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Form 990-EZ

Department of the Treasury Internal Revenue Service

**Short Form** 

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

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

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

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

OMB No 1545-1150

2010

Open to Public Inspection

Control Services   Control Ser	Α	For th	ne 2010 ca	lendar year, or tax year beginning $1/01$ , 2010, and ending	6/30			
Name change   International return   Termanend   Amended return   Angulazion perminen   Co 2   895-7178   F Group Exemption   F	B	Check r	f applicable	C		D Emp	oloyer identification i	number
Investment name   Investment		Address	s change	GLENVIEW GARDEN CLUB, INC.		31	0993237	
Terminated winnershed return   Application presents   Capped   C		Name o	hange			E Tele	phone number	
Section   Sect	$\vdash$	Initial re	eturn	LOUISVILLE, KY 40207		(5	502) 895-7	178
Application penting   Accrual Other (specify)   Number   Number   Accrual Other (specify)   Number	$\vdash$							
General Method   X  Cash   Accrual Other (specify) *   Methods: N/A	H					F Gro	oup Exemption	_
Website: N/A   Tax-seempt status (ct entry emp.   IX  501(cX)	للإ				<del>,</del>			
Tax-exempt statis (ck only one) —  X  SDI(CX)	Gi.					< > X	If the organiza	tion is <b>not</b>
Check   X  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form \$90 EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be suite to file a complete return.  L Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, life Form 990 instead of Form 990-EZ   \$12,634.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I   \$1,550.  The part I contributions, gifts, grants, and similar amounts received   1   9,560.  Program service revenue including government fees and contracts   2   2   2   2   2   2   2   2   2	ı				requir	ed to a	or 990-PF)	B (Form
\$50,000 Å Form 990 EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  Add lines \$h, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-6.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule 0 to respond to any question in this Part I  Check if the organization used Schedule of the organization in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to from the Schedule O	7				L			
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b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 11, 690.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 20 Instances of time to the form of the service of th		72		·	1	552		<del></del>
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Net assets or fund balances at end of year Combine lines 18 through 20  20 Total expenses in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20								
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 11, 690.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 123,188.				<del></del>		733.	7.	600
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  10  11  12  13  550.  14  15  13  550.  16  9,605.  17  10,285.  18  19  121,783.		1		·	ס פווור		<del></del>	
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  10  10  11  12  13  14  15  17  18  19  10  10  11  11  12  12  13  15  13  15  13  15  13  15  13  15  13  15  13  15  13  15  130  15  16  17  18  18  19  19  19  10  10  11  10  11  12  12  13  14  15  18  18  19  10  10  11  12  12  13  14  15  18  18  19  19  10  10  10  11  12  12  13  14  15  18  19  10  10  10  11  12  12  13  14  15  16  17  18  18  19  19  10  10  10  10  11  10  11  12  12  13  14  15  16  17  18  19  19  10  10  10  10  10  11  12  12  13  14  15  16  17  18  19  19  10  10  10  10  10  10  10  10		ı		•	ט שעטע		<del></del> -	
The second secon		<del></del>						11,690.
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Net assets or fund balances at end of year Combine lines 18 through 20  Net assets or fund balances at end of year Combine lines 18 through 20  12  13  550.  14  15  16  17  18  18  19  19  10  10  11  11  12  13  15  13  15  13  15  13  15  13  15  13  10  15  13  10  10  10  11  11  11  12  12  12  13  14  15  15  16  9,605.  17  17  18  18  19  19  11  12  17  18  19  12  17  18  18  19  19  11  12  17  18  18  19  18  19  19  19  11  11  12  12  13  13  15  18  18  19  19  10  11  12  12  13  13  13  14  15  15  16  17  18  18  19  19  19  11  11  12  12  12  12  12		1				!		
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  13 550.  14 14 15  15 130.  16 9,605.  17 10,285.  18 11 12 12 12 12 12 12 12 12 12 12 12 12	_	11		•			<del></del>	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 121,783.  19 121,783.	X	12					12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 121,783.  19 121,783.	E	13	Professi	onal fees and other payments to independent contractors			13	<u>550.</u>
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 121,783.  19 121,783.	N S	14	Occupar	ncy, rent, utilities, and maintenance			14	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  16 9, 605.  17 10, 285.  18 11, 405.  19 121, 783.  20 21 123, 188.			Printing	publications, postage, and shipping			15	130.
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 10, 285.  18 11, 405.  19 121, 783.  20 21 123, 188.	_		Other ex	rpenses (describe in Schedule O) SEE SCHE	DULE O		16	9,605.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  18 1,405.  19 121,783.  20 123,188.		17	Total ex				17	10,285.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 1 123,188.		18	Excess	or (deficit) for the year (Subtract line 17 from line 9)			18	
figure reported on prior year's return)  19		A 10			المعاملين	af		
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 123,188.	N	SI 19		oī-year		121.783		
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 123, 188.	Ť	É 20	_				<del></del>	,,00.
		S				•	<del></del>	123 188
	P						<del></del>	

Par	t II	Balance Sheets. (see the Ins Check if the organization used Sche	tructions for Part II.)	etion in this Part I	1			
		Check if the organization used och	duic o to respond to any que	Stion in this Fart i		Beginning of year	r	(B) End of year
22	Casi	h, savings, and investments				121,783.		123,188.
		d and buildings			<u> </u>		23	123/100.
		er assets (describe in Schedule O)		)			24	
		al assets	<del>.</del>			121,783.		123,188.
		al liabilities (describe in Schedule O)		,	-	0.	26	0.
		assets or fund balances (line 27 of		ne 21)		121,783		123,188.
Par		Statement of Program Ser			Part I			Expenses
1 41	r iii	Check if the organization used So					(Rea	uired for section
What i	s the	organization's primary exempt purpose? SEE		decitory art tries i di	<del></del>		501 (d	c)(3) and 501(c)(4)
Desc	ribe	what was achieved in carrying out the services provided, the number of	e organization's exempt purpo	oses in a clear ar	d co	ncise manner,	orgai	nizations and section (a)(1) trusts, optional
desc prog	ribe	the services provided, the number of	persons benefited, and other	relevant informati	on fo	or each		(a)(1) trusts, optional thers )
28	aiii	uue			-			
20								
	<b></b>							
	(Gr	ants \$ ) If th	is amount includes foreign gra	ants check here		╌╌╌╌┌┤	28 a	
29	(Cir	ants \$\frac{1}{2} \qquad \qqqqq \qqqqqq	is amount includes foreign gra	arts, check here			204	<del></del>
	(Gr	ants\$) If th	is amount includes foreign gra	ants check here			29 a	
30	(0)	<i>απιο φ γ</i> π π	is amount molades for eight gre	arts, check field			LJu	<del></del>
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	(Gr	ants \$) If the	is amount includes foreign gr	ants check here			30 a	
31		ner program services (describe in Sch		arts, errort here				<del></del>
•		, ,	ns amount includes foreign gr	ants check here		▶ □	31 a	.]
32	<u> </u>	tal program service expenses (add in		arra, arrant franc			32	
	rt IV			lovees. List each	ODE EV	en if not compensated		the instructions for Part IV
		Check if the organization used S					(300	
			(b) Title and average hours	(c) Compensation	n (If	(d) Contributions		(e) Expense account
		(a) Name and address	per week devoted to position	not paid, enter -	0)	employee benefit pla deferred compensa		and other allowances
MO	NT Z	POWELL	PRESIDENT		0.	deferred compens	0.	0.
		RRIOR ROAD	5.00		υ.		υ.	١.
		VILLE, KY 40207	3.00					
		ATHERTON	TREASURER		0.		0.	<del> </del>
		NTRIM ROAD	5.00		٥.		٠.	0.
		VILLE, KY 40207	1			1		
		OGT	SECRETARY		Ö.	<del> </del>	0.	0.
		STWIND ROAD	5.00		٥.		0.	
		VILLE, KY 40207	1					
		E GARDNER	VICE PRESIDENT		0.		0	0.
		COVERED BRIDGE ROAD	5.00		٠.		0	
		ECT, KY 40059	1					
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orm	990-EZ (2010) GLENVIEW GARDEN CLUB, INC.	31-0993237			ge <b>3</b>
Par	tV Other Information (Note the statement requirements in the instructions for Part	V) SEE SCH	EDULI	0	
	Check if the organization used Schedule O to respond to any question in this Part V		——		X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detail each activity in Schedule $\bullet$	ed description of	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents achange to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	uments if they reflect	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report explain in Schedule 0 why the organization did not report the income on Form 990-T	ted on Form 990-T,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	;)(4), 501(c)(5), or	35 a		Х
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		35 b	$\neg$	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets? If 'Yes,' complete applicable parts of Schedule N	ets during the	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.			
Ł	Did the organization file Form 1120-POL for this year?		37 b	_	X
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee any such loans made in a prior year and still outstanding at the end of the tax year covered by this ret	<b>or</b> were urn?	38 a		X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A			
39	Section 501(c)(7) organizations Enter			1	
1	a Initiation fees and capital contributions included on line 9	N/A			
ı	Gross receipts, included on line 9, for public use of club facilities 39b	N/A	1	- 1	
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year und	er	-		,
	section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.			- '
İ	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess transaction during the year or did it engage in an excess benefit transaction in a prior year that has no on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	s benefit ot been reported	40b		 Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.		-	-
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.		•	- ,
	e 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		40 e		x
41	A CONTRACTOR OF THE CONTRACTOR		400		
42	a The organization's				
		hone no.			
	Located at ► 702 ANTRIM ROAD LOUISVILLE KY	ZIP + 4 - 40207			<b>~ –</b> -
	h At any time during the colondar year, did the arganization have an interest in an a constitute as attack	a. db.a.d., a	ſ	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)		42 b		X
	If 'Yes,' enter the name of the foreign country	,			
			1		,
			1 1		٠ ا
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Acc	ounts.			1
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42 c		X
	If 'Yes,' enter the name of the foreign country				
40	Control 4047(a)/1) papayamat abaritable truste films Form 000 F7 in line of Form 1945	_			l 101 / 10
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here	. 1 . 1			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	<b>-</b> [43]		Vac	N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be conform 990-EZ	•	44 a	Yes	No X
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ	be completed	44b	_	X
	c Did the organization receive any payments for indoor tanning services during the year?		44 c	<u> </u>	<u> </u>
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide a Schedule O	an explanation in	44 d		

orm <b>990-EZ</b>	(2010) GLENVIEW GARDEN CLU	B, INC		31-0993	237	_ P	age 4
						Yes.	No
	related organization a controlled entity	<del>-</del>	· ·	* * * *	45		<u>X</u>
of sect	e organization receive any payment fron ion 512(b)(13)? If 'Yes,' Form 990 and S	Schedule R may need to	o be completed instead	l of Form 990-EZ (see ins	t) <b>45a</b>	** =	_X_
	e organization engage, directly or indirect ates for public office? If 'Yes,' complete				46	ـ ــــــــــــــــــــــــــــــــــــ	<u>X</u>
	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	tion 4947(a)(1) nor le tables for lines 5	nexempt charitable 0 and 51.	haritable trusts only trusts must answer of	All sec question	ction ns	
	Check if the organization used Schedul	e O to respond to any o	question in this Part VI			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4
47 Did the	e organization engage in lobbying activi	iles? If 'Yes ' complete	Schedule C. Part II		47	Yes	No X
	organization a school as described in se			dule E	48		X
	e organization make any transfers to an				49a	· · · · ·	X
	, was the related organization a section		J		49 b	· · ·	
50 Compl	ete this table for the organization's five	highest compensated e	employees (other than o	officers, directors, trustees	s and key		
emplo	yees) who each received more than \$10	<del></del>					
(a) N	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		opense int and lowance	s
NONE					_		
		1					
		<u> </u>					
<b>51</b> Comp	number of other employees paid over \$ slete this table for the organization's five ensation from the organization. If there	highest compensated	independent contractor	s who each received more	e than \$1	00,000	) of
	(a) Name and address of each independent con		0	(b) Type of service	(c) Com	pensati	on
NONE					_		
						-	
						<del></del> -	
<b>d</b> Total	number of other independent contractor	rs each receiving over	\$100,000	-			
52 Did the	ne organization complete Schedule A? I table trusts must attach a completed Sc	Note All section 501(c) hedule A	(3) organizations and 4	947(a)(1) nonexempt	► X Ye	s	No
Under penaltie true, correct	es of perjury. I declare that I have examined this retu and complete. Declaration of preparer (other than off	rn, including accompanying sch icer) is based on all information	nedules and statements, and to n of which preparer has any kno	the best of my knowledge and beliowledge	ief, it is		
Sian	Signature of officer	ton		/0 -28 Date	-/1		
Sign Here	2/sie ATherT	in Treasa	ren	·			
	Type or print name and title  Print/Type preparer's name	Preparer's signature	Date	Check If PT			
Paid	ANTHONY B. HOWARD	Und B. Hon	rord, CPA 10/2	self-employed	0135	540	14
Preparer Use Only	Firm's name PLAUT & ASSOCIA	•	TE P	61-	127029	 4	
000 om;	Firm's address • 6004 BROWNSBO	RO PARK BLVD, S 40207		7 IIIII S EIN	2) 896-9		
May the IR	RS discuss this return with the preparer		tructions			es	No
BAA					Form 9	90-EZ	(2010

# SCHEDULE A (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	lame of the organization Employer identification number											
GLE	GLENVIEW GARDEN CLUB, INC. 31-0993237											
Part	Part I   Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The o	organization is not a private foundation b	ecause it is (For lines 1 th	rough 11, c	heck or	ly one b	ox)						
1												
2												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's										
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	A federal, state, or local government An organization that normally receip in section 170(b)(1)(A)(vi). (Complete Section 170(b)(1)(A)(vi).	ves a substantial part of its					or from	the gen	eral public	descri	bed	
8	A community trust described in sec		plete Part II	)								
9	X An organization that normally receifrom activities related to its exempinvestment income and unrelated bune 30, 1975. See section 509(a)	t functions — subject to cer ousiness taxable income (le	taın excepti	ons, and	d (2) no	more th	ian 33-1	/3% of it	s support	from g	ross	
10	An organization organized and ope	rated exclusively to test fo	r public safe	ty See	section	509(a)(4	<b>1</b> ).					
11	An organization organized and ope more publicly supported organization describes the type of supporting or	ons described in section 50	09(a)(1) or s	ection 5	09(a)(2)	ctions of See <b>s</b> e	f, or car ection 5	ry out th <b>09(a)(3).</b>	e purposes Check the	of on box t	e or that	
	a ∏Type I b ∏Ty	rpe II <b>c</b> Typ	e III – Fund	tionally	ıntegrate	ed		d 🗍	Type III -	Other		
e	By checking this box, I certify that other than foundation managers ar section 509(a)(2)	the organization is not conn nd other than one or more	trolled direct publicly sup	tly or in	directly b organizat	oy one o lions de	or more scribed	disqualit in sectio	fied person in 509(a)(1	s ) or		
f	f If the organization received a writte check this box	en determination from the	IRS that is a	Type I,	Type II	or Type	ıll supp	orting a	rganızatıor	٦,		
ç	g Since August 17, 2006, has the org	ganization accepted any gi	ft or contrib	ution fro	om any d	of the fo	llowing	persons	?			
										Yes	No	
	<ul><li>(i) A person who directly or indi- below, the governing body of</li></ul>	the supported organization	e or togethern?	with pe	ersons de	escribed	lın (ıı) a	and (III)	11 g (i)			
	(ii) A family member of a persor	n described in (i) above?							11 g (ii)			
	(iii) A 35% controlled entity of a	person described in (i) or (	(ii) above?						11 g (iii)			
	h Provide the following information a	about the supported organic	zation(s)									
	(i) Name of supported (ii) EIN organization	(iii) Type of organizate (described on lines 1 above or IRC sectio (see instructions))	9 organii n column (	s the cation in in listed in overning ment?	(v) Did yo the organ column your su	zation in	( <b>vi)</b> Is organiza colun organiza U S	ation in in (i)	(vII) Amour	nt of supp	port	
			Yes	No	Yes	No	Yes	No				
			}	}				1				
<u>(A)</u>												
						·						
(B)												
			Ì	}				]				
<u>(C)</u>					ļ	ļ						
(D)				<u> </u>	<del> </del>							
<u>(E)</u>												
Tot	tal			1	<u></u>		<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2010

#### 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)

Sect	ion A. Public Support								
	dar year (or fiscal year ning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')								
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3						<u></u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				-	-			
6	<b>Public support.</b> Subtract line 5 from line 4	4		7	-				
Sec	tion B. Total Support				<u>'</u>	` <del></del>			
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10			•		<u> </u>			
12	Gross receipts from related acti	vities, etc (see in	structions)			1:	2		
13	First five years. If the Form 990 organization, check this box and	d stop here		ond, third, fourth,	or fifth tax year a	s a section 501(	c)(3)		
	tion C. Computation of Pu						<del></del>		
	Public support percentage for 2	•	• • • • • • • • • • • • • • • • • • • •	line 11, column (f	))	1			
15	Public support percentage from	2009 Schedule A	, Part II, line 14			_1	5 \ %		
16	16a 33-1/3% support test − 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	n meets the 'facts	<ul> <li>and-circumstand</li> </ul>	ces' test, check th	is box and stop h	<b>ere.</b> Explain in F	Part IV how		
	<b>b 10%-facts-and-circumstances test</b> — <b>2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the orga	nization did not cl	neck a box on lin	e 13, 16a, 16b, 17	a, or 17b. check	this box and see	instructions -		

### 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)

	A D 11' 0		<del>. ' </del>	<del></del>			
	ion A. Public Support		·				
	ar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include	15,790.	21,933.	12,099.	10,390.	9,560.	69,772.
	any 'unusual grants ') Gross receipts from admis-	13, 130.	21,933.	12,033.	10,330.	9,300.	09,112.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						٠
	tax-exempt purpose	42,296.			33,832.		76,128.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	58,086.	21,933.	12,099.	44,222.	9,560.	145,900.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	0.	0.	0.			
	for the year				0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)		<u> </u>	<del>.</del>			145,900.
	tion B. Total Support		4 > 2227				<del></del>
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
-	Amounts from line 6	58,086.	21,933.	12,099.	44,222.	9,560.	145,900.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  • Unrelated business taxable income (less section 511 taxes) from businesses	2,669.	5,713.	2,478.	1,452.	1,516.	13,828.
	acquired after June 30, 1975						0.
11	activities not included in line 10b, whether or not the business is	2,669.	5,713.	2,478.	1,452.	1,516.	13,828.
	regularly carried on				ļ		0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	60,755.	27,646.	14,577.	45,674.	11,076.	159,728.
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	<del></del>	a section 501(c)(	
Sec	ction C. Computation of Pu		ercentage	····			
15				ne 13. column (A	`	15	91.3 %
			•	ne 13, column (t)	,		
16							92.7 %
	ction D. Computation of Inv						
17	, ,			-	umn (f))	17	8.7 %
18			· · · · · · · · · · · · · · · · · · ·			18	7.3 %
	a 33-1/3% support tests – 2010. is not more than 33-1/3%, check a 33-1/3% assessment to see 2000.	k this box and <b>sto</b>	<b>p here.</b> The orga	nızatıon qualıfıes	as a publicly supp	orted organization	n ► X
	b 33-1/3% support tests – 2009. line 18 is not more than 33-1/3	if the organization %, check this box	did not check a and stop here. T	box on line 14 or ne organization o	line 19a, and line ualifies as a public	16 is more than 3	33-1/3%, and ► □
	Private foundation. If the organ						

Schedule A	(Form 990 or 990-E2	z) 2010 GLEN	WIEW GARD	EN CLUB,	INC.		31-0993237	_ Page <b>4</b>
Part IV	Supplemental In Part II, line 17a ( (See instructions	<b>formation.</b> Corn 17b: and P	omplete this Part III, line 1	part to pro 2. Also co	ovide the ex mplete this	planations requ part for any ad	uired by Part II, line ditional information	e 10; n.

BAA

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
GLENVIEW GARDEN CLUB, INC.	31-0993237
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
CONSERVATION EDUCATION AND BEAUTIFICATION ADVOCACY.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECT	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

2010 SCHEDULI	E O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT GLENVIEW	GLENVIEW GARDEN CLUB, INC.	31-0993237
10/18/11		04 31PM
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE		
STATE FAIR WINNINGS	TOTAL	\$ <u>6.</u> \$ 6.
_		<u> </u>
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
ANNUAL FILING FEE AWARDS GCA DUES INSURANCE MEETING REGISTRATIONS MEMBERSHIP DIRECTORY PROGRAM EXPENSES SALES TAX SCHOLARSHIPS TRAVEL WEBSITE DOMAIN AND HOSTING	TOTAL	\$ 15. 201. 3,850. 154. 1,345. 212. 919. 160. 1,000. 1,611. 138. \$ 9,605.