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

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

OMB No. 1545-1150

**2009****Open to Public  
Inspection****A For 2009 calendar year, or tax year beginning JUNE 01, 2009, and ending MAY 31, 2010****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**

NORTH END MOTHERS CLUB

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

2809 GRANT STREET

City or town, state or country, and ZIP + 4

Evanston IL 60201

**D Employer identification number**

23-7091805

**E Telephone number**

(847) 491-9197

**F Group Exemption**

Number . . . ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting Method:** ☒ Cash ☐ Accrual  
Other (specify) ►

**I Website:** ► N/A

**H Check** ☐ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . \$ 66,735****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1,966
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	3,420
4	Investment income . . . . .	4	439
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less: cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	54,310
b	Less: direct expenses other than fundraising expenses . . . . .	6b	40,096
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	14,214
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe ► See attachment #1) . . . . .	8	6,600
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	26,639
10	Grants and similar amounts paid (attach schedule) . . . . . #2	10	23,030
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	250
14	Occupancy, rent, utilities, and maintenance . . . . .	14	
15	Printing, publications, postage, and shipping . . . . .	15	26
16	Other expenses (describe ► See attachment #3) . . . . .	16	1,708
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	25,014
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	1,625
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) . . . . .	19	79,709
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	81,334

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	79,709	22 81,334
23 Land and buildings . . . . .		23
24 Other assets (describe ► ) . . . . .		24
25 <b>Total assets</b> . . . . .	79,709	25 81,334
26 <b>Total liabilities</b> (describe ► ) . . . . .	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	79,709	27 81,334

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

97 23

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

## Expenses

What is the organization's primary exempt purpose? See attachment #4

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

28 See attachment #5

(Grants \$ 23,030 ) If this amount includes foreign grants, check here

**28a**

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses** (add lines 28a through 31a)

32

0

<b>Part IV</b>		<b>List of Officers, Directors, Trustees, and Key Employees.</b>	List each one even if not compensated. (See the instr. for Part IV.)
----------------	--	--	--

**(a) Name and address**

(b) Title and average hours per week devoted to position

(c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

(e) Expense account and other allowances

See attachment #6

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #7 Telephone no. Located at ZIP + 4		
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 account)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country.	42c	X
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	43	X
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **X X X X X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

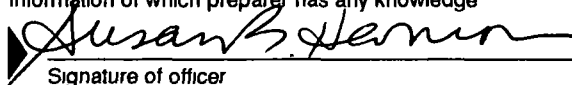
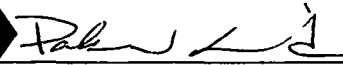
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		9/14/2010 Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature  Date 9/14/2010		Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.) 00197847
	Firm's name (or yours if self-employed), address, and ZIP + 4 H&R BLOCK PREMIUM TAX SERVICES 444 SKOKIE BLVD STE 201 Wilmette, IL 60091		EIN 43-1811840 Phone no. 847-853-0290	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Department of the Treasury  
Internal Revenue Service

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

## 2009

**Open to Public  
Inspection**

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

NORTH END MOTHERS CLUB

23-7091805

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - ☐ 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - ☐ 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - ☒ 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

<input type="checkbox"/> a Type I	<input type="checkbox"/> b Type II	<input type="checkbox"/> c Type III--Functionally integrated	<input type="checkbox"/> d Type III--Other
-----------------------------------	------------------------------------	--	--
  - ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - ☐ f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
  - ☐ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
(ii) A family member of a person described in (i) above? . . . . .	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<table border="1" style="display: inline-table;"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
  - ☐ h Provide the following information about the supported organization(s). \_\_\_\_\_

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	105	30	335	2,015	1,966	4,451
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ....	34,754	37,667	38,211	72,157	54,310	237,099
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 ..						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	34,859	37,697	38,546	74,172	56,276	241,550
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						241,550

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....	34,859	37,697	38,546	74,172	56,276	241,550
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	34,859	37,697	38,546	74,172	56,276	241,550
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	100.00 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	0 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ....

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

2009

**Open to Public Inspection**

Name of the organization

NORTH END MOTHERS CLUB

Employer Identification number

23-7091805

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FORTNIGHTLY (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts .....	47,130			47,130
	2 Less. Charitable contributions .....				
	3 Gross income (line 1 minus line 2) .....	47,130			47,130
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	11,619			11,619
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....	( 11,619 )			
	11 Net income summary. Combine line 3, column (d), and line 10 .....	35,511			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1 Gross revenue .....			
DIRECT EXPENSES	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....	( )				
8 Net gaming income summary. Combine line 1, column d, and line 7 .....					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		X
10a		X
11		X
12		X

Yes No

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... **13a** %
- b** An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....**15a**

X

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**17a**

X

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

# SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	06-01-2009, and ending	05-31-2010.
Name of Organization NORTH END MOTHERS CLUB			Employer Identification Number 23-7091805

Description of Other Revenue	Amount
TRANSFER FROM CHARITABLE TRUST	6,600
Total	6,600

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

## Inspection

**For calendar year 2009 or tax period beginning**

06-01-2009, and ending

05-31-2010.

Name of Organization

NORTH END MOTHERS CLUB

Employer Identification Number

23-7091805

Description of Other Expenses	Amount
INSURANCE	350
MEMBERSHIP BOOK	195
PROGRAMS	65
WEBSITE	501
PUBLICITY	275
STATE FILING FEES	10
SAFE DEPOSIT BOX	20
PRESIDENTS SUPPLIES	67
MISCELLANEOUS	25
BOARD LUNCHEONS	133
SCHOLARSHIP RECEPTION	67
<b>Total</b>	<b>1,708</b>

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

**and ending 05-31-2010.**

Employer Identification Number

23-7091805

**Recipient's Name and Address**

## VARIOUS

## VARIOUS

...

Description of Property

CASH VALUE

## How Book Value is Determined

## How FMV is Determined

Date of Gift

1,830

21,200

Total

23,030

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01, and ending 05-31-2010.
Name of Organization NORTH END MOTHERS CLUB	Employer Identification Number 23-7091805

Primary Purpose

VARIOUS COMMUNITY PROGRAMS AND GRANTS

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	06-01-2009, and ending	05-31-2010.
Name of Organization NORTH END MOTHERS CLUB			Employer Identification Number 23-7091805
Part III - Statement of Program Service Accomplishments			
Grants and allocations	23,030	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

SCHOLARSHIPS AND GRANTS

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01-2009, and ending 05-31-2010.
Name of Organization <b>NORTH END MOTHERS CLUB</b>	Employer Identification Number <b>23-7091805</b>

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
KARIN RUETZEL 708 MILBURN Evanston, IL 60201	PRESIDENT	0	0	0
PAULA HAYS 2341 Lawndale Evanston, IL 60201	VICE PRESIDENT	0	0	0
CAROL CARFANG 9248 Rideway Evanston, IL 60201	RECORDING SECRETARY	0	0	0
ANN HERDER 2837 Hartzell Evanston, IL 60201	CORRESPONDING SECRET	0	0	0
SUSAN HARMON 2809 GRANT Evanston, IL 60201	TREASURER	0	0	0



BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 06-01, and ending 05-31-2010.
Name of Organization NORTH END MOTHERS CLUB	Employer Identification Number 23-7091805
Part V - Line 42a	

Individual Name ..... SUSAN HARMON  
or  
Business Name:

Street Address ..... 2809 GRANT

U.S. Address:

Zip code 60201 City EVANSTON State IL  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (847) 491-9197

Fax Number .....