# **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)

2018

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

me	nai kevei	nue Service	► Go to www.irs.gov/Form990EZ for instruc	tions and the latest int	ormation.	
Ā	For th	e 2018 calend	ar year, or tax year beginning	07/01, <b>2018</b> , and	ending	06/30 , <b>20</b> 19
В	Check if a	pplicable	C Name of organization		-	D Employer identification number
X	Addre	ss change				
		change	WEAVERS GUILD OF THE NORTH SHORE	NFP		87-0769879
Т		retum	Number and street (or P O box, if mail is not delivered to street		1/suite	E Telephone number
	-	return/terminated	207 N WILKE RD			( ) -
-	⊣	ded return	City or town, state or province, country, and ZIP or foreign posta	l code		F Group Exemption
$\vdash$	-		ARLINGTON HEIGHTS, IL 60005			Number >
<del>_</del>		nting Method			الد الد	<del></del>
		te: ►WWW.W				x ► X if the organization is no
					. 1	red to attach Schedule B
				4947(a)(1) or 527	(Form	990, 990-EZ, or 990-PF)
		forganization L	Corporation Trust Association	Other	<u> </u>	
			to line 9 to determine gross receipts If gross receipts			
		Povopuo	500,000 or more, file Form 990 instead of Form 990-EZ . Expenses, and Changes in Net Assets of	r Fund Bolonge	· · · · · •	\$ 40,879.
Pa	ırt i		e organization used Schedule O to respond to			, <u> </u>
						X
	1		gifts, grants, and similar amounts received			1 405
	2	Program service	ce revenue including government fees and contracts			2 38,026
	3	Membership di	ues and assessments		L	3 2,445
	4	Investment inc	ome		L	4 3
	5 a		from sale of assets other than inventory 5			
	b	Less cost or o	ther basis and sales expenses	o	0.	
	С		from sale of assets other than inventory (Subtract line 5b	from line 5a)		5c
	6	Gaming and fu	ndraising events		· · · · · · ·	3-41
	а	Gross income	from gaming (attach Schedule G if greater than			
ne				. ]		
Revenue	b		from fundraising events (not including \$	of contributions		
Re			ng events reported on line 1) (attach Schedule G if the		i j	2
_			oss income and contributions exceeds \$15,000) 6	.		
_	С	-	penses from danning aht / Fin fraising events 6	_		
۱ ۲			(loss)—from—gaming—and—fundriaising events (add li	<del></del>	subtract	
		line Cal	Ø   Ø			6d
,	7 2	Gross sales of	inventory, less returns and allowances 7	1	<u> </u>	
	b	Less sort of or	oods sold			
!		Cross profit or	(loss) from ale of myentary (Subtract line 7b from line 7	<del></del>		7c
'	8					8
	9	Total revenue	(describe in Schedule O).		· · · · <u>·</u> ·	9 40,879
$\dashv$	10		2. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			2 5 2 2
			nilar amounts paid (list in Schedule O)			
	11	Benefits paid to	or for members		· · · · ·	11
Ses	12		compensation, and employee benefits			12 750
ben	13		es and other payments to independent contractors			<del></del>
笳	14		nt, utilities, and maintenance			1,782
۳ ا	15		ations, postage, and shipping			15
	16		s (describe in Schedule O) A			39,739
	17		es. Add lines 10 through 16			17 44,771
ts	18		cit) for the year (Subtract line 17 from line 9)			-3,892
Se	19		fund balances at beginning of year (from line 27, o			
As		end-of-year figu	are reported on prior year's return)		1	39,410.
Net Assets	20	Other changes	in net assets or fund balances (explain in Schedule O) .		2	20.
4	21		and balances at end of year Combine lines 18 through 20			35,518.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

		<del></del>						rage
Ρ'	Balance Sheets (see the instructions for Part II)							
_	Check if the organization used Schedule O to r	espond to any c			• •	<del></del>		
	·	, l		(A) Beginning of year		<u> </u>	(B)	End of year
22	, , , , , , , , , , , , , , , , , , , ,			39,410		22		35,518.
23	3	L'		0		23		0.
24				0		24		0.
25				39,410		25		35,518.
26	Total liabilities (describe in Schedule O)			0	_	26		0.
27	(,		_	39,410	•	27		35,518.
Ľ	art III Statement of Program Service Accomplishm						Ex	penses
	Check if the organization used Schedule O to resp		stion ir	this Part III	X	1 1110		or section
	at is the organization's primary exempt purpose? <u>ATTACHME</u>							nd 501(c)(4)
De	scribe the organization's program service accomplishments	for each of its thr	ee larg	est program servic	es,	orga		s, optional for
	measured by expenses. In a clear and concise manner, de		es pro	vided, the number	of	Othe	,,,	
	rsons benefited, and other relevant information for each programme of the state of	gram title				ļ.,		
28	ATTACHMENT 4							
		. <u> </u>	_	<del></del>				
								1
	(Grants \$ ) If this amount include	es foreign grants, ch	neck her	<u>e ▶</u>		28a		
29	ATTACHMENT 5			<del></del>				
			_					
				-·				
	(Grants \$ ) If this amount include	es foreign grants, ch	neck her	e ▶		29a		
30	ATTACHMENT 6			<del></del>				
				<u></u>				
				···		Ì		
	(Grants \$ ) If this amount include				_4	30a		
31	Other program services (describe in Schedule O)			_	<u></u>			
	(Grants \$ ) If this amount include				Щ	31a		
32	Total program service expenses (add lines 28a through 31a)		<u></u>	<u></u>	▶	32		
Ρa	List of Officers, Directors, Trustees, and Key Emple	oyees (list each o	ne eve	n if not compensa	ted -	see t	he instru	ctions for Part IV)
	Check if the organization used Schedule O to respo	nd to any question	n in this					
	(a) Name and title	(b) Average		(C) Reportable compensation		) Health ibutions (	benefits, to employee	(e) Estimated amount of
	(a) Name and the	hours per wee devoted to posit		(Forms W-2/1099-MISC)	ь	enefit pla	ns, and	other compensation
		.`	<del></del>	(if not paid, enter -0-)	dere	erred com	pensation	
7	mma Cumeam 7	1	!					
	ATTACHMENT 7		<del></del>					
	<del>-</del>	-						
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t Form 990-EZ (2018)

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart V ) Check if the organization used Schedule O to respond to any question in this	rait	<del></del>	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1.00	1
		33		X
34	detailed description of each activity in Schedule O		†	†
	copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions	34		x
35 a		1	<del>                                     </del>	<b>†</b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	x
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	35b	1-	<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		<b>†</b>	1
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		1 -	
b	Did the organization file Form 1120-POL for this year?	37b	1	ľx
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	7.	V 16	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		h- =	1
39	Section 501(c)(7) organizations Enter	<b>]</b> ; ,		1.5-
а	Initiation fees and capital contributions included on line 9	2	, ·	13.
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7	1 254	
	section 4911 ▶, section 4912 ▶, section 4955 ▶	1	ጉ' '	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	N. S.		12:00
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		ŀ	Ĭ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	A	٤	1
	on organization managers or disqualified persons during the year under sections 4912,	1	<b>,</b>	, 4.
	4955, and 4958	6.5		-1: 4
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		,	1.5
	40c reimbursed by the organization			V.3.
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			X
44	transaction? If "Yes," complete Form 8886-T	40e		1 ^
41 42a	The organization's books are in care of ▶PAULA COPPLE  Telephone no ▶ 847-660	3-36	48	
42 a	Located at $\triangleright$ 207 N WILKE RD ARLINGTON HEIGHTS, IL 7/P+4 $\triangleright$ 60005			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority ove	r	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country ▶	- T	3	- 1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	, ·		
	Financial Accounts (FBAR)			ر دُنگ تباط
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country ▶			
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	]	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	]	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	]	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		Ì	ŀ
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
		45b		
0.4	Form	990	.Fフ /	2018)

STE.

Preparer

Use Only

HARAN & ASSOCIATES LTD

3201 OLD GLENVIEW RD.,

May the IRS discuss this return with the preparer shown above? See instructions . .

WILMETTE, IL 60091

KAREN A SCHAEFER

Firm's name

No

P00545171

Form 990-EZ (2018)

36-3097692

847-853-1234

self-employed

Firm's EIN

### 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. ➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

WEAVERS GUILD OF THE NO	RTH SHORE NF	'P			87-0769	879
Part I Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art.) See instruction	S
The organization is not a private for	indation because	it is (For lines 1 throi	ıgh 12, c	heck only	y one box.)	_
1 A church, convention of ch	urches, or associa	ation of churches des	cribed in	section	170(b)(1)(A)(i).	$\bigcirc$
2 A school described in sect	ion 170(b)(1)(A)(ii	i). (Attach Schedule E	(Form 9	990 or 99	0-EZ) )	$\mathcal{O}$
3 A hospital or a cooperative	hospital service	organization described	ın secti	on 170(b	)(1)(A)(iii).	•
4 A medical research organi	zation operated in	conjunction with a ho	spital de	escribed	n section 170(b)(1)(A	)(iii). Enter the
hospital's name, city, and s	tate <sup>.</sup>					
5 An organization operated	for the benefit of	f a college or univers	ity owne	ed or op	erated by a governm	ental unit described ii
section 170(b)(1)(A)(iv). (	Complete Part II.)					
6 A federal, state, or local go	overnment or gove	ernmental unit describi	ed in sec	tion 170	(b)(1)(A)(v).	
7 An organization that norm			upport fi	rom a go	overnmental unit or fi	om the general public
described in section 170(b	)(1)(A)(vi). (Comp	olete Part II)				
8 A community trust describe	ed in section 170(	<b>(b)(1)(A)(vi).</b> (Complet	e Part II	)		
9 An agricultural research or	ganization describ	ed in section 170(b)(	1)(A)(ix)	operate	d in conjunction with a	land-grant college
or university or a non-land-	grant college of a	igriculture (see instruc	tions) E	nter the	name, city, and state of	of the college or
university	·	. <u></u>		<del></del>		
10 X An organization that normal receipts from activities relassing support from gross investing acquired by the organization	ited to its exempt nent income and ι	functions - subject to unrelated business tax	certain e able inc	exceptior ome (les	ns, and (2) no more that is section 511 tax) from	an 331/3 % of its
11 An organization organized	•			•	•	
12 An organization organized	and operated excl	lusively for the benefit	of, to p	erform th	ne functions of, or to	carry out the purposes
of one or more publicly su	pported organizat	tions described in sec	tion 509	(a)(1) o	r section 509(a)(2). S	See section 509(a)(3).
Check the box in lines 12a t	through 12d that d	describes the type of s	upportin	g organi	zation and complete li	nes 12e, 12f, and 12g.
a Type I. A supporting orga	anization operated	d, supervised, or conti	rolled by	its supp	orted organization(s),	typically by giving
the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	ees of the
supporting organization `	You must comple	te Part IV, Sections A	and B.			
b Type II. A supporting org	anization supervis	sed or controlled in co	nnection	n with its	supported organizati	on(s), by having
control or management of	of the supporting of	organization vested in	the sam	e persor	ns that control or mar	age the supported
organization(s) You must	: complete Part IV	/, Sections A and C.				
c Type III functionally integ	g <b>rated.</b> A support	ing organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
ıts supported organization	n(s) (see instruction	ns) You must comple	te Part I	IV, Section	ons A, D, and E	
d Type III non-functionally	-					
that is not functionally inte	-	-	_		· · · · · · · · · · · · · · · · · · ·	d an attentiveness
requirement (see instruct	•	•				
e Check this box if the orga						I, Type III
functionally integrated, or	• •		porting of	organizat	tion	
f Enter the number of supported					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
g Provide the following information  (i) Name of supported organization	(ii) EIN	<del></del>	1,		(4) (4)	6-33 4
(i) Name or supported organization	(11) =114	(iii) Type of organization (described on lines 1-10	1 ' '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))		ment?	instructions)	instructions)
			Yes	No		
(A)	I					
(B)						
(C)						
(D)						
(E)	-					
		, , , , , , , , , , , , , , , , , , , ,		- ;		
Total	'		.	'		

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

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018						Page 2
Pa	Complete only if you checked Part III If the organization fa	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
4	Total. Add lines 1 through 3	Park British Talah Santa Santa S	EBSID-HS	e water and a count of the second	Water water to the site of the	A STORES	<del></del>
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	Public support. Subtract line 5 from line 4	FERREN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 17 VA 10 1	100 A	
Sec	tion B. Total Support	The state of the s	TANAGRAS AND THE CONTRACTOR			Lance Management Comments	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c)/2016	(d) 2017	(e) 2018	(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 VI)						
11	Total support. Add lines 7 through 10		的可能認識的	開始了公司后知	は関係に発展	四元二年四日	
12	Gross receipts from related activities, etc. (s	/				12	
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u>/ </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supj	port Percenta	ge		\	<del></del>	
14	Public support percentage for 2018 (III				<b>\</b>	14	<u>%</u>
15	Public support percentage from 2017					15	%_
16a	331/3% support test - 2018. If the org					1/3 % or more, ch	eck this
	box and stop here. The organization qu	•	• • •	•			· · · · 🟲 🗀
Þ	331/3% support test - 2017. If the org						e, check
47-	this box and stop here. The organization			_	<b>\</b>		🚩 📖
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-			. ,		
	Part VI how the organization meets the						
	organization			sac The Organiz	Lation qualines	as a publicly so	pported ►
ь	10%-facts-and-circumstances test - 2			ot check a box	on line 13 16a	16b or 17a	and line
~	15 is 10% or more, and if the orga	_					
	Explain in Part VI how the organization					*	=
	supported organization						<b>▶</b> □
18	Private foundation. If the organization				or 17b, check	this box and see	
	instructions						▶ 🔲
	/					hedule A (Form 99	0 or 990-EZ) 2018
	•						

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# Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

1 2 3 4 5 5 6 7 a 5 6 7 a 6 7	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  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  Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons  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 Add lines 7a and 7b  Public support (Subtract line 7c from line 6)			(c) 2016 2,700. 31,943. 34,643.		40,876. (e) 2018	(f) Total  13,537  185,289  0  0  198,826  0  198,826  (f) Total
2 3 4 5 6 7 a b  Secti Calence 9 10 a 6 3	received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 .  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons  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 Add lines 7a and 7b  Public support (Subtract line 7c from line 6)  Gross income from interest, dividends, payments received on securities loans,	49,809. 49,809.	29, 913. 31, 168. (b) 2015	31,943.	38,570. 42,330.	40,876. (e) 2018	185,289 0 0 0 198,826 0 0
3 4 5 6 7 a b  Section Calend 9 10 a 6 3 a	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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	49,809. 49,809.	29, 913. 31, 168. (b) 2015	31,943.	38,570. 42,330.	40,876. (e) 2018	185,289 0 0 0 198,826 0 0
3 4 5 6 7 a b 8     Section   10 a () 10 a	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 Gross receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	49,809. (a) 2014	31, 168. (b) 2015	34,643.	42,330.	40,876. (e) 2018	185,289 0 0 0 198,826 0 0
3 4 5 6 7 a 8	furnished in any activity that is related to the organization's tax-exempt purpose	49,809. (a) 2014	31, 168. (b) 2015	34,643.	42,330.	40,876. (e) 2018	0 198,826 0 0
3 4 5 6 7 8	organization's tax-exempt purpose	49,809. (a) 2014	31, 168. (b) 2015	34,643.	42,330.	40,876. (e) 2018	0 198,826 0 0
3 4 5 6 7 a b 8	Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	49,809. (a) 2014	31, 168. (b) 2015	34,643.	42,330.	40,876. (e) 2018	0 198,826 0 0
5 6 7 a	unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2014	(b) 2015	34,643.	42,330.	40,876. (e) 2018	0 198,826 0 0
5 5 6 7 a b 6 ecti calence 9 6 ecti cal	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2014	(b) 2015			(e) 2018	0 198,826 0 0 0
5 6 7a	organization's benefit and either paid to or expended on its behalf	(a) 2014	(b) 2015			(e) 2018	0 198,826 0 0 0
5 6 7a b 8	or expended on its behalf	(a) 2014	(b) 2015			(e) 2018	0 198,826 0 0 0
5 6 7 a b 8 8	or expended on its behalf	(a) 2014	(b) 2015			(e) 2018	0 198,826 0 0 0
5 6 7 a b 8 8	The value of services or facilities furnished by a governmental unit to the organization without charge	(a) 2014	(b) 2015			(e) 2018	0 198,826 0 0 0
6 6 7 a b 6 ecti	organization without charge	(a) 2014	(b) 2015			(e) 2018	198,826 0 0 0 198,826
6 7 a b 6 c 8 6 c 6 c	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons  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 Add lines 7a and 7b	(a) 2014	(b) 2015			(e) 2018	198,826 0 0 0 198,826
6 7 a b 6 c 8	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons  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 Add lines 7a and 7b	(a) 2014	(b) 2015			(e) 2018	0 0 0
b c c c c c c c c c c c c c c c c c c c	Amounts included on lines 1, 2, and 3 received from disqualified persons  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 Add lines 7a and 7b  Public support. (Subtract line 7c from line 6)			(c) 2016			0 0 0
c / 8	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 Add lines 7a and 7b			(c) 2016	(d) 2017		0 0 198,826
c / 8	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b			(c) 2016	(d) 2017		198,826
ecti ecti ecti ecti	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b			(c) 2016	(d) 2017		198,826
ecti alendo	or 1% of the amount on line 13 for the year Add lines 7a and 7b			(c) 2016	(d) 2017		198,826
ecticalend	Add lines 7a and 7b			(c) 2016	(d) 2017		198,826
ecti alend 9 / 0 a (	Public support. (Subtract line 7c from line 6)			(c) 2016	(d) 2017		
Secti Calend 9 / 10a (	ion B. Total Support dar year (or fiscal year beginning in)  Amounts from line 6			(c) 2016	(d) 2017		
ecticalend	ion B. Total Support  dar year (or fiscal year beginning in)  Amounts from line 6			(c) 2016	(d) 2017		(f) Total
9 / 10a ( 1 5 b (	Amounts from line 6			(c) 2016	(d) 2017		(f) Total
0 a (	Gross income from interest, dividends, payments received on securities loans,	49,809.	31,168.				, ,
) b b (	payments received on securities loans,			34,643.	42,330.	40,876.	198,826
b (							
b (	rents, royatties, and income nom similar	1					
:	sources	9.	3.	3.	3.	3.	21
á	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
c /	acquired after June 30, 1975					L.	0.
	Add lines 10a and 10b	9.	3.	3.	3.	3.	21.
11 1	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
	Other income Do not include gain or						
\$	oss from the sale of capital assets				ĺ	ļ	
(	Explain in Part VI)						
3 7	Fotal support. (Add lines 9, 10c, 11,			]	1		
	and 12)	49,818.	31,171.	34,646.	42,333.	40,879.	198,847.
4 F	First five years. If the Form 990 is f	or the organizat	ion's first, secon	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.		<u>.</u>		<i>.</i>	· · · · · · · · · · · · · · · · · · ·	▶ │
ecti	on C. Computation of Public Sup	port Percentag	ge	· ·- · · · · · · · · · · · · · · · · ·			
<b>5</b> F	Public support percentage for 2018 (line 8,	, column (f), divide	ed by line 13, colun	nn (f))		15	99.99%
6 F	Public support percentage from 2017 Sche	edule A, Part III, line	e 15			16	99.37%
ecti	on D. Computation of Investmen	t Income Perc	entage				
7 li	nvestment income percentage for 2018 (lin	ne 10c, column (f	), divided by line 1	3, column (f))		17	.01%
8 li	nvestment income percentage from 2017	Schedule A, Part I	II, line 17		<u>.</u> [	18	.63%
9a 3	31/3% support tests - 2018. If the org	ganization did no	t check the box	on line 14, and	line 15 is more	than 331/3 %, ar	nd line
1	7 is not more than 331/3%, check thi	is box and <b>stop</b>	here The orga		as a publicly s	upported organiza	ation . ► X
			nere. The orga	nization qualifies		•	
lı	31/3% support tests - 2017. If the orga	inization did not d			a, and line 16 is	more than 331/3	
			check a box on li	ne 14 or line 19a			
<u>0 P</u>	31/3% support tests - 2017. If the orga	this box and sto	check a box on li	ne 14 or line 19a anization qualifie	s as a publicly s	supported organiza	ation ►
0 P SA I 1 000	31/3% support tests - 2017. If the orgaine 18 is not more than 331/3%, check	this box and sto	check a box on li	ne 14 or line 19a anization qualifie	s as a publicly s check this box	supported organiza	ation  ctions

#### Schedule A (Folia 550 di 550 EZ) Zota

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Seci	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	-	1 63	INC
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	5-20°	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	10.4	
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	FF 3	:
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		΄, ι
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	1. t.	•
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		を が、 /
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	A PART	Salar Service
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	<u></u>	- 201'm
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		*,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	8	ない。
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	- 2	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		<b>ئ</b> ۇنىڭ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		y Li
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u>``</u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		4
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b	-3-	ر تاویز مه <sup>نکا</sup> و ر

3b

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (1 offit 330-CZ) 2010		·	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
.1 Check here if the organization satisfied the Integral Part Test as a qualifying			
<ul> <li>instructions. All other Type III non-functionally integrated supporting organ</li> </ul>	ıızatıo	ns must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Your	(B) Current Year
Gestion B - Infilmitum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	<b>35</b>		<b>三 共產黨的</b>
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			The state of the s
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			,,
see instructions)	4	<u> </u>	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ALEXAND TO THE PERSON OF THE P	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	HOALS AND HAR	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<del></del>
7 Check here if the current year is the organization's first as a non-functionally	y integ	grated Type III supporting o	rganization (see

instructions)

Par	t Vo Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Şec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppor	ted .	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	izations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6		•	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions		·	
9	Distributable amount for 2018 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by line 9 amount	<del></del>		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6	<b>是一种的一种,</b>	<b>联第1条数据的</b> 。104条数	
` 2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2018		<b>新加州的西班牙</b> 的	
a	From 2013		<b>罗克斯斯斯</b> 斯斯斯斯斯斯斯	
b	From 2014	Transfer Services		
с	From 2015			
<u>d</u>	From 2016		PARTIE OF THE PARTIES	
ее	From 2017			<b>通过在2000年</b>
f	Total of lines 3a through e	Process Control of the sales		
<u>g</u>	Applied to underdistributions of prior years		CONTRACTOR AND	
<u>h</u>	Applied to 2018 distributable amount			Aller of the first of the first of the second of the secon
	Carryover from 2013 not applied (see instructions)		TO THE PARTY OF TH	
	Remainder Subtract lines 3g, 3h, and 3i from 3f	W20-24-5-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years  Applied to 2018 distributable amount		RESERVED TO THE PROPERTY OF THE PARTY.	
<u>b</u>	Remainder, Subtract lines 4a and 4b from 4		THE PROPERTY OF THE PARTY OF TH	
5	Remaining underdistributions for years prior to 2018, if		CATACHAR CONTRACTOR CO	BEAR AND THE PROPERTY OF THE P
J	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h	A THE PARTY OF THE		STREET,
•	and 4b from line 1 For result greater than zero, explain in			•
	Part VI. See instructions			4
7	Excess distributions carryover to 2019. Add lines 3	The response of the state of th		
	and 4c			
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

WEAVERS GUILD OF THE NORTH SHORE NFP

Employer identification number

87-0769879

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS CONTD PROGRAM SERVICE ACCOMPLISHMENT 4

THE IRENE FUND WAS ESTABLISHED IN SEPTEMBER 2011 WITH DONATED FUNDS TO HONOR THE MEMORY OF A RECENTLY DECEASED WEAVING TEACHER, ARTIST AND WGNS MEMBER. WGNS MEMBERS MAY APPLY FOR SUPPORT FROM THE IRENE FUND TO FURTHER THEIR OWN STUDY OF WEAVING AND FIBER ARTS. IN RETURN FOR FUNDING, THE RECIPIENT PROMISES SERVICE TO WGNS.

PROGRAM SERVICE ACCOMPLISHMENT 5

GRANTS WERE MADE TO FIVE NON-PROFIT ORGANIZATIONS, ALL IN THE UNITED STATES, TO BE USED FOR ACTIVITES THAT SUPPORT WEAVING AND FIBER ARTS EDUCATION, PRACTICE AND PRESERVATION.

Name of the organization WEAVERS GUILD OF THE NORTH SHORE NFP	1 ' -	r identification number
•		-0769879
FORM COORS DARM I OFFICE TAXABLE TO	ATTACH	MENT 1
FORM 990EZ, PART I - OTHER EXPENSES		
WEAVERS PAYMENTS		22,390.
FAOF SALES TAX		2,822.
FAOF VENUE EXPENSES CBG		3,215.
FAOF ADVERTISING/MARKETING		175.
FAOF STORAGE AND MOVING		637.
FAOF SUPPLIES		188.
FAOF MERCHANDISE		1,534.
SPEAKER FEES		975.
WORKSHOPS		5,862.
PROGRAM EXPENSE		240.
MEMBERSHIP EXPENSE		368.
ADMINISTRATIVE EXPENSES		267.
OFFICE EXPENSES		1,066.
TOTAL		39,739.
	ATTACHN	MENT 2
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS	<del>- ::=</del>	
	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
CASH	39,410.	35,518.
TOTALS	39,410.	35,518.

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE WEAVERS GUILD OF THE NORTH SHORE MISSION IS TO EDUCATE AND ENCOURAGE CREATIVE WEAVING AND TEXTILE ARTS.

ATTACHMENT 4

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

THE FINE ART OF FIBER ANNUAL SHOW AND SALE WAS HELD IN NOVEMBER, 2018 AT THE CHICAGO BOTANIC GARDEN IN GLENCOE, ILLINOIS. THE SHOW AND SALE EDUCATES THE GENERAL PUBLIC ABOUT THE FIBER ARTS AND OFFERS MEMBER-CREATED HANDWOVEN ITEMS FOR SALE TO GENERATE FUNDS FOR THE GUILD'S PHILANTHROPIC & EDUCATION ACTIVITIES. ATTENDANCE

Name of the organization
WEAVERS GUILD OF THE NORTH SHORE NFP

Employer identification number 87-0769879

ATTACHMENT 4 (CONT'D)

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BY THE PUBLIC WAS APPROXIMATELY 3500 OVER THE FOUR DAYS; PARTICIPATION BY GUILD ARTISTS IN EITHER THE SALE OR SHOW WAS APPROXIMATELY 65 MEMBERS.

ATTACHMENT 5

#### PROGRAM SERVICE ACCOMPLISHMENT 2

WORKSHOP AND PROGRAM PRESENTATIONS ON A WIDE VARIETY OF FIBER ARTS TOPICS AND TECHNIQUES WERE HELD MONTHLY IN A RENTED SPACE AT THE UNITARIAN CHURCH OF EVANSTON IN EVANSTON, IL. AVERAGE GUILD MEMBERSHIP WAS 65; WORKSHOP ENROLLMENT AVERAGES 12-15 PEOPLE/WORKSHOP. ATTENDANCE AT MONTHLY MEETINGS WAS 30 TO 40 INDIVIDUALS.

ATTACHMENT 6

#### PROGRAM SERVICE ACCOMPLISHMENT 3

THE MERLE GABLE SCHOLARSHIP IS FUNDED BY WGNS AND ADMINISTERED BY THE HANDWEAVERS GUILD OF AMERICA. IT IS OPEN TO ALL AMERICAN FIBER ARTISTS WHO ARE MEMBERS OF THE HANDWEAVERS GUILD OF AMERICA. FUNDING MAY BE USED TO SUPPORT RESEARCH OR STUDY IN FIBER ARTS. THE SCHOLARSHIP IS AWARDED ANNUALLY VIA AN APPLICATION AND PEER REVIEW PROCESS TO WEAVERS FOR CONTINUING SPECIALIZED STUDY. UPON COMPLETION OF THE AWARD PROJECT, SCHOLARSHIP RECIPIENTS EITHER MAKE A PRESENTATION TO THE GUILD MEMBERSHIP IN PERSON OR SUBMIT A DETAILED REPORT AND PORTFOLIO DESCRIBING WHAT THEY HAVE ACCOMPLISHED.