

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 MAIN ST. City or town, state or province, country, and ZIP or foreign postal code EVANSTON, IL 60202 F Name and address of principal officer: HELEN HILKEN 2200 MAIN ST., EVANSTON, IL 60202	D Employer identification number ** - * * * * * E Telephone number 847-491-9650 G Gross receipts \$ 2,540,156. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.IWSE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1913		M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY CHILD CARE TO INFANTS AND TODDLERS AND FAMILY SUPPORT PROGRAMS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 58 6 Total number of volunteers (estimate if necessary) 6 55 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																			
Revenue	8 Contributions and grants (Part VIII, line 1h) 423,515. 375,457. 9 Program service revenue (Part VIII, line 2g) 1,935,818. 2,024,585. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,768. 11,535. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 94,276. 93,890. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,461,377. 2,505,467.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td>423,515.</td><td>375,457.</td></tr> <tr><td>9</td><td>1,935,818.</td><td>2,024,585.</td></tr> <tr><td>10</td><td>7,768.</td><td>11,535.</td></tr> <tr><td>11</td><td>94,276.</td><td>93,890.</td></tr> <tr><td>12</td><td>2,461,377.</td><td>2,505,467.</td></tr> </tbody> </table>		Prior Year	Current Year	8	423,515.	375,457.	9	1,935,818.	2,024,585.	10	7,768.	11,535.	11	94,276.	93,890.	12	2,461,377.	2,505,467.
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12	2,461,377.	2,505,467.																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,867,568. 1,898,053. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,499. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 563,983. 523,970. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,431,551. 2,422,023. 19 Revenue less expenses. Subtract line 18 from line 12 29,826. 83,444.																			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,576,047. 1,638,341. 21 Total liabilities (Part X, line 26) 102,403. 93,412. 22 Net assets or fund balances. Subtract line 21 from line 20 1,473,644. 1,544,929.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> </thead> <tbody> <tr><td>20</td><td>1,576,047.</td><td>1,638,341.</td></tr> <tr><td>21</td><td>102,403.</td><td>93,412.</td></tr> <tr><td>22</td><td>1,473,644.</td><td>1,544,929.</td></tr> </tbody> </table>		Beginning of Current Year	End of Year	20	1,576,047.	1,638,341.	21	102,403.	93,412.	22	1,473,644.	1,544,929.						
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Part II Signature Block

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 HELEN HILKEN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHERYL K. ROHLFS, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01387972
	Firm's name ▶ CHERYL ROHLFS & ASSOCIATES, LTD. Firm's address ▶ 401 HUEHL ROAD, SUITE 2D NORTHBROOK, IL 60062	Firm's EIN ▶ ** - * * * * * Phone no. 847-753-9200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION IS COMMITTED TO THE CARE AND EARLY EDUCATION OF INFANTS AND TODDLERS AND SUPPORTING THEIR FAMILIES' EFFORTS TO BE SELF SUFFICIENT PROVIDERS AND EFFECTIVE PARENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,124,239. including grants of \$) (Revenue \$ 1,221,186.) FULL-DAY CHILDCARE AT TWO LOCATIONS FOR INFANTS AND TODDLERS AGED 6 WEEKS TO 5 YEARS OLD AT TWO LOCATIONS.

BABY TODDLER NURSERY - FOUNDED IN 1971, BABY TODDLER NURSERY (BTN) IS ILLINOIS' LONGEST-RUNNING INDEPENDENTLY LICENSED DAY CARE FACILITY FOR INFANTS AND TODDLERS. BTN PROVIDES HIGH QUALITY EARLY CARE AND EDUCATION FOR 56 INFANTS AND TODDLERS AND 14 PRESCHOOLERS EACH DAY. OUR PROGRAM INCLUDES BOTH EARLY HEAD START AND PRESCHOOL FOR ALL FUNDING. OUR FAMILIES EITHER PAY THE FULL TUITION OR PAY ON A SLIDING SCALE BASED ON THEIR ELIGIBILITY WITH THE ILLINOIS DEPARTMENT OF HUMAN SERVICES. THE RESEARCH-BASED CREATIVE CURRICULUM, INDIVIDUALIZED DEVELOPMENTAL PLANS, SMALL GROUP SIZES AND HIGH STAFF TO CHILD RATIOS

4b (Code:) (Expenses \$ 885,204. including grants of \$) (Revenue \$ 716,556.) EARLY HEAD START PROGRAM PROVIDING CHILDCARE FOR CHILDREN SIX WEEKS TO THREE YEARS OLD AT TWO LOCATIONS, AND FAMILY SUPPORT PROGRAMS SUBSIDIZED BY FEDERAL AWARDS.

4c (Code:) (Expenses \$ 240,204. including grants of \$) (Revenue \$ 96,774.) FAMILY SUPPORT PROGRAM INCLUDES THE DEVELOPMENT FOCUS OF VERY YOUNG CHILDREN AND SUPPORTING SERVICES FOR FAMILIES WHO ARE LOW INCOME AND AT-RISK.

FAMILY SUPPORT PROGRAM - THE FAMILY SUPPORT PROGRAM REACHES OUT INTO THE COMMUNITY TO FAMILIES WITH CHILDREN UNDER 5 YEARS OF AGE. WE RECRUIT AND WORK WITH THOSE FAMILIES WHOSE CHILDREN ARE MOST AT-RISK FOR ABUSE, NEGLECT AND ACADEMIC FAILURE. PARTICIPATING FAMILIES RECEIVE WEEKLY HOME VISITS FROM OUR TRAINED STAFF AND ATTEND TWICE MONTHLY GROUP ACTIVITIES. FAMILIES ALSO RECEIVE ADDITIONAL SUPPORT AND ASSISTANCE AS NEEDED. IWSE USED THE RESEARCH-BASED BABY TALK CURRICULUM DURING OUR WORK WITH FAMILIES. OUR FAMILY PROGRAM ALSO

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 12,364.)

4e Total program service expenses 2,249,647.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BUKET OZER - 847-491-9650 2200 MAIN STREET, EVANSTON, IL 60202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN HILKEN PRESIDENT	5.00	X		X				0.	0.	0.
(2) SHELLEY KELLER VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) LAURA BORN TREASURER	4.00	X		X				0.	0.	0.
(4) JAMES JACKSON SECRETARY	4.00	X		X				0.	0.	0.
(5) STEVEN ADAMS DIRECTOR	2.00	X						0.	0.	0.
(6) TERRI DREWS DIRECTOR	2.00	X						0.	0.	0.
(7) CAROLYN MATTOX DIRECTOR	2.00	X						0.	0.	0.
(8) SHANIKA MCINTOSH DIRECTOR	2.00	X						0.	0.	0.
(9) JACK CLOSE DIRECTOR	2.00	X						0.	0.	0.
(10) MARSHA RICHMAN DIRECTOR	2.00	X						0.	0.	0.
(11) HELENE ROSENBLUM DIRECTOR	2.00	X						0.	0.	0.
(12) MOLLY VENEZIANO DIRECTOR	2.00	X						0.	0.	0.
(13) ANGELA KALB DIRECTOR	2.00	X						0.	0.	0.
(14) KENYA MCCARTER DIRECTOR	2.00	X						0.	0.	0.
(15) VALERIE PARKER DIRECTOR	2.00	X						0.	0.	0.
(16) JULIE TRESTER DIRECTOR	2.00	X						0.	0.	0.
(17) ELI STRICK DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

Summary rows for Section A: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values shown as 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes/No columns. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 shows 'NONE' in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	82,145.					
	b Membership dues	1b						
	c Fundraising events	1c	9,596.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	283,716.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			375,457.				
Program Service Revenue	2 a GOVERNMENT GRANTS	Business Code	611600	1,757,691.	1,757,691.			
	b PROGRAM SERVICE FEES		611600	266,894.	266,894.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,024,585.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,535.	11,535.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 9,596. of contributions reported on line 1c). See Part IV, line 18	a		117,819.				
		b Less: direct expenses	b	34,689.				
		c Net income or (loss) from fundraising events			83,130.			83,130.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS			900099	10,760.	10,760.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				10,760.				
12 Total revenue. See instructions.				2,505,467.	2,046,880.	0.	83,130.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,622,815.	1,503,387.	56,519.	62,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	159,425.	149,042.	4,483.	5,900.
10 Payroll taxes	115,813.	108,285.	2,856.	4,672.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,536.	15,536.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	57,362.	43,412.	4,359.	9,591.
12 Advertising and promotion				
13 Office expenses	11,030.	9,824.	394.	812.
14 Information technology				
15 Royalties				
16 Occupancy	56,126.	56,126.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	775.	775.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,259.	57,782.	2,265.	1,212.
23 Insurance	13,732.	12,321.	1,079.	332.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE SUPPLIES	90,926.	90,926.		
b PROGRAM SUPPLIES	75,772.	75,739.	26.	7.
c COMMUNICATIONS	30,916.	28,206.	1,561.	1,149.
d STAFF DEVELOPMENT & ACT	25,167.	23,353.	1,033.	781.
e All other expenses	85,369.	74,933.	5,302.	5,134.
25 Total functional expenses. Add lines 1 through 24e	2,422,023.	2,249,647.	79,877.	92,499.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	350,742.	1	411,728.
	2 Savings and temporary cash investments	21,198.	2	64,857.
	3 Pledges and grants receivable, net	46,600.	3	3,000.
	4 Accounts receivable, net	172,002.	4	236,973.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,733.	9	59,211.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,784,132.		
	b Less: accumulated depreciation	10b 1,116,221.	689,153.	10c 667,911.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	240,619.	12	194,661.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,576,047.	16	1,638,341.	
Liabilities	17 Accounts payable and accrued expenses	71,871.	17	71,011.
	18 Grants payable		18	
	19 Deferred revenue	7,032.	19	4,707.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,500.	23	17,694.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	102,403.	26	93,412.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,427,044.	27	1,544,929.
	28 Temporarily restricted net assets	46,600.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,473,644.	33	1,544,929.	
34 Total liabilities and net assets/fund balances	1,576,047.	34	1,638,341.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,505,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,422,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	83,444.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,473,644.
5	Net unrealized gains (losses) on investments	5	-12,159.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,544,929.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **INFANT WELFARE SOCIETY OF EVANSTON, INC.** Employer identification number ****-*******

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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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 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	
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	
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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large 'DRAFT' watermark.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

INFANT WELFARE SOCIETY OF EVANSTON, INC.

Employer identification number

-***

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number ** - * * * * *
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. SCHOLL FOUNDATION 1033 SKOKIE BLVD NORTHBROOK, IL 60062	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EVANSTON COMMUNITY FOUNDATION 1007 CHURCH ST. EVANSTON, IL 60201	\$ 48,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ALLYN FOUNDATION, INC. P.O. BOX 337 TOPSFIELD, MA 01983	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EDMOND & ALICE OPLER FOUNDATION P.O. BOX 547 OAK LAWN, IL 60454	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN R. HOULSBY FOUNDATION 212 BRIDGE PATH CIRCLE OAK BROOK, IL 60523	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KENILWORTH UNION CHURCH 211 KENILWORTH AVE. KENILWORTH, IL 60093	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number ** - * * * * *
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PATRICK AND ANNA M. CUDAHY FUND 70 E LAKE ST. CHICAGO, IL 60601	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WALTER & EDITH BEST FDTN PO BOX 755 CHICAGO, IL 60690	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNITED WAY 333 S. WABASH CHICAGO, IL 60604	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CHICAGO COMMUNITY FOUNDATION 225 NORTH MICHIGAN AVE, STE 2200 CHICAGO, IL 60601	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HENRIETTA LANGE BURK FUND 231 SOUTH LASALLE CHICAGO, IL 60604	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MAURICE & META GROSS FOUNDATION 231 S. LASALLE ST #IL-231-13-32 CHICAGO, IL 60604-1426	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number ** - * * * * *
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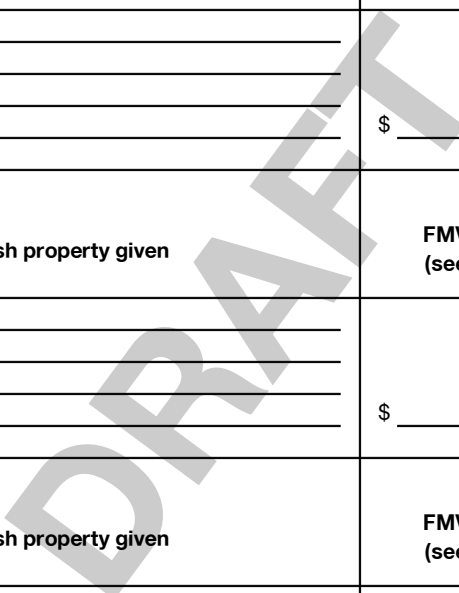
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GEORGE R. KENDALL FOUNDATION 1101 SKOKIE BOULEVARD FLOOR 02-STE260 NORTHBROOK, IL 60062	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	FDC FOUNDATION 1415 WEST 55TH STREET COUNTRYSIDE, IL 60525	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	EMPLOYEES COMMUNITY FUND OF BOEING 100 N. RIVERSIDE PLAZA CHICAGO, IL 60606-1501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MICHAEL D. MILLIGAN 9410 LINCOLNWOOD DR EVANSTON, IL 60203	\$ 22,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	JOHN & ENGRID MENG INC. 301 N. BROADWAY DE PERE, WI 54115	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number **-*****
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number ** - * * * * *
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization INFANT WELFARE SOCIETY OF EVANSTON, INC. **Employer identification number** **-*****

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,000.		90,000.
b Buildings		1,490,269.	943,906.	546,363.
c Leasehold improvements		7,880.	7,486.	394.
d Equipment		195,983.	164,829.	31,154.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				667,911.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	34,425.	END-OF-YEAR MARKET VALUE
(B) EQUITIES	160,236.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	194,661.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,527,997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-12,159.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	34,689.	
e	Add lines 2a through 2d	2e		22,530.
3	Subtract line 2e from line 1		3	2,505,467.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,505,467.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,456,712.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	34,689.	
e	Add lines 2a through 2d	2e		34,689.
3	Subtract line 2e from line 1		3	2,422,023.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,422,023.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 34,689.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 34,689.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Name of the organization

INFANT WELFARE SOCIETY OF EVANSTON, INC.

Employer identification number

****-*******

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
THE SCHOOL PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH ITS SCHOOL HANDBOOK AND WEBSITE.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

GOVERNMENT GRANTS AND ASSISTANCE: CITY OF EVANSTON - \$133,566; ILLINOIS
DEPARTMENT OF HUMAN SERVICES - \$712,485; ILLINOIS STATE BOARD OF EDUCATION
- \$120,068; US DEPARTMENT OF HEALTH AND HUMAN SERVICES - \$716,556;
ILLINOIS STATE BOARD OF EDUCATION (CHILD FOOD PROGRAM)-\$75,016.

DRAFT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SOCIAL CAPERS CALENDAR (event type)	WARM YOUR PALATE (event type)	1 (total number)	
1	Gross receipts	85,963.	41,417.	35.	127,415.
2	Less: Contributions	9,596.			9,596.
3	Gross income (line 1 minus line 2)	76,367.	41,417.	35.	117,819.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	27,974.	6,715.	
10	Direct expense summary. Add lines 4 through 9 in column (d)				34,689.
11	Net income summary. Subtract line 10 from line 3, column (d)				83,130.

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) through 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 type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 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:
- | | | |
|--------------------------------------|------------|---|
| 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 ▶ BUKET OZER

Address ▶ 2200 MAIN STREET - EVANSTON, IL 60202

- 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).

Part IV Supplemental Information (continued)

DRAFT

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

INFANT WELFARE SOCIETY OF EVANSTON, INC.

Employer identification number

-***

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENABLE THE CHILDREN IN OUR CARE TO GROW AND THRIVE.

TEEN BABY NURSERY - TEEN BABY NURSERY (TBN) PROVIDES HIGH QUALITY EARLY CARE AND EDUCATION TO 16 INFANTS AND TODDLERS AND SERVICES TO THEIR TEEN PARENTS WHO ATTEND EVANSTON TOWNSHIP HIGH SCHOOL. TBN SUPPORTS TEEN PARENTS AS THEY STRIVE TO GRADUATE AND SET THEIR LIVES ON A COURSE OF SELF-SUFFICIENCY AND SUCCESS. TEEN PARENTS PARTICIPATING IN TEEN BABY NURSERY GRADUATE AT A RATE 40% HIGHER THAN THE NATIONAL AVERAGE. OUR PROGRAM THERE ALSO INCLUDES EARLY HEAD START FUNDING, SMALL GROUP SIZES AND HIGH STAFF TO CHILD RATIOS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGES IWSE'S "THE SOONER, THE BETTER PROJECT". THIS PROJECT PROVIDES FREE DEVELOPMENTAL SCREENINGS AND INTERVENTIONS TO APPROXIMATELY 150 INFANTS AND TODDLERS EACH YEAR, INCLUDING ALL WHO ARE ENROLLED IN ANY OF OUR PROGRAMS. IN THIS WAY, IWSE IS ABLE TO CATCH AND ADDRESS SOCIAL-EMOTIONAL, MOTOR AND LANGUAGE DELAYS BEFORE THEY CAN CONTRIBUTE TO POOR ACADEMIC PERFORMANCE IN KINDERGARTEN AND BEYOND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISCELLANEOUS INCOME GENERATED TO SUPPORT PROGRAMS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,364.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE TREASURER OF THE BOARD OF DIRECTORS AND

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

INFANT WELFARE SOCIETY OF EVANSTON, INC.

Employer identification number

** - *****

EXECUTIVE DIRECTOR PRIOR TO SIGNING AND FILING THE RETURN. THE ENTIRE BOARD IS MADE AWARE THAT THE RETURN IS AVAILABLE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

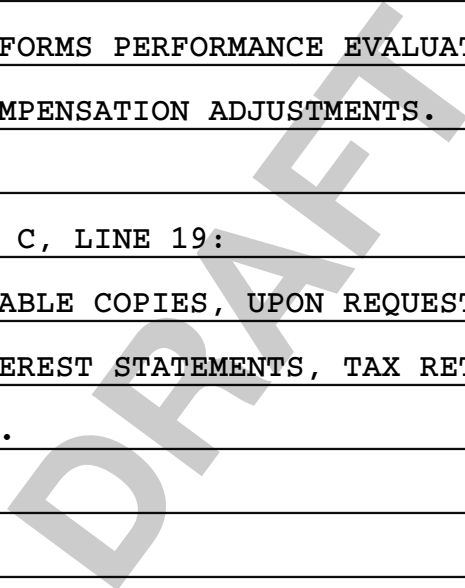
THE ORGANIZATION REQUIRES AN ANNUAL CONFLICT OF INTEREST STATEMENT TO BE COMPLETED AND FORMS ARE REVIEWED FOR EVIDENCE OF CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS PERFORMS PERFORMANCE EVALUATIONS OF THE EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS AVAILABLE COPIES, UPON REQUEST, OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS, TAX RETURNS AND FINANCIAL STATEMENTS AT THEIR OFFICE.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	090181	L			90,000.			90,000.			0.
2	BUILDING	090181	SL	40.00	16	536,423.			536,423.	435,845.		13,411.
4	AIR CONDITIONING	091697	SL	10.00	17	7,696.			7,696.	7,696.		0.
5	PLAY AREA-ARCHITECT	102097	SL	10.00	17	1,000.			1,000.	1,000.		0.
11	PLAYLOT	042298	SL	10.00	17	5,420.			5,420.	5,420.		0.
13	BUILDING ADDITION	070199	SL	20.00	17	51,286.			51,286.	37,213.		2,564.
14	BUILDING ADDITION	083199	SL	20.00	17	346,357.			346,357.	248,444.		17,318.
15	SHELVES	123199	SL	7.00	17	8,280.			8,280.	8,280.		0.
16	REFRIGERATOR	123199	SL	7.00	17	920.			920.	920.		0.
17	CARPETING	123199	SL	7.00	17	938.			938.	938.		0.
18	PHONE SYSTEM	063000	SL	5.00	17	8,404.			8,404.	8,404.		0.
19	BUILDING ADDITION CABINET	073000	SL	39.00	17	15,169.			15,169.	5,323.		379.
20	BUILDING ADDITION CABINET	082100	SL	39.00	17	10,668.			10,668.	3,726.		267.
21	BUILDING ADDITION	093000	SL	39.00	17	5,756.			5,756.	1,997.		144.
22	BUILDING ADDITION	103000	SL	39.00	17	2,370.			2,370.	815.		59.
23	BUILDING ADDITION PLAYGROUND	053101	SL	39.00	17	8,200.			8,200.	2,704.		205.
24	IMPROVEMENT BUILDING ADDITION	072601	SL	5.00	17	12,009.			12,009.	12,009.		0.
25	CABINET	091901	SL	39.00	17	19,265.			19,265.	6,211.		482.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
26	BUILDING ADDITION	101601	SL	39.00	17	1,580.			1,580.	503.		40.
27	BUILDING IMPROVEMENTS	103101	SL	39.00	17	17,656.			17,656.	5,630.		441.
30	LAMINATING MACHINE	050602	SL	5.00	17	949.			949.	949.		0.
31	BUILDING IMPROVEMENTS	062702	SL	39.00	17	8,794.			8,794.	2,658.		220.
32	BUILDING IMPROVEMENTS	110102	SL	39.00	17	88,283.			88,283.	25,900.		2,207.
33	BUILDING IMPROVEMENTS	050103	SL	39.00	17	4,333.			4,333.	1,213.		108.
34	BUILDING IMPROVEMENTS	052803	SL	39.00	17	12,388.			12,388.	3,451.		310.
35	BUILDING IMPROVEMENTS	052803	SL	39.00	17	4,008.			4,008.	1,114.		100.
36	BUILDING IMPROVEMENTS	063003	SL	39.00	17	3,596.			3,596.	995.		90.
37	BUILDING IMPROVEMENTS	063003	SL	39.00	17	8,721.			8,721.	2,409.		218.
39	BUILDING IMPROVEMENTS	080103	SL	39.00	17	1,466.			1,466.	403.		37.
40	BUILDING IMPROVEMENTS	102003	SL	39.00	17	9,000.			9,000.	2,410.		225.
41	BUILDING IMPROVEMENTS	122203	SL	39.00	17	23,025.			23,025.	6,093.		576.
43	INFANT STIMUCENTER	020504	SL	7.00	17	2,451.			2,451.	2,451.		0.
46	BUILDING IMPROVEMENTS	060204	SL	39.00	17	4,334.			4,334.	1,083.		108.
47	BUILDING IMPROVEMENTS	062204	SL	39.00	17	12,861.			12,861.	3,225.		322.
48	BUILDING IMPROVEMENTS	063004	SL	39.00	17	1,715.			1,715.	388.		43.
49	BUILDING IMPROVEMENTS	063004	SL	39.00	17	4,440.			4,440.	999.		111.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	EQUIPMENT BUILDING	063004	SL	5.00	17	5,500.			5,500.	5,500.		0.
51	IMPROVEMENTS BUILDING	082304	SL	39.00	17	145,886.			145,886.	35,940.		3,647.
52	IMPROVEMENTS BUILDING	082304	SL	39.00	17	12,861.			12,861.	3,171.		322.
53	EQUIPMENT BUILDING	083104	SL	5.00	17	1,300.			1,300.	1,300.		0.
54	IMPROVEMENTS BUILDING	090104	SL	39.00	17	1,958.			1,958.	484.		49.
55	EQUIPMENT BUILDING	090104	SL	5.00	17	10,214.			10,214.	10,214.		0.
56	EQUIPMENT BUILDING	100104	SL	5.00	17	996.			996.	996.		0.
57	IMPROVEMENTS BUILDING	100504	SL	39.00	17	773.			773.	186.		19.
58	IMPROVEMENTS BUILDING	110204	SL	39.00	17	16,400.			16,400.	3,970.		410.
59	SECURITY SYSYEM PLAYGROUND	111504	SL	5.00	17	620.			620.	620.		0.
60	IMPROVEMENT BUILDING	120104	SL	10.00	17	31,708.			31,708.	28,539.		3,171.
61	IMPROVEMENTS BUILDING	121504	SL	39.00	17	2,504.			2,504.	600.		63.
62	IMPROVEMENTS PLAYGROUND	030205	SL	39.00	17	625.			625.	148.		16.
63	IMPROVEMENT PLAYGROUND	063005	SL	5.00	17	14,233.			14,233.	14,233.		0.
64	IMPROVEMENT WALL BETWEEN	063005	SL	5.00	17	1,246.			1,246.	1,246.		0.
65	KITCHEN	070605	SL	10.00	17	7,880.			7,880.	6,698.		788.
66	WALKWAY	082305	SL	20.00	17	5,500.			5,500.	2,337.		275.
68	TODDLER TOWN	091905	SL	7.00	17	1,890.			1,890.	1,890.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	WASHER & FRIGERATOR	122205	SL	7.00	17	1,297.			1,297.	1,297.		0.
71	ARCHITECT FEES	010506	SL	20.00	17	1,803.			1,803.	764.		90.
72	DISHWASHER	040406	SL	7.00	17	5,256.			5,256.	5,256.		0.
73	ALARM SYSTEM	061306	SL	7.00	17	2,463.			2,463.	2,463.		0.
74	ADDITIONAL OFFICES	083106	SL	20.00	17	43,343.			43,343.	16,253.		2,167.
75	COPIER	071406	SL	7.00	17	900.			900.	900.		0.
76	PLAYGROUND KINDERLAWN	100406	SL	10.00	17	9,948.			9,948.	7,462.		995.
77	ARCHITECT (ROCKWELL)	012407	SL	20.00	17	1,457.			1,457.	547.		73.
78	ELECTRICAL (CARIGAN)	112906	SL	20.00	17	3,900.			3,900.	1,463.		195.
79	CLASSROOM RENOVATION	020207	SL	20.00	17	4,844.			4,844.	1,815.		242.
80	LOFT CARPETING	020207	SL	10.00	17	2,214.			2,214.	1,658.		221.
82	KREX FOUR COMPUTERS	121106	SL	5.00	17	1,040.			1,040.	1,040.		0.
83	CONSTRUCTION - KEYTH TECH	063007	SL	10.00	17	2,565.			2,565.	1,794.		257.
84	PLAYGROUND EQUIPMENT	082807	SL	7.00	17	28,500.			28,500.	26,462.		2,036.
85	BABY TUB - TEEN BABY	081007	SL	7.00	17	974.			974.	904.		70.
86	DE-ICING FOR GUTTERS & SPOUTS	112607	SL	10.00	17	3,642.			3,642.	2,366.		364.
87	KEYTH-VIDEO INTERCOM SYSTEM	080207	SL	10.00	17	2,566.			2,566.	1,670.		257.
89	KALIEDISCOPE	060208	SL	5.00	17	1,492.			1,492.	1,492.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	HOT WATER HEATER-GARRITY	041409	SL	10.00	17	3,377.			3,377.	1,732.		338.
91	DISHWASHER-ABT	060409	SL	7.00	17	658.			658.	483.		94.
92	KEYTH TECH SECURITY - TEEN BABY	103009	SL	5.00	17	2,175.			2,175.	1,958.		217.
93	CAB ASSOC - FOOD & DIAPER STATION	032610	SL	7.00	17	8,555.			8,555.	5,499.		1,222.
94	COMPUTERS	063010	SL	5.00	17	1,670.			1,670.	1,503.		167.
95	REFRIGERATOR	083111	SL	7.00	17	2,559.			2,559.	915.		366.
96	HOT WATER HEATER-M2 SYSTEM	012114	SL	10.00	17	1,537.			1,537.	77.		154.
97	UTILITY ROOM SINK (LAB)	013114	SL	7.00	17	1,775.			1,775.	127.		254.
98	ACER VERITON COMPUTERS-FSG-ISBE	063014	SL	5.00	17	1,750.			1,750.	175.		350.
99	FURNACE (EHS)	082414	SL	10.00	19D	7,865.			7,865.			393.
100	FLOORING (EHS)	082614	SL	10.00	19D	3,120.			3,120.			156.
101	FLOORING	040315	SL	10.00	19D	3,726.			3,726.			186.
102	RECEPTION FLOOR - CDGB	012115	SL	10.00	19D	1,476.			1,476.			74.
103	KITCHEN SINK	012115	SL	10.00	19D	3,017.			3,017.			151.
104	FIXTURES	022315	SL	10.00	19D	1,009.			1,009.			50.
105	LENOVO LAPTOP	031915	SL	5.00	19B	713.			713.			71.
106	PHONE SYSTEM UPGRADE	010515	SL	5.00	19B	5,427.			5,427.			543.
107	REFRIGERATOR	040915	SL	7.00	19C	1,512.			1,512.			108.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
108	PRINTER	091514	SL	5.00	19B	975.			975.			98.
109	GROUNDS FOR PLAY, INC.	022715	SL	10.00	19D	11,178.			11,178.			559.
	* TOTAL 990 PAGE 10 DEPR					1784133.		0.	1784133.	1054966.	0.	61,263.

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

INFANT WELFARE SOCIETY OF EVANSTON, INC. FORM 990 PAGE 10

** _ * * * * *

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,411.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	45,463.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	7,115.	5 YRS.	HY	SL	712.
c	7-year property	1,512.	7 YRS.	HY	SL	108.
d	10-year property	31,391.	10 YRS.	HY	SL	1,569.
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	61,263.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L -.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle and rows 30-36 for miles driven and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 and Yes/No columns for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) through (f) for Description of costs, Date amortization begins, Amortizable amount, Code section, Amortization period or percentage, and Amortization for this year.

42 Amortization of costs that begins during your 2014 tax year: Table with columns for percentage and other details.

43 Amortization of costs that began before your 2014 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. INFANT WELFARE SOCIETY OF EVANSTON, INC.	Employer identification number (EIN) or **-*****
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2200 MAIN ST.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVANSTON, IL 60202	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BUKET OZER

- The books are in the care of ▶ **2200 MAIN STREET - EVANSTON, IL 60202**
Telephone No. ▶ **847-491-9650** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INFANT WELFARE SOCIETY OF EVANSTON, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	090181	L			90,000.			90,000.			0.
2	BUILDING	090181	SL	40.00	16	536,423.			536,423.	435,845.		13,411.
4	AIR CONDITIONING	091697	SL	10.00	17	7,696.			7,696.	7,696.		0.
5	PLAY AREA-ARCHITECT	102097	SL	10.00	17	1,000.			1,000.	1,000.		0.
11	PLAYLOT	042298	SL	10.00	17	5,420.			5,420.	5,420.		0.
13	BUILDING ADDITION	070199	SL	20.00	17	51,286.			51,286.	37,213.		2,564.
14	BUILDING ADDITION	083199	SL	20.00	17	346,357.			346,357.	248,444.		17,318.
15	SHELVES	123199	SL	7.00	17	8,280.			8,280.	8,280.		0.
16	REFRIGERATOR	123199	SL	7.00	17	920.			920.	920.		0.
17	CARPETING	123199	SL	7.00	17	938.			938.	938.		0.
18	PHONE SYSTEM	063000	SL	5.00	17	8,404.			8,404.	8,404.		0.
19	BUILDING ADDITION CABINET	073000	SL	39.00	17	15,169.			15,169.	5,323.		379.
20	BUILDING ADDITION CABINET	082100	SL	39.00	17	10,668.			10,668.	3,726.		267.
21	BUILDING ADDITION	093000	SL	39.00	17	5,756.			5,756.	1,997.		144.
22	BUILDING ADDITION	103000	SL	39.00	17	2,370.			2,370.	815.		59.
23	BUILDING ADDITION PLAYGROUND	053101	SL	39.00	17	8,200.			8,200.	2,704.		205.
24	IMPROVEMENT BUILDING ADDITION	072601	SL	5.00	17	12,009.			12,009.	12,009.		0.
25	CABINET	091901	SL	39.00	17	19,265.			19,265.	6,211.		482.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INFANT WELFARE SOCIETY OF EVANSTON, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
26	BUILDING ADDITION	101601	SL	39.00	17	1,580.			1,580.	503.		40.
27	BUILDING IMPROVEMENTS	103101	SL	39.00	17	17,656.			17,656.	5,630.		441.
30	LAMINATING MACHINE	050602	SL	5.00	17	949.			949.	949.		0.
31	BUILDING IMPROVEMENTS	062702	SL	39.00	17	8,794.			8,794.	2,658.		220.
32	BUILDING IMPROVEMENTS	110102	SL	39.00	17	88,283.			88,283.	25,900.		2,207.
33	BUILDING IMPROVEMENTS	050103	SL	39.00	17	4,333.			4,333.	1,213.		108.
34	BUILDING IMPROVEMENTS	052803	SL	39.00	17	12,388.			12,388.	3,451.		310.
35	BUILDING IMPROVEMENTS	052803	SL	39.00	17	4,008.			4,008.	1,114.		100.
36	BUILDING IMPROVEMENTS	063003	SL	39.00	17	3,596.			3,596.	995.		90.
37	BUILDING IMPROVEMENTS	063003	SL	39.00	17	8,721.			8,721.	2,409.		218.
39	BUILDING IMPROVEMENTS	080103	SL	39.00	17	1,466.			1,466.	403.		37.
40	BUILDING IMPROVEMENTS	102003	SL	39.00	17	9,000.			9,000.	2,410.		225.
41	BUILDING IMPROVEMENTS	122203	SL	39.00	17	23,025.			23,025.	6,093.		576.
43	INFANT STIMUCENTER	020504	SL	7.00	17	2,451.			2,451.	2,451.		0.
46	BUILDING IMPROVEMENTS	060204	SL	39.00	17	4,334.			4,334.	1,083.		108.
47	BUILDING IMPROVEMENTS	062204	SL	39.00	17	12,861.			12,861.	3,225.		322.
48	BUILDING IMPROVEMENTS	063004	SL	39.00	17	1,715.			1,715.	388.		43.
49	BUILDING IMPROVEMENTS	063004	SL	39.00	17	4,440.			4,440.	999.		111.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INFANT WELFARE SOCIETY OF EVANSTON, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	EQUIPMENT BUILDING	063004	SL	5.00	17	5,500.			5,500.	5,500.		0.
51	IMPROVEMENTS BUILDING	082304	SL	39.00	17	145,886.			145,886.	35,940.		3,647.
52	IMPROVEMENTS BUILDING	082304	SL	39.00	17	12,861.			12,861.	3,171.		322.
53	EQUIPMENT BUILDING	083104	SL	5.00	17	1,300.			1,300.	1,300.		0.
54	IMPROVEMENTS BUILDING	090104	SL	39.00	17	1,958.			1,958.	484.		49.
55	EQUIPMENT BUILDING	090104	SL	5.00	17	10,214.			10,214.	10,214.		0.
56	EQUIPMENT BUILDING	100104	SL	5.00	17	996.			996.	996.		0.
57	IMPROVEMENTS BUILDING	100504	SL	39.00	17	773.			773.	186.		19.
58	IMPROVEMENTS BUILDING	110204	SL	39.00	17	16,400.			16,400.	3,970.		410.
59	SECURITY SYSYEM PLAYGROUND	111504	SL	5.00	17	620.			620.	620.		0.
60	IMPROVEMENT BUILDING	120104	SL	10.00	17	31,708.			31,708.	28,539.		3,171.
61	IMPROVEMENTS BUILDING	121504	SL	39.00	17	2,504.			2,504.	600.		63.
62	IMPROVEMENTS PLAYGROUND	030205	SL	39.00	17	625.			625.	148.		16.
63	IMPROVEMENT PLAYGROUND	063005	SL	5.00	17	14,233.			14,233.	14,233.		0.
64	IMPROVEMENT WALL BETWEEN	063005	SL	5.00	17	1,246.			1,246.	1,246.		0.
65	KITCHEN	070605	SL	10.00	17	7,880.			7,880.	6,698.		788.
66	WALKWAY	082305	SL	20.00	17	5,500.			5,500.	2,337.		275.
68	TODDLER TOWN	091905	SL	7.00	17	1,890.			1,890.	1,890.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INFANT WELFARE SOCIETY OF EVANSTON, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	WASHER & FRIGERATOR	122205	SL	7.00	17	1,297.			1,297.	1,297.		0.
71	ARCHITECT FEES	010506	SL	20.00	17	1,803.			1,803.	764.		90.
72	DISHWASHER	040406	SL	7.00	17	5,256.			5,256.	5,256.		0.
73	ALARM SYSTEM	061306	SL	7.00	17	2,463.			2,463.	2,463.		0.
74	ADDITIONAL OFFICES	083106	SL	20.00	17	43,343.			43,343.	16,253.		2,167.
75	COPIER	071406	SL	7.00	17	900.			900.	900.		0.
76	PLAYGROUND KINDERLAWN	100406	SL	10.00	17	9,948.			9,948.	7,462.		995.
77	ARCHITECT (ROCKWELL)	012407	SL	20.00	17	1,457.			1,457.	547.		73.
78	ELECTRICAL (CARIGAN)	112906	SL	20.00	17	3,900.			3,900.	1,463.		195.
79	CLASSROOM RENOVATION	020207	SL	20.00	17	4,844.			4,844.	1,815.		242.
80	LOFT CARPETING	020207	SL	10.00	17	2,214.			2,214.	1,658.		221.
82	KREX FOUR COMPUTERS	121106	SL	5.00	17	1,040.			1,040.	1,040.		0.
83	CONSTRUCTION - KEYTH TECH	063007	SL	10.00	17	2,565.			2,565.	1,794.		257.
84	PLAYGROUND EQUIPMENT	082807	SL	7.00	17	28,500.			28,500.	26,462.		2,036.
85	BABY TUB - TEEN BABY	081007	SL	7.00	17	974.			974.	904.		70.
86	DE-ICING FOR GUTTERS & SPOUTS	112607	SL	10.00	17	3,642.			3,642.	2,366.		364.
87	KEYTH-VIDEO INTERCOM SYSTEM	080207	SL	10.00	17	2,566.			2,566.	1,670.		257.
89	KALIEDISCOPE	060208	SL	5.00	17	1,492.			1,492.	1,492.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INFANT WELFARE SOCIETY OF EVANSTON, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	HOT WATER HEATER-GARRITY	041409	SL	10.00	17	3,377.			3,377.	1,732.		338.
91	DISHWASHER-ABT	060409	SL	7.00	17	658.			658.	483.		94.
92	KEYTH TECH SECURITY - TEEN BABY	103009	SL	5.00	17	2,175.			2,175.	1,958.		217.
93	CAB ASSOC - FOOD & DIAPER STATION	032610	SL	7.00	17	8,555.			8,555.	5,499.		1,222.
94	COMPUTERS	063010	SL	5.00	17	1,670.			1,670.	1,503.		167.
95	REFRIGERATOR	083111	SL	7.00	17	2,559.			2,559.	915.		366.
96	HOT WATER HEATER-M2 SYSTEM	012114	SL	10.00	17	1,537.			1,537.	77.		154.
97	UTILITY ROOM SINK (LAB)	013114	SL	7.00	17	1,775.			1,775.	127.		254.
98	ACER VERITON COMPUTERS-FSG-ISBE	063014	SL	5.00	17	1,750.			1,750.	175.		350.
99	FURNACE (EHS)	082414	SL	10.00	19D	7,865.			7,865.			393.
100	FLOORING (EHS)	082614	SL	10.00	19D	3,120.			3,120.			156.
101	FLOORING	040315	SL	10.00	19D	3,726.			3,726.			186.
102	RECEPTION FLOOR - CDGB	012115	SL	10.00	19D	1,476.			1,476.			74.
103	KITCHEN SINK	012115	SL	10.00	19D	3,017.			3,017.			151.
104	FIXTURES	022315	SL	10.00	19D	1,009.			1,009.			50.
105	LENOVO LAPTOP	031915	SL	5.00	19B	713.			713.			71.
106	PHONE SYSTEM UPGRADE	010515	SL	5.00	19B	5,427.			5,427.			543.
107	REFRIGERATOR	040915	SL	7.00	19C	1,512.			1,512.			108.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-00013301

Report for the Fiscal Period:

Beginning 07/01/2014

& Ending 06/30/2015
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

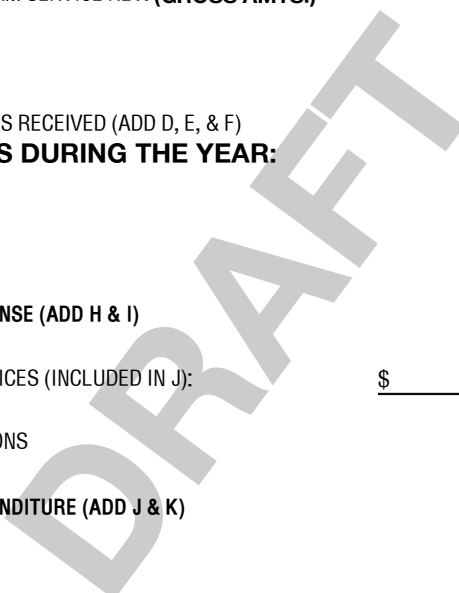
- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # **** - *******

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME INFANT WELFARE SOCIETY OF EVANSTON, INC. MAIL ADDRESS 2200 MAIN ST. CITY, STATE EVANSTON, IL ZIP CODE 60202	Year-end amounts	
	A) ASSETS	A) \$ 1,638,341.
	B) LIABILITIES	B) \$ 93,412.
	C) NET ASSETS	C) \$ 1,544,929.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.122%	D) \$ 2,517,861.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	0.878%	F) \$ 22,295.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,540,156.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	91.612%	H) \$ 2,250,642.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	91.612%	J) \$ 2,250,642.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	91.612%	L) \$ 2,250,642.
M) MANAGEMENT AND GENERAL EXPENSE	6.921%	M) \$ 170,027.
N) FUNDRAISING EXPENSE	1.467%	N) \$ 36,043.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 2,456,712.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: CATHERINE WOLFE, EXECUTIVE DIRECTOR		T) \$ 89,696.
U) NAME, TITLE: PAMELA STAPLES, SITE MGR FOR BABY TODDLER NURSERY		U) \$ 56,304.
V) NAME, TITLE: BUKET OZER, DIRECTOR OF OPERATIONS		V) \$ 41,508.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: INFANT AND TODDLER CHILD CARE PROGRAM, FAMILY		W) # 110
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #



IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>FIRST BANK AND TRUST, EVANSTON, 820 CHURCH ST., EVANSTON, IL 60201</u> <u>J.P. MORGAN SECURITIES LLC, 21 S. CLARK ST, SUITE 3200, CHICAGO, IL 6060</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>BUKET OZER - 847-491-9650</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

HELEN HILKEN

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME) SIGNATURE DATE