0	of its
10 An organization orga11 An organization orgpurposes of one or	nized and anized ar more put	l operated exclusively	to test fo ely for th nizations	or public s ne benefit described	safety. Set of, to paid in sect	ee sectio perform ion 509(a	on 509(a) (the funct a)(1) or se	tions of, o	9(a)(2). S		
or section 509(a)(2). f If the organization r	k, I certify n manage eceived a	• •	is not co e or more	e publicly	lirectly or support	r indirecti ed organ	y by one izations o	or more d described	ın secti	ied pers on 509(sons (a)(1)
•		he organization accep			ontributio	n from a	iny of the			•	
(iii) A family member (iii) A 35% controlled	verning book of a persolentity of	ndirectly controls, eith ody of the supported on on described in (i) abo a person described in	organizat ove? ı (ı) or (ıı) a	ion? above? .					11g(i) 11g(ii 11g(ii)	No
	informati i) EIN	on about the supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	zation(s). organization sted in your document?	the organ	ou notify nization in of your port?	tion in organization in col supportion (i) organized in the		Amount of	f	
			Yes	No	Yes	No	Yes	No			_
(A) Glen Ellyn Public 36-6 Library	005904	7	1		1		1			\$5	,000
(B)											
(C)											
(D)											
(E)											
Takal					_					\$5	,000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support					·	
Calen	dar 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.")	59,365	33,460	41,649	5,425	4,525	144,424
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	59,365	33,460	41,649	5,425	4,525	144,424
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)		\$				112,784
6	Public support. Subtract line 5 from line 4.		,		· · · · · · · · · · · · · · · · · · ·		31,640
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	59,365	33,460	41,649	5,425	4,525	144,424
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,499	4,857	6,909	4,305	4,174	23,744
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	Total support. Add lines 7 through 10	<i>*'</i>		* 4	, , , ,		168,168
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax ye	ear as a sectio	n 501(c)(3)
Socti				· · · · ·	• • • •		
14	on C. Computation of Public Suppor Public support percentage for 2010 (line 6			1		laá l	10.0 0/
15	Public support percentage for 2010 (line to Public support percentage from 2009 Sch					15	18.8 % 27.0 %
	331/3% support test—2010. If the organi						
	box and stop here. The organization qua						. ▶ □
b	b 33¹/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b							
18	Private foundation. If the organization di instructions	d not check a l	box on line 13	, 16a, 16b, 17a			

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.)

Secti	on A. Public Support						
Calen	dar 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	9,865	7,675	24,149	5,425	4,525	47,114
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	· ·					<u>`</u>
2	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		_				
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-				
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities	ŀ					
	furnished by a governmental unit to the	1					
	organization without charge						
6	Total. Add lines 1 through 5	9,865	7,675	24,149	5,425	4,525	47,114
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year]					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	- 4.254	\$ 18 to 1	1 - m. (+ m)	SELVANO	J	
	line 6.)	Ž	· · · · · · · · · · · · · · · · · · ·				47,114
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	9,865	7,675	24,149	5,425	4,525	47,114
10a	Gross income from interest, dividends,	_	_				
	payments received on securities loans, rents, royalties and income from similar sources.	3,499	4,857	6,909	4,305	4,174	23,744
b	Unrelated business taxable income (less		_				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	3,499	4,857	6,909	4,305	4,174	23,744
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					,	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	13,364	12,532	31,058	9,730	8,699	75,383
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>		·	▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8					15	62.5 %
16	Public support percentage from 2009 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u></u> .	16	83.9 %
	on D. Computation of Investment In			, _ , _ , _ , _			
17	Investment income percentage for 2010 (17	31.5 %
18	Investment income percentage from 2009					18	21.5 %
19a	331/3% support tests – 2010. If the organ 17 is not more than 331/3%, check this box						
ь	331/3% support tests – 2009. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						
			,				

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Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
The Glen e	llyn Library Foundation was the beneficiary of a bequest of a former Library board member;
\$49,500 in	2006 and the balance of \$25,785 in 2007.
990-EZ, Pa	rt 1, Line 5 (c): realized gains on sale of investment \$7,562. Line 10: grants to Library programs \$5,000. Line 20, unrealized
appreciation	on of investment during 2010 of \$10,007.
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Glen Ellyn Library Foundation	36-4243793					
990-EZ Line 16 Other expenses: \$500 D&O insurance, \$25 government filing fees.						
Line 20 Other changes in net assets: \$10,007 unrealized capital appreciation.						
Line 44c & d: Confusing question. Needs a re-write. No the Library nor the Library Foundation provide	les tanning services.					
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