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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

2014

Open to Public  
Inspection

A For the 2014 calendar year, or tax year beginning JUNE 01, 2014, and ending MAY 31, 2015

|   |   |  |   |
|---|---|--|---|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br>NORTH END MOTHERS CLUB  |  | D Employer identification number<br>23-7091805  |
|   | Number & street (or P.O. box, if mail is not delivered to street addr.)<br>2405 LINCOLN STREET                  |  | E Telephone number<br>(847) 570-0036  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>EVANSTON IL 60201                   |  | F Group Exemption Number ▶  |
|   | G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ |  | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| I Website: ▶ WWW.NORTHEMOTHERSCLUB.ORG  |   |  |   |
| J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |   |
| K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other   |   |  |   |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 80,249  |   |  |   |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

|            |  |  |        |         |
|------------|--|--|--------|---------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1      | 5,114   |
|            | 2  | Program service revenue including government fees and contracts  | 2      |         |
|            | 3  | Membership dues and assessments  | 3      | 3,841   |
|            | 4  | Investment income  | 4      |         |
|            | 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  | Gaming and fundraising events  |        |         |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a     |         |
|            | b  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b     | 59,928  |
| c          | Less: direct expenses from gaming and fundraising events   | 6c   | 24,548 |         |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d   | 35,380 |         |
| 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 in Schedule O)   | 8  | 11,366 |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | 9  | 55,701 |         |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10     | 49,060  |
|            | 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     | 280     |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14     |         |
|            | 15   | Printing, publications, postage, and shipping  | 15     | 639     |
|            | 16   | Other expenses (describe in Schedule O)  | 16     |         |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16   | 17     | 49,979  |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18     | 5,722   |
|            | 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     | 117,117 |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20     |         |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21     | 122,839 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

|   | Yes | No |
|---|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   |     | X  |
| <b>34</b> 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)  |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | X  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     | X  |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | X  |
| <b>36</b> 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  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>  |     |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?  |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>  |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:   |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>  |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>   |     |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>   |     |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |     | X  |
| <b>c</b> Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     |    |
| <b>e</b> 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   |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <b>IL</b>   |     |    |
| <b>42a</b> The organization's books are in care of <b>SEE ATTACHMENT #4</b> Telephone no. <b>42a</b><br>Located at <b>42a</b> ZIP + 4 <b>42a</b>  |     |    |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: <b>42b</b><br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |     | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.?<br>If "Yes," enter the name of the foreign country <b>42c</b>  |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>43</b><br>and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>  |     |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| <b>b</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  |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?   |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| <b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |     | X  |

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     | X  |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| 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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes ☐ No ☒

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.

Sign Here: Signature of officer Katy Walker Date 8/26/15  
 KATY WALKER TREASURER  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name PAULA CRISMOND Preparer's signature Paula Crismond Date 8/21/2015 Check ☐ if self-employed PTIN P00197847  
 Firm's name HRB TAX GROUP INC Firm's EIN 431871840  
 Firm's address 1356 PATRIOT BLVD Phone no. 847-853-0290

May the IRS discuss this return with the preparer shown above? See instructions 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.**  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**

NORTH END MOTHERS CLUB

**Employer identification number**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

**Schedule A (Form 990 or 990-EZ) 2014**

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 5,555    | 10,135   | 10,120   | 11,265   | 8,955    | 46,030    |
| <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 ..... | 55,180   | 56,315   | 53,936   | 58,760   | 59,928   | 284,119   |
| <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 .....   | 60,735   | 66,450   | 64,056   | 70,025   | 68,883   | 330,149   |
| <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.) ..   |          |          |          |          |          | 330,149   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>9</b> Amounts from line 6 .....   | 60,735   | 66,450   | 64,056   | 70,025   | 68,883   | 330,149                  |
| <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 VI.) .....  |          |          |          |          |          |                          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 60,735   | 66,450   | 64,056   | 70,025   | 68,883   | 330,149                  |
| <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> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|  |           |          |
|--|-----------|----------|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 100.00 % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | 100.00 % |

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

|   |           |          |
|---|-----------|----------|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | 0.00 %   |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | 100.00 % |

- 19a 33 1/3% support tests -- 2014.** 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 -- 2013.** 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 ..... ☐

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**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 and address 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 |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> . . . . . ▶                                  |               |  |    |                                   |   |   |

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



- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 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
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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.**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NORTH END MOTHERS CLUB

Employer identification number

23-7091805

COMMUNITY GIVING IN THE AMOUNT OF \$39,060 -

INFANT WELFARE SOCIETY \$2000 -

CHERRY PRESCHOOL \$4000 -

THE CRADLE \$1000 -

CHILDCARE CENTER OF EVANSTON \$2500 -

TED FUND \$2500 -

EVANSTON SCHOOL CHILDREN CLOTHING ASSOC \$3000 -

ETHS AFTER MIDNIGHT \$5000 -

CURT'S CAFE \$500 -

EVANSTON SCHOLARS \$3000 -

ETHS SPECIAL EDUCATION DEPT \$1060 -

OPEN STUDIO PROJECT \$2000 -

DAJAE COLEMAN FOUNDATION \$1500 -

YWCA EVANSTON/NORTHSHORE \$3000 -

EVANSTON FOURTH OF JULY ASSOCIATION \$1500 -

EVANSTON 4TH OF JULY PARADE HIGHLANDER BAGPIPE BAND \$2000 -

YOUTH AND OPPORTUNITY UNITED (Y.O.U.) \$3000 -

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

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NORTH END MOTHERS CLUB

Employer identification number

23-7091805

OTHER EXPENSES -

PUBLICITY \$250 -

PRESIDENT'S EXPENSE \$600 -

INSURANCE \$425 -

SAFE DEPOSIT BOX \$20 -

BOARD LUNCHEONS \$162 -

TREASURERS SUPPLIES \$49 -

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

Department of the Treasury  
Internal Revenue Service

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23-7091805

NORTH END MOTHERS CLUB SCHOLARSHIP RECIPIENTS -

RACHEL CLEMENS SENIOR GIRL 2015 \$1500 -

MILLIE ROSEN STEM AWARD \$1500 -

ALY SINGLETON STEM AWARD \$1500 -

ANDREW SANTIAGO MUSIC AWARD \$1000 -

TYLER DIXON 2014 SENIOR GIRL \$1500 -

JESSICA COOPER 2013 SENIOR GIRL \$1500 -

LESLIE CORONEL 2012 SENIOR GIRL \$1500 -

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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▶ **Attach to Form 990 or 990-EZ.**

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OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NORTH END MOTHERS CLUB

TRANSFER FROM TRUST \$11366 -

Employer identification number

23-7091805

## 2014 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

|  |   |       |              |  |
|--|---|-------|--------------|--|
| OPEN TO PUBLIC<br>INSPECTION                   | For calendar year 2014, or tax period beginning | 06-01 | , and ending | 05-31-2015.                                  |
| Name of Organization<br>NORTH END MOTHERS CLUB |   |       |              | Employer Identification Number<br>23-7091805 |

### Primary Purpose

THE NORTH END MOTHER'S CLUB WAS ESTABLISHED TO ENHANCE THE COMMUNITY BY PROVIDING ANNUAL SCHOLARSHIPS TO SELECT EVANSON TOWNSHIP HIGH SCHOOL STUDENTS THE 2014 AWARDS TOTALED \$10,000 THE CLUB ALSO PROVIDES SUPPORT TO COMMUNITY GROUPS AND PROJECTS. THE 2014 AWARDS TOTALED \$\$39,060

## 2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

|                           |   |                        |  |
|---------------------------|---|------------------------|--|
| OPEN TO PUBLIC INSPECTION | For calendar year 2014, or tax period beginning | 06-01-2014, and ending | 05-31-2015.                                  |
| Name of Organization      | NORTH END MOTHERS CLUB                          |                        | Employer Identification Number<br>23-7091805 |

### Part III - Statement of Program Service Accomplishments

|                        |        |                                |                          |        |
|------------------------|--------|--------------------------------|--------------------------|--------|
| Grants and allocations | 49,060 | Amount includes foreign grants | Program service expenses | 24,548 |
|------------------------|--------|--------------------------------|--------------------------|--------|

#### Exempt Purpose Achievements

FOUNDED IN 1911 THE CLUB'S OBJECTIVE REMAINS THE SAME IN 2014: TO PROMOTE ACQUAINTANCE, TO MAKE A UNITED EFFORT TOWARD THE DEVELOPMENT OF FRIENDLY COMMUNITY SERVICE AND TO BENEFIT YOUTH WHEREVER POSSIBLE. TOWARD THAT END THE CLUB'S THREE LARGEST ENDEAVORS INCLUDE THE SCHOLARSHIP PROGRAM FOR THE EVANSTON TOWNSHIP HIGH SCHOOL; THE FORTNIGHTLY SOCIAL DANCE AND ETIQUETTE PROGRAM OPEN TO ALL 6TH AND 7TH GRADERS; AND THE SUPPORT OF THE FOURTH OF JULY PROGRAM AND ACTIVITIES.

# 2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning 06-01-2014, and ending 05-31-2015.

Name of Organization NORTH END MOTHERS CLUB Employer Identification Number 23-7091805

| (A) Name and Title                   | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp. | (E) Expense account & other compensation |
|--------------------------------------|--|--|---|--|
| LYDIA MORRISSEY<br>PRESIDENT         |  | 0  | 0   | 0  |
| ELIZABETH BALD<br>VICE PRESIDENT     |  | 0  | 0   | 0  |
| LESLIE GEIBEL<br>RECORDING SECRETARY |  | 0  | 0   | 0  |
| BETH MILES<br>CORRESPONDING SEC      |  | 0  | 0   | 0  |
| KATY WALKER<br>TREASURER             |  | 0  | 0   | 0  |



2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

|  |   |
|--|---|
| OPEN TO PUBLIC                                 |   |
| INSPECTION                                     | For calendar year 2014, or tax period beginning 06-01, and ending 05-31-2015. |
| Name of Organization<br>NORTH END MOTHERS CLUB | Employer Identification Number<br>23-7091805                                  |
| Part V - Line 42a                              |   |

Individual Name ..... KATY WALKER  
or  
Business Name.

Street Address ..... 2405 LINCOLN STREET

U.S. Address.

Zip code ..... City ..... State .....  
or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code ..... 60201

Phone Number ..... (847) 570-0036

Fax Number .....

# 2014 DETAIL STATEMENTS

NORTH END MOTHERS CLUB  
23-7091805

PAGE 1

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STATEMENT #1 - OTHER REVENUE (990-EZ PG 1 LINE 8)

|  |        |        |
|--|--------|--------|
| TRANSFER FROM TRUST.....                 | 11,366 |        |
| TOTAL CARRIED TO 990-EZ PG 1 LINE 8..... |        | 11,366 |

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STATEMENT #2 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

|   |     |     |
|---|-----|-----|
| WEBSITE MAINTENANCE.....                  | 115 |     |
| POSTAGE AND PO BOX.....                   | 215 |     |
| MEMBERSHIP BOOK.....                      | 309 |     |
| TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... |     | 639 |

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STATEMENT #3 - GIFTS, GRANTS, ETC. (SCH A, PG 2 LINE 1(E))

MEMBERSHIP DUES  
DONATIONS

TOTAL CARRIED TO SCH A, PG 2 LINE 1(E)

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STATEMENT #4 - ASSETS INCLUDED IN 990 (990-EZ PG 1 LINE 1B(II))

|   |        |        |
|---|--------|--------|
| 3RD OF JULY EVENT.....                        | 4,474  |        |
| FORTNIGHTLY.....                              | 16,397 |        |
| FALL BENEFIT/MEMBERSHIP DRIVE.....            | 371    |        |
| ANNUAL SPRING MEETING.....                    | 3,306  |        |
| TOTAL CARRIED TO 990-EZ PG 1 LINE 1B(II)..... |        | 24,548 |

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STATEMENT #5 - REVENUES INCLUDED IN 990 (990-EZ PG 1 LINE 1B(I))

|  |        |        |
|--|--------|--------|
| FORTNIGHTLY DUES.....                        | 49,540 |        |
| 3RD OF JULY EVENT.....                       | 4,260  |        |
| FALL MEMBERSHIP BENEFIT.....                 | 1,840  |        |
| SPRING ANNUAL MEETING.....                   | 4,288  |        |
| TOTAL CARRIED TO 990-EZ PG 1 LINE 1B(I)..... |        | 59,928 |

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