Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

A	For the 2	2014 calend	ar year, or tax year beginning	JANUARY 1	, 2014, an	nd ending	DEC	EMBER 3	, 20	14
В	Check if app	plicable:	C Name of organization				D Empl	oyer identifi	cation number	er
	Address ch	nange	30-266773							
$\overline{}$	Name char	_	hone numbe	er	- <u></u>					
$\overline{}$	Initial return	11511 NORTH MILWAUKEE AVENUE								
H	Amended r	n/terminated	City or town, state or province, country, and	ZIP or foreign postal code			F Grou	ıp Exempti	on	
ŏ	Application		CHICAGO, ILLINOIS 60622				Nun	nber 🕨	N/A	A
G	Accounti	ing Method:	✓ Cash	ify) ▶					organizatio	n is not
1 1	Website:	:► www	GREATVESTSIDE.ORG						Schedule B	
J 1	ax-exem	pt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 494	7(a)(1) or	□527	(Form 9	90, 990-EZ	, or 990-PF)	
K	Form of	organization:	✓ Corporation ☐ Trust		Other					·
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts.	If gross receipts are \$200,	000 or mo	ore, or if to	tal assets			
(Pa	ırt II, colu		w) are \$500,000 or more, file Form 990 in					<u>▶ \$</u>		93,105
F	art I	Revenu	e, Expenses, and Changes in I	Net Assets or Fund E	Balance	s (see th	e instru	ctions for	Part I)	_
			the organization used Schedule C							
	1		ons, gifts, grants, and similar amoun					1		50,333
	2	_	ervice revenue including governmer					2		
	3	Membersh	ip dues and assessments					3		
	4	Investmen						4		
	5a		ount from sale of assets other than i		5a		47,772			
	b		or other basis and sales expenses		5b		47,772			
	C	Gain or (lo	ss) from sale of assets other than in	ventory (Subtract line 5b	from lin	e 5a) .		5c		
	6		nd fundraising events							
ne	а		ome from gaming (attach Sched	•	 6a					
Revenue	b	Gross inco	ome from fundraising events (not inc	luding \$	of c	contribution	ons			
ě			raising events reported on line 1) (a							
		sum of suc	ch gross income and contributions e	exceeds \$15,000)	6b					
	С	Less: direc	ct expenses from gaming and fundra	aising events	6c					
	d	Net incom	e or (loss) from gaming and fundra	aising events (add lines	6a and	6b and s	ubtract			
		line 6c)			• • • • • • • • • • • • • • • • • • • •			6d		
	7a	Gross sale	es of inventory, less returns and allow	wances	7a					
	b	Less: cost	of goods sold		7b			18.		
	С		fit or (loss) from sales of inventory (S					7c		
	8	Other reve	nue (describe in Schedule O)					8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c				<u> ▶</u>	9		50,333
	10	Grants and	d similar amounts paid (list in Sched	ule O)				10	,	54,436
	11	Benefits p	aid to or for members					11		
S	12		ther compensation, and employee t					12		
Expense	13		nal fees and other payments to indep					13		
De C	14		y, rent, utilities, and maintenance					14		
Щ	15		ublications, postage, and shipping					15		
	16	Other exp	enses (describe in Schedule O) .					16		
	17	Total exp	enses. Add lines 10 through 16 .		<u> </u>		<u>. , Þ</u>	17		54,436
-	18	Excess or	(deficit) for the year (Subtract line 1	7 from line 9)				18		-4,103
iet.	19		s or fund balances at beginning of							
V			ar figure reported on prior year's ret					19		13,948
Net Assets	20	Other cha	nges in net assets or fund balances	(explain in Schedule O)				20		
ž	21		s or fund balances at end of year. Co					21		9,84

76	Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this			· · · · □
22	Cash, savings, and investments		·	(A) Beginning of year	00	(B) End of year
23	Land and buildings		-	13,948	23	9,845
24	Other assets (describe in Schedule O)				24	
25	Total assets			13,948		9,845
26					26	3,040
27	Net assets or fund balances (line 27 of column			13,948	27	9,845
Par	Statement of Program Service Accom	n plishments (see t	ne instructions for F	Part III)		
\A/h =	Check if the organization used Schedule			Part III 🔲	/Dor	Expenses Juired for section
	it is the organization's primary exempt purpose?		·			(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise n ons benefited, and other relevant information for e	nanner, describe th	of its three largest p e services provided	rogram services, , the number of	orga othe	inizations; optional for ers.)
28	SEE ATTACHED STATEMENT					
	(O					
29	(Grants \$ 54,436) If this amount				28a	54,436
23						
			**			
	(Grants \$) If this amount	t includes foreign gr	ants, check here .	• 🗇	29a	
30						
•			ants, check here .		30a	
31	Other program services (describe in Schedule O)					
32		tincludes foreign gra	ants, check here .	<u> ▶ Ц</u>	31a	
Par		v Employees (list eac	h one oven if not com	ongstad ass the in	32	54,436
	Check if the organization used Schedule	e O to respond to a	nv question in this I	Part IV		•
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of their compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		arer compensation
SEE	ATTACHED STATEMENT					
			NONE	NONI	Ε	NONE
		_				
		_[_	
						
		-			-	
		-		-		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		\Box
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
ı.	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	100		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	dec et paja karya Tarapa Tarapa	-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a	2.357	i y
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b 40=	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			10.0
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			•
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ ILLINOIS			
42a		773-48		4
h	Located at ► 1511 NOTH MILWAUKEE AVE CHICAGO, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	606		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	140
	If "Yes," enter the name of the foreign country: ▶		14.15	25436
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
11-	Did the experientian maintain any dense addiced finds during the cond of West No. 2000	28888.05.23	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓

46	Did ti	he organization engage, directly or in	directly, in political c	ampaign activities	on bel	half of or i	n opposi	tion 📳	Yes	s No
		ndidates for public office? If "Yes," c		, Part I				. 4	6	✓
Part		Section 501(c)(3) organizations		-H 47 40b	-1.50					
		All section 501(c)(3) organization: 50 and 51.	s must answer que	estions 47–49b an	a 52,	and con	nplete th	e table:	s for in	nes
		Check if the organization used Sch	nedule () to respond	I to any question i	n thie	Part VI				
		Check if the organization used con	icadic O to respond	rto any question i	1 (1113	Turt	• • •		Yes	s No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion ir	n effect di	uring the	tax 🗍	1.5	1
		If "Yes," complete Schedule C, Part					_	Į.	7	√
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sch	edule E		. 4	8	1
49a		he organization make any transfers to	•	•				. 49	9а	✓
b		es," was the related organization a se							9b	
50		plete this table for the organization's oyees) who each received more than								
	CITIPI	oyees, who each received more than	· · · · · · · · · · · · · · · · · · ·	1	Janiza	(d) Health b		e, enter	110116	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ntributions to	employee	(e) Estim		
			devoted to position	(Forms W-2/1099-MIS	C) Dei	nefit plans, a compens		other	compens	auon
NO CO	MPEN	SATION PAID-ALL VOLUNTEERS								
				NO	NE		NONE			NONE
-					-					
-			 		_					
f	Total	number of other employees paid over	er \$100,000	. > NO	NE					
51		plete this table for the organization's			nt cor	ntractors	who each	n receiv	ed mo	re than
	\$100,	,000 of compensation from the orga	nization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice		(c) Compen	sation	
NONE										
NONE			•••••	•						
				1						
						1				
				-		İ				
d	Total	number of other independent contra	ctors each receiving	Over \$100,000		!	Ni	ONE		
52		the organization complete Schedu	-		_ · · naniza	ations mu				
OL.		bleted Schedule A			-			. ⊳ ☑ Y	es 🗌	No
Under p	enalties	of perjury, I declare that I have examined this r	etum, including accompan	ying schedules and state	ements,	and to the b	est of my ki	nowledge	and belie	ef, it is
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	er has a	any knowledo	ge.			
Sign		Signature of officer				Date				
Here		NORMAN LEVIN, PRESIDENT								
		Type or print name and title	Preparer's signature	1	Date		<u></u>	PTI	N	
Paid		Print/Type preparer's name	. repaid 3 signature		-410		Check self-emplo	l if		1457
Prep		JACK J. ESSES Firm's name ► JACK J. ESSES	1			Ciemle	SEIN ►		<u>P00472</u> 1284384	
Use	Only	Firm's name ► JACK J. ESSES Firm's address ► 150 NORTH WACKER	DRIVE SUITE 3100 C	HICAGO, II 60606		Phone			1204304 00-4626	
May th	ne IRS	discuss this return with the preparer						► 🗸 Y		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

	or the organization					Employer identification	on number
	AT VEST SIDE CLUB OF CHICAGO					30-0	266773
	Reason for Public Cha	arity Status (Al	l organizations mus	st compl	ete this p	oart.) See instructi	ons.
1	organization is not a private found A church, convention of church	ches or associat	is: (For lines 1 throug	n 11, che ribad in e	eck only o	ne box.)	
2	☐ A school described in section	n 170(b)(1)(A)(ii).	(Attach Schedule F.)	inded in s	section 1	/U(D)(1)(A)(I).	
3	A hospital or a cooperative ho	ospital service or	ganization described	in sectio	n 170/b)/	1)(Δ)(iii)	
4	A medical research organizat	ion operated in c	onjunction with a hos	pital des	cribed in	section 170(b)(1)(A	(iii). Enter the
_	nospital's name, city, and sta	te:					
5	An organization operated for section 170(b)(1)(A)(iv). (Con	iplete Part II.)					tal unit described in
6	A federal, state, or local gove	rnment or gover	nmental unit describe	d in sect i	ion 170(b)(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)(A)(vi). (Comple	te Part II.)		n a gover	nmental unit or fror	n the general public
8	A community trust described						
9	An organization that normally receipts from activities relate support from gross investmacquired by the organization a	d to its exempt ent income and	functions—subject tunrelated business	o certain taxable	exceptio	ns, and (2) no more less section 511 ta	e than 331/2% of its
10	An organization organized and	d operated exclu	sively to test for publi	ic safety.	See sect	ion 509(a)(4).	
11	An organization organized and	operated exclus	ively for the benefit of	to perfo	rm the fur	octions of or to carn	out the purposes of
	one or more publicly supporte	d organizations d	described in section 5	i09(a)(1) d	or section	509(a)(2). See sect	ion 509(a)(3). Check
	the box in lines 11a through 11	u inai describes	the type of supporting	g organiza	ation and o	complete lines 11e, 1	11f, and 11g.
а	☐ Type I . A supporting organic the supported organization organization. You must con	s) the power to re	egularly appoint or ele	ect a maj	s supporte ority of the	ed organization(s), t e directors or truste	ypically by giving es of the supporting
b	☐ Type II. A supporting organi	zation supervise	d or controlled in con	nection v	vith its su	pported organization	n(s), by having
	control or management of the	ne supporting org	ganization vested in th	ne same į	persons tl	nat control or manag	ge the supported
	organization(s). You must c						
С	☐ Type III functionally integralits supported organization(s	(see instruction	s). You must comple	te Part I	V, Section	ns A, D, and E.	
đ	☐ Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organi	zation generally must	: satisfy a	distributi	on requirement and	ted organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	e IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported					••	
g	Provide the following informatio		oorted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		ĺ	(see instructions))	Yes	No		
(4)				163	140		
(A)							
(B)							
(C)							
(D)							
(E)							
					1000		
Total							

Part II

	(Complete only if you checked the Part III. If the organization fails to				_	•	alify under
Secti	on A. Public Support			, р.		,	
	dar 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.	10.		termination of the second			
	on B. Total Support				(0 00 (0		
	dar 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 12	Gross receipts from related activities, etc		ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a section	
	on C. Computation of Public Support						
14	Public support percentage for 2014 (line Public support percentage from 2013 Sci					14	<u>%</u>
15 16a	331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 331		neck this
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or		15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- facts-and-circu	and-circumsta	nces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "fact 	e "facts-and-ci s-and-circums 	rcumstances" tances" test. T	test, check the organizatio	nis box and st on n qualifies as a 	publicly
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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.)

Secti	on A. Public Support				'		
Calen	dar 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.")	43,688	42,239	48,233	38,987	50,333	223,480
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	28,071	29,966	33,024	25.055	42 772	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	20,071	29,900	33,024	35,055	42,772	168,888
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	71,759	72,205	81,257	74,042	93,105	392,368
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						
8 8	Add lines 7a and 7b					And Company	392,368
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	71,759	72,205	81,257	74,042	93,105	392,368
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						
С	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.)	71,759		81,257	74,042	93,105	
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			, or fifth tax ye		
	on C. Computation of Public Suppo					11	
15	Public support percentage for 2014 (line					15	100 %
16	Public support percentage from 2013 Sc			<u> </u>	· · · · ·	16	100 %
	on D. Computation of Investment In				(6)	47	- 0/
17	Investment income percentage for 2014					17	0 %
18	Investment income percentage from 201:	ও Schedule A, I	Part III, line 17			18 ore than 331r	0 %
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
•	33 ¹ / ₃ % support tests—2013. If the organization						
b	line 18 is not more than 331/3%, check this	zation did flot 6 hox and stop h	neck a box on tere. The organi	ization qualifies	as a publicly si	norted orga	nization 🕨 🗍
20	Private foundation. If the organization d						

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **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).
- **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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ing			7.27
by			
~,		<u> </u>	200 A 400 A
	1	A discount of the	
tus			
ted	le (n. S)		
	2	444	
	_	>*%. GQCH	263622TA
ver		THE C	
	3a		
ınd			
the			
110		2/2014	لنست
	3b	-v-w-commerc	
(2)	2 P. C		
	3с		
? If	id K	16800#	
' ''		7 3 3006-C	
	4a		WINE 1 & A.P. Land
ign			
ion			
	4b	A-M. (2001)	**************************************
	Orac carbo	odrie Wisti	to State and
ion		TO SER	993
ed	3. ii.		
(B)			
` ′	4c	2,03,318	200379283
	70	5.50 W. Se	Cambred
s, "			
Ξ/N	135A 1		14.4A
on,		7	
ion			
İ	-	22231102	للنشتة
	5a	to extended a	6.000.0.000.00
ıdy	Mari		11.72
	5b		
	5c		
			MARKET .
to			
iss			
lso			
l in		346	
	6	-	A STATE OF THE PARTY OF THE PAR
4.7 - 1	VIRMA	0750X2	késalawa
tial			
ent			
).	7		
7?	Sales :	17.37	
• •	8	C	22-03023-3
	345.7%	STP SECTION	55194'615 1
ore		70.00	
ed			
	9a		
iah			
ich		3,000,000	الندفط
	9b		3. 4.00 -4
efit			
	9c		
O/F		13631102	1435454
3(f)			
ing	2.23		لتلظ
	10a		
to	4,75 Q	رون منا تاليميد	
.0	10b		a separate of
	טטיו		

Par	Supporting Organizations (continued)	Page :
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	Fig. 122
а	below, the governing body of a supported organization?	11a .
	A family member of a person described in (a) above?	11b
Sect	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. ion B. Type I Supporting Organizations	11c
360	ion B. Type I Supporting Organizations	······································
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
	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	1
	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	
<u> </u>	supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Yes No
-	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).	1
Sect	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported experientions but he total activities are	Yes No
•	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?	1
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	2
	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	
Cast	supported organizations played in this regard.	3
	on 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 b	☐ The organization satisfied the Activities Test. Complete line 2 below.	
C	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (statement). 	
		see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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.	2a
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.	2b
а	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.	3a
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	3h

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	<u></u>
Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing organization organization organization organizatio	a tri	ust on Nov. 20, 1970 See i	nstructions. All
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	2344446 2250 3 3 3 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4	1000 Co. (1000 C
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	1		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		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 Check here if the current year is the organization's first as a non-functionall instructions).	_	EDINES - SECTION SERVICE DISTRIBUTION OF SECTION SECTION	g organization (see

rei	tion D. Distribution)(3) Supporting Orga	nizations (continued)	
Sec	tion D - Distributions	no, supporting orga	inizations (continued)	
1	Amounts paid to supported organizations to accomplis	h exempt purposes		Current Year
2	Amounts paid to perform activity that directly furthers e	vempt purposes of our		
	organizations, in excess of income from activity	ported		
3	Administrative expenses paid to accomplish exempt pu	rposes of supported or	nanizatione	 -
4	_ Amounts paid to acquire exempt-use assets		ganizations	
5	Qualified set-aside amounts (prior IRS approval require	d)		
6	Other distributions (describe in Part VI). See instruction	S.		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh	ich the organization is r	esponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014		And the state of t	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				200 A
<u>c</u>			Contact Contac	
<u>d</u>				
<u>e</u>	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
— <u>:</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
a	D, line 7: \$			
_ <u>a</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount	1910		
C	Remainder. Subtract lines 4a and 4b from 4.	The second secon		
5		STORESTER AND A NEW YORK WAS BEEN AND AND ADDRESS.		
•	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		Children and the second	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
	Excess distributions carryover to 2015. Add lines 3			Line CV (1881), The bridge of the section of the se
	and 4c.			
8	Breakdown of line 7:			
а	CONTRACTOR CONTRACTOR			
b				
С				
	Excess from 2013		Patrice of the second second	n taken kanding big big big big
е	Excess from 2014			
		- marin a marin station for a suite of the state of the suite of the s	TOWN THE PROPERTY OF THE PROPE	V 496 / 5 5 7 5 1 1 1 1 7 4 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule A (F	om 990 or 990-EZ) 2014 Page	e Ç
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.)	<u>i</u>
		-

Great Vest Side Club of Chicago

Ein:30-0266773

Attachment to Form 990-EZ

PART III Statement of Program Service Accomplishments

Membership in the Great Vest Side Club of Chicago ("GVS") is open to the public of people who were

born between approximately 1922 and 1942 and grew up on the West Side of Chicago, particularly

Lawndale.

GVS derives its revenues from banquets sponsored twice a year that is attended by its members and on

occasion other invitees for the purpose of raising money for the benefit of various approved 501[c][3] charities.

The Board of Directors consider and approve all gifts to charities. However the principal beneficiary of these gifts has

been and will continue to be the "American Friends of Mogen David Adom" or "ARMDI". ARMDI is an approved 501[c][3]

non-profit organization which serves as the state of Israel's emergency medical, disaster, ambulance, blood and healthcare

network. Gifts to ARMDI by the GVS have been used primarily to fund the purchase of ambulances for use in Israel.

Other approved 501[c][3] organizations that have received gifts from the GVS include [1] Israel Cancer Research Fund,

[2] Israel Tennis Foundation, [3] WETA Public Television, [4] Leukemia Research, [5] Felicia Kaplan Memorial Fdn, and

[6] American Committee for Shaare Zedek Medical Center in Jerusalem pimarily to purchase dialysis machines for use

in its in its Pediatric Dialysis Department.

All GVS activities are conducted in the Chicago Metropolitan Area and its suburbs. All of the time of the GVS is allocated or

devoted to its charitable purposes and its sole source of funding are the semi-annual banquets. All directors and officers are

volunteers and serve without any remuneration or compensation.

Attachment to Form 990-EZ
Part III Statement of Program Service Accomplishments

Great Vest	Side Club of Chica	igo					
Eln:30-0266	5773	ľ					
	to Form 990-EZ						
PART I-Lin		milar Amounts Paid					
	And	L	<u> </u>				
Part III-Line	s 28 to 31 Stateme	ent of Program Service	Accomplishments				
				ļ			
		ļ					Current
Line		<u> </u>]				
No	Charitable contrib	utions or gifts have be	en made to the follow	ing 501[c][3] organization	ons:		tax year
	1 D1401 (1						
	ARMDI (American						
	Friends of Magen David Adom)						36
	3175 Commercial A	Venue					
	Suite 101	1701120				<u> </u>	
	Northbrook, Illinois	60062				·	
28-31	Israel Cancer Rese	arch Fund	<u> </u>				7
	295 Madison Ave						
	Suite 1030						
	New York, NY 100	17-7754					
28-31	Israel Tennis Foun						5
	432 Park Avenue 5						
	New York, NY 100	16					
		<u></u>					
28-31	Leukemia Researc						2
	3520 Lake Avenue						
	Suite 202			<u> </u>			
	Wilmette, Illinois 60	0091-106495					
	manata de la com	1		 		ļ	ļ <u>-</u>
28-31	Felicia Kaplan Men	nonal Foundation		ļ			2
	525 Monroe Street	<u> </u>		ļ			
	Suite 16141	1		ļ		ļ	ļ
	Chicago, Illinois 60	bb1-3629		 		ļ	
	CAMERA	 		ļ		 	
28-31	CAMERA	1	I	ļ			
	Committee For Acc	zuracy in Middle East Re	porting in America	 		<u> </u>	
	P.O. Box 35040	001				 	
	Boston, Ma 02135-	V 1		 	<u> </u>	 	
20.24	Jewish Council for	Vouth Sections	ļ				
28-31	180 W. Washingto		 	ļ			
	Suite 1100	ii Sueer	 	-		 	
	Chicago, Illinois 60	602					
	0.100.00						
28-31	Dystonia Medical R	Research Foundation					
	One East Wacker	Drive					
	Suite 2810						
	Chicago, Illinois 60	601-1905					
10 & 32	Total						54
		1					
			 	ļ <u>.</u>		ļ	ļ
				ļ		<u></u>	
			<u> </u>				ļ
							ļ
				ļ	<u></u>	ļ	
	<u> </u>						ļ
		 					
		ļ	ļ				
·			-	ļ			
		ļ	<u> </u>				
		<u> </u>		-			
		 	<u> </u>	-	-		
		1	 				ļ
		 	ļ			ļ	ļ
	ļ	ļ	ļ	ļ			
	ļ	 	 	ļ			
		 	L	<u> </u>			
		ļ	Attachment to Form		<u> </u>		
		L	PART I-Line 10 Grant	ts and Similar Amounts	Paid		
	l	1		And	ļ	1	
				Statement of Program			

.

Great Vest Side	Club of Chicago			 	1
Ein:30-0266773	Juan or ormongo				
Attachment to Fo	orm 990-EZ				
PART IV List of C	Officers, Directors, T	rustees, and Key Employees			
		(B) Title and average		[D] Contributions to	
		hours per week devoted	[C] Compensation	employee benefit plan &	[E] Expense account an
[A] Name and add	Iress	to position	paid	deferred compensation	other allowances
Norman Levin		President & Director			
1511 No. Milwauk	ee Ave				
Chicago, III 60622	<u> </u>				
William Woloshin		Sanatani & Disastan			
161 No. Clark Str	et Suite 2600	Secretary & Director			
Chicago, III 60601					
	· · · · · · · · · · · · · · · · · · ·				
Jack Esses		Vice-President & Director			
150 No Wacker D					
Chicago, III 60606					
Bud Solk		Vice President & Dine			
630 Ballantrae		Vice-President & Director			
Northbrook, III 600	062				
1.5.5.5.50%, 111 000					
Victor Elias		Vice-President & Director			
571 Eagle Court					
Riverwoods, III 60	015				
1					
Jerome Lipman (i	nactive)	Director			
2379 Masters Lan Riverwoods, Illino					
Riverwoods, illino	18 600 15				
Howard Falk		Director			
5555 Old Field La	ne	Birector			
Long Grove Illinoi	s 60047				
Arthur Farber		Treasurer & Director			
950 Augusta Way	, Apt 313				
Highland Park, III	60035				
Herbert Kanter		Director			
1817 Eastwood A	venue	Director			
Highland Park, III					
					
Ned Lufrano		Director			
3150 N.Lake Shor					
Chicago, ill 60657					
Charles D. Datt			L		
Stephen P. Patt 2222 Chestnut Av	onuo Cuito 101	Recording Secretary & Dire	ector		
Glenview, Illinois					
3.5					
Ed Reicin		Director			
9102 Potawatomi		200.01			
Skokie, Illinis 600	76				
Larry Schaffel	11-3-445	Director			
1771 Mission Hills Northbrook, III 600					
, roranbrook, in 600					
Mike Scharf (Dec	eased)	Director		· · · · · · · · · · · · · · · · · · ·	
638 Picardy Circle					
Northbrook, III 600	62				
					· · · · · · · · · · · · · · · · · · ·
All directors and o	fficers are volunteers	and serve without any remune	eration or compensa	tion and	
devote all time ne	cessary or required to	the organizations charitable p	urposes		
 					
 	· · · · · · · · · · · · · · · · · · ·				
Į 1					
			Attachment to For	m 990_F7	

. .

ILLINOIS CHARITABLE ORGANIZATION AND Attorney General LISA MADIGAN State	NUAL REPO	Form AG990-IL Revised 3/05
Charitable Trust Bureau, 100 West Ra AMT 11th Floor, Chicago, Illinois 6060	ndolph) # 01055158
		Check all items attached:
Report for the Fiscal Period:		Copy of IRS Return Audited Financial Statements
INITBeginning_01 , 01 , 2014	Payable to	Copy of Form IFC
8 Ending 12 / 31 / 2014	Charity	\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Federal ID # 30-0200773 MO DAY YR		MO DAY YR
Are contributions to the organization tax deductible?		was created: 02 / 23 / 2004
LEGAL NAME GREAT VEST SIDE CLUB OF CHICAGO	Year-end amounts	
ADDRESS 1511 NORTH MILWAUKEE AVENUE	A) ASSETS	A) \$ 9,845
CITY CTATE	3) LIABILITIES	B) \$
ZIP CODE CHICAGO, ILLINOIS 60622	C) NET ASSETS	C) \$ 9,845
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	DEDOCUTAGE	The APPL TANK
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE 54 %	AMOUNT D) \$ 50,333
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		
<u>-</u>	%	E) \$
· ·	46 %	F) \$ 42,772
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 93,105
	100 %	н) \$ 42,772
TI) OF ERATING CHARITABLE PROGRAM EXPENSE		
I) EDUCATION PROGRAM SERVICE EXPENSE	% 	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100 %	J) \$ 42,772
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		The Man
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	100 %	K) \$ 54,436
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	100 %	L) \$ 97,208
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 97,208
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:	an de la company	
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ NONE
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ NONE
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ NONE
PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		s) \$ none
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEA	۱R:	O) T NONE
T) NAME, TITLE:		T) \$ NONE
U) NAME, TITLE:		U) \$ NONE
V) NAME, TITLE:		V) \$ NONE
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED.)		List on back side of instructions
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS) CODE CATEGORIES	CODE
		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:	1	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?		1
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		**************************************
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?		
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	G .	200
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER?(ATTACH FORM IFC) 6		1
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	. (201	\(\frac{1}{2}\)
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 \$	j	
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	***	Ä
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?10		√
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	GLENVIEW STATE BANK 800 WAUKEGAN ROAD GLENVIEW, ILLINOIS 60025		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: NORMAN LEVIN 773-486-1784	- <u>-</u>	
AL	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.

NORMAN LEVIN	
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE

ARTHUR FARBER

TREASURER or TRUSTEE (PRINT NAME)

DATE

SIGNATURE

DATE

JACK J. ESSES

PREPARER (PRINT NAME)

SIGNATURE

DATE

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

~ 1	or trie	2014 Calendar year, or tax year beginning SANOART 1, 2014, and ending	DECEINID	ER 3 , 20 14
В	Check if ap	oplicable: C Name of organization D E	mployer i	dentification number
	Address c	change GREAT VEST SIDE CLUB OF CHICAGO		30-266773
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E 7	elephone r	number
_	Initial retu	11511 NORTH MII WALIKEE AVENUE	7	73-486-1784
=	Final retur Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	
=			Number	
_			ck ▶ 🗸	if the organization is not
	Vebsite			tach Schedule B
JΤ	ax-exen			0-EZ, or 990-PF).
		organization:		, , , , , , , , , , , , , , , , , , , ,
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		02.105
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	<u>`</u>	93,105 s for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.		
	1	Contributions, gifts, grants, and similar amounts received		1
	2	Program service revenue including government fees and contracts	. 2	50,333
	3	Membership dues and assessments	. 3	
	4	Investment income	. 4	
	1 .		949CF98Lx	
	5a	Gross amount from sale of assets other than inventory 5a 47,7	0.60%,660%	
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events	i jak	
a	a	Gross income from gaming (attach Schedule G if greater than		
Ž	١.	\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
æ		from fundraising events reported on line 1) (attach Schedule G if the		
	ł	sum of such gross income and contributions exceeds \$15,000) 6b		
		Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	ct E	
	i	line 6c)	- 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	Other revenue (describe in Schedule O)	. 8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	50,333
	10	Grants and similar amounts paid (list in Schedule O)	. 10	54,436
	11	Benefits paid to or for members	. 11	
es	12	Salaries, other compensation, and employee benefits	. 12	
us	13	Professional fees and other payments to independent contractors	. 13	
Expens	14	Occupancy, rent, utilities, and maintenance	. 14	
ш	15	Printing, publications, postage, and shipping	. 15	
	16	Other expenses (describe in Schedule O)		
	17	Total expenses. Add lines 10 through 16		54,436
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-4,103
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		.,100
155		end-of-year figure reported on prior year's return)		13,948
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		13,340
Se	21	Net assets or fund balances at end of year. Combine lines 18 through 20		9.845
		i rect addete of fully palatices at city of year. Collibility lifted to thirdy if £0		ı J.043

Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			13,948		9,845
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<i>.</i>	·	24	
25	Total assets		[13,948		9,845
26	•		<u> </u>		26	No. of the Control of
27	Net assets or fund balances (line 27 of column			13,948	27	9,845
Par	Statement of Program Service Accom	-		,		Expenses
Mho	Check if the organization used Schedule	···		Part III 📋	(Req	uired for section
	, , , , ,	SEE ATTACHED STA				c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli neasured by expenses. In a clear and concise mand cons benefited, and other relevant information for ea	nanner, describe the			other	nizations; optional for rs.)
28	SEE ATTACHED STATEMENT					
	(Grants \$ 54,436) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	54,436
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	
30	•••••					
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra			31a	
20		N O-4 \		.		
	Total program service expenses (add lines 28a				32	54,436
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not com	pensated—see the ir	struc	tions for Part IV)
	Total program service expenses (add lines 28a	/ Employees (list each O to respond to a	n one even if not com ny question in this	pensated—see the ir Part IV	struc	tions for Part IV)
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not com	pensated — see the ir Part IV	struc	etions for Part IV)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV	struc	tions for Part IV)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ee (e)	tions for Part IV)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	Estimated amount of ther compensation

Part	t a series per entre de la contraction de la con	s in th	ne	aye
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part	V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a 35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?	37b		∀
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed ▶ ILLINOIS		<u> </u>	
42a		773-486	6-1784	1
	Located at ► 1511 NOTH MILWAUKEE AVE CHICAGO, IL ZIP + 4 ►	606		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶	33,77		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·	. ▶	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	 ./
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		Ž
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		√

									Ye	es No
46	Did	the organization engage, directly or in	ndirectly, in political o	ampaign activities	s on	behalf of or	in opposi	tion 📗		
Do 4		andidates for public office? If "Yes," o	complete Schedule C	, Part I	• •	<u> </u>	· · ·	. 4	16	✓
Part	VI	Section 501(c)(3) organizations		47.40						
		All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47-49b a	ina :	52, and co	mplete th	e table	s for I	ines
		Check if the organization used Scl	hadula O ta raanan	d to only avection	: 41	nin David VIII				_
		Check if the organization used Sci	ledule O to respond	to any question	in u	ils Part VI	· · · :	· · ·	12	
47	Did ·	the organization engage in lobbying	activities or have a	section 501(h) ele	ectio	n in effect o	luring the	tav [Ye	s No
	year	? If "Yes," complete Schedule C, Part	t II				iding the		17	1
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes." compl	ete S	Schedule E			8	 v
49a		the organization make any transfers to							9a	+ 1
b	If "Y	es," was the related organization a se	ction 527 organization	on?				<u> </u>	9b	+
50	Com	plete this table for the organization's	five highest comper	sated employees	(oth	er than offic	ers, direct	tors true	stees a	and ke
	emp	loyees) who each received more than	\$100,000 of compe	nsation from the o	rgar	ization. If th	ere is non	e, enter	"None	∍."
			(b) Average	(c) Reportable		(d) Health		4-3-5-11		
	(a	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-M	ISC)	contributions to benefit plans, a		(e) Estim	iated an compens	
			devoted to position	(1 01115 44-2/1099-101	130)	compen	sation			
NO CO	MPEN	ISATION PAID-ALL VOLUNTEERS								
				NO.	ONE		NONE			NONE
	·									
*******		•••								
						-, .				
							ļ			
f	Total	number of other employees paid over	er \$100,000	. > No	ONE					
51	Com	plete this table for the organization's	s five highest compe	ensated independ	ent	contractors	who each	receive	ed mo	re than
	\$100	,000 of compensation from the organ	nization. If there is no	one, enter "None."	1			_	-	
	(a)	Name and business address of each independent	ent contractor	(b) Type of	servi	ce	(c)	Compens	ation	
NONE										
				-						
	•									
	-					-				
	•									
			· -							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.)	-	NC	NE		
52	Did 1	the organization complete Schedul	le A? Note. All se	ction 501(c)(3) o	rgan	izations mu	ıst attach	a		
		oleted Schedule A	· · · <u>· · · · · · · · · · · · · · · · </u>	<u> </u>		· · · ·		. ▶		No
Under pe	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	etum, including accompany	ying schedules and stat	temer	nts, and to the t	est of my kn	owledge a	ınd belie	ef, it is
uue, con	lect, an	complete. Declaration of preparer (other than	Officer) is based on all into	mation of which prepa	rer na	is any knowled	ge. 			
Cian		Signature of officer								
Sign Here		· •				Date				
Here		NORMAN LEVIN, PRESIDENT Type or print name and title								
		· · · · · · · · · · · · · · · · · · ·	Preparer's signature		D-4			Date		
Paid		Print/Type preparer's name	reparer a signature		Date	;	Check			
Prepa		JACK J. ESSES			<u> </u>		self-employ		00472	
Use (Inly	Firm's name JACK J. ESSES	DDIVE CUITE 2400 CL	HCACO II cocco			s EIN ▶		284384	
Mav th	e IRS	Firm's address ► 150 NORTH WACKER discuss this return with the preparer				Phon		312-30 ► ☑ ∀	0-4626	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

	AT VEST SIDE CLUB OF CHICAGO					30-0	266773
	Reason for Public Cha	arity Status (A	Il organizations mus	t compl	ete this	part.) See instructi	ons.
1 ne	organization is not a private found	dation because it	is: (For lines 1 throug	h 11, che	eck only o	one box.)	
2	☐ A church, convention of chur ☐ A school described in section	cnes, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
3	A hospital or a cooperative h	n 170(b)(1)(A)(ii). espital service e	. (Attach Schedule E.)	! ! -	470// \	/4\/#\/*··	
4	A medical research organizat	ion operated in c	rganization described	In section	oribadia	(1)(A)(iii). 	
•	hospital's name, city, and sta	ite:	onjunction with a nos	spital ues	cribed in	section 170(b)(1)(A	(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a	college or university	owned	or operat	ed by a governmen	tal unit described
6 7	☐ A federal, state, or local gove ☐ An organization that normally described in section 170(b)(1	y receives a sub:	stantial part of its sur	d in sect oport fror	i on 170(b n a gove)(1)(A)(v). rnmental unit or froi	m the general publi
8	A community trust described			Part II.)			
9	An organization that normally receipts from activities relate support from gross investm acquired by the organization.	receives: (1) mo ed to its exempt ent income and	ore than 331/3% of its functions—subject tunrelated business	support o certain taxable	exception	ons, and (2) no mor less section 511 ta	e than 331/2% of it
10	An organization organized and						
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	I operated exclused organizations of that describes	ively for the benefit of described in section 5 the type of supporting	, to perfo 6 09(a)(1) o g organiza	rm the fur or section ation and	nctions of, or to carry n 509(a)(2). See sect complete lines 11e,	t ion 509(a)(3). Chec l1f, and 11g.
а	☐ Type I. A supporting organization(the supported organization(organization. You must cor	s) the power to r	egularly appoint or ele	lled by its ect a maj	s support ority of th	ed organization(s), t e directors or truste	ypically by giving es of the supporting
b		ization supervise he supporting org	ed or controlled in con ganization vested in the	nection v	vith its su persons t	pported organizatio hat control or mana	n(s), by having ge the supported
С	Type III functionally integrality its supported organization(s)	ated. A supportion (see instruction	ng organization opera s). You must compl e	ted in co	nnection V, Sectio	with, and functional	ly integrated with,
đ	☐ Type III non-functionally in that is not functionally integred requirement (see instruction)	ntegrated. A sup rated. The organi	porting organization of ization generally must	perated satisfy a	in connec	ction with its suppor	ted organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the	e IRS that	it is a Type I. Type I	II, Type III
f	Enter the number of supported						
g	Provide the following informatio	n about the supp	oorted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?		(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)				_			
(E)							
				D. 18 Carre	l in the second		
Total							

Part	I Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked t	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			·			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and]		ŀ		
	membership fees received. (Do not						
_	include any "unusual grants.")				ļ		
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				[
2							
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		·				:
4	Total. Add lines 1 through 3						
	•	Janes Control (1996)	286.6-71-7-1500 (887) (80)				
5	The portion of total contributions by each person (other than a	5 m	4,000	P. G. S. T. W. S. S. S. S.			
	each person (other than a governmental unit or publicly						
	supported organization) included on	10 Sec. 4725					
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support	to announce the stee with 4 it steemed	**************************************	**************************************	a authoric r person a susquas	Active to the Control of the State of Section 1997	
Calen	dar 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					12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
0 4*	organization, check this box and stop he			· · · · · ·	· · · · ·	· · · · ·	▶ □
	on C. Computation of Public Suppor			4 1 (0)			
14 15	Public support percentage for 2014 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2013 Sci 331/3% support test—2014. If the organization	nedule A, Part	II, line 14 .		[15	<u>%</u>
IUa	box and stop here. The organization qua	lifies as a nubl	icly supported	on line 13, and	1 III 14 IS 33 7	3% or more, cr	. –
b	331/3% support test—2013. If the organ						
•	check this box and stop here . The organ					13 18 33 7370	or more,
170							·
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "f						
				•	•		
L.	<u>•</u>						
b	10%-facts-and-circumstances test—20	יוט. וז the orga	inization did no	ot check a box	on line 13, 16	a, 166, or 1/a,	and line
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m						
	supported organization				_	ı qualilles as a	Publicly ► □
18	Private foundation. If the organization di					this hay and	· • 🗀
.0	instructions	a not oneon a	OII IIIIC 13,	10a, 10b, 17a	, or itb, check	villa DOX alid t	>ee ▶ □

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.)

Secti	on A. Public Support	411401 1110 10	oto notou bott	ov, piodoo oc	mpioto i dit		
Calen	dar 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.")	43,688	42,239	48,233	38,987	50,333	223,480
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	28,071	29,966	33,024	35,055	42,772	168,888
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	71,759	72,205	81,257	74,042	93,105	392,368
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						
8	Add lines 7a and 7b				10 12 12-0		392,368
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	71,759	72,205	81,257	74,042	93,105	392,368
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						
С	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.)	71,759	72,205	81,257	74,042	93,105	392,368
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second		or fifth tax ye	ar as a section	501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2014 (line 8	B, column (f) div	ided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2013 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2014 (line 10c, colum	n (f) divided by	/ line 13, colum	ın (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box		-			-	_
b	331/3% support tests—2013. If the organiz line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						31/3%, and
20	Private foundation. If the organization di		_		-		

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g			
y			
•	1		
		Number (34 S V 2 1 3
IS,			
d		200	
	2		
er	i jih e k		F-12-1
	3a		
d		KSEE	
	ć.		
е			
	3b		
2)		1377	
	3c		
lf			
	40		201714-151
_	13 20/2021/2 B	18 storn	2,000,001
n			
n		التكلاك	
	4b		
n			1944
d			
3)			
,	4c		STATE OF THE PARTY
u	40	COLUMN TO THE	8. massas
V			
7,			
n			931
	5a		
.,	1000		0.00
у	5b		لتستد
	5c	SCHOOL STATE	Program Navigna
0			
S			
0			
n			Mind
	6		
-1		ZWW.	522553
al 			
nt		307.000	
	7		
?	1922		37, 446
	8		
е			
ď			
-	9a		
		2000	hesal-
h			EEE U
	9b		
it	100		
	9c		
f)		y STATE	Wan i
_			
g			للتمهد
	10a	.1.60	
0	1.	Lary.	
	10b		

Part	Supporting Organizations (continued)			
44		20 ML TOURS	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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?	11a	ESCHIOL SER	1.00%
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
Secti	on B. Type I Supporting Organizations			
1	Did the directors tructors or membership of one or more supported executives have the account	lacare:	Yes	No
•	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.			
•		1	Servizeourus;;;	
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,		Salence)	2000 2000 2000
	supervised, or controlled the supporting organization.	2	<u>arestas</u>	Assistant and
Secti	on 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).	1		21223
Secti	on D. All Type III Supporting Organizations	لـــــــــا		
			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Misi.	E DE
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	524		
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2	de the obseller to the	CAN 2 454
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			$x \in$
	supported organizations played in this regard.	3		
Secti	on 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 in	nstruc	tions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee inst	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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,		9.22	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-16 sc	MERCH 1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		12.55	
	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		323	
_	activities but for the organization's involvement.	2b	Ph., 102 : 154 F	Tank parkets
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly experint or elect a majority of the officers directors or		• '	
а	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? <i>Provide details in Part VI.</i>	3a	22.5	لكشت
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja V	i di X	Control of
-	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raa	nizations	Page
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop		must as No. 00 4050 5	instructions. All
Section A - Adjusted Net Income	OIII	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	12		
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	╁	<u> </u>	
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	10	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			MARKET STATE
instructions for short tax year or assets held for part of year):		6 74.66 336 D. C. A. P. P. Paggy 25.	
a Average monthly value of securities	1a		244 - 154 -
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
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	5-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0-1-20-0 	1465 E. Arca C1615 (8555 1) Car 4
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		<u> </u>
7 Recoveries of prior-year distributions	7		<u> </u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	Ļ		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	3		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	/-inf	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	Page
Sect	tion D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>	(00111111000)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
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 whic (provide details in Part VI). See instructions.	the organization is re	sponsive	
9	Distributable amount for 2014 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	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:			
а				
b				
С				
d				
<u>e</u>	From 2013			1554650650670
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years	All All All All All All All All All All		
<u>h</u>	Applied to 2014 distributable amount		3.78365.723.07 <u>E</u> 83.	
i_	Carryover from 2009 not applied (see instructions)			
<u> j </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$		77	
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).			and the state of t
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		43, 23, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	
8	Breakdown of line 7:			
а				
b				
С				Garage and Park State of the Control
d	Excess from 2013			
е	Excess from 2014			
				A /Form 000 or 000 E7) 2014

Schedule A (Form 990 or 990-EZ) 2014					
Part VI	Page & 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.)				

`					
••					
	······				

Great Vest Side Club of Chicago

Ein:30-0266773

Attachment to Form 990-EZ

PART III Statement of Program Service Accomplishments

Membership in the Great Vest Side Club of Chicago ("GVS") is open to the public of people who were

born between approximately 1922 and 1942 and grew up on the West Side of Chicago, particularly

Lawndale.

GVS derives its revenues from banquets sponsored twice a year that is attended by its members and on

occasion other invitees for the purpose of raising money for the benefit of various approved 501[c][3] charities.

The Board of Directors consider and approve all gifts to charities. However the principal beneficiary of these gifts has

been and will continue to be the "American Friends of Mogen David Adom" or "ARMDI". ARMDI is an approved 501[c][3]

non-profit organization which serves as the state of Israel's emergency medical, disaster, ambulance, blood and healthcare

network. Gifts to ARMDI by the GVS have been used primarily to fund the purchase of ambulances for use in Israel.

Other approved 501[c][3] organizations that have received gifts from the GVS include [1] Israel Cancer Research Fund,

[2] Israel Tennis Foundation, [3] WETA Public Television, [4] Leukemia Research, [5] Felicia Kaplan Memorial Fdn, and

[6] American Committee for Shaare Zedek Medical Center in Jerusalem pimarily to purchase dialysis machines for use

in its in its Pediatric Dialysis Department.

All GVS activities are conducted in the Chicago Metropolitan Area and its suburbs. All of the time of the GVS is allocated or

devoted to its charitable purposes and its sole source of funding are the semi-annual banquets. All directors and officers are

volunteers and serve without any remuneration or compensation.

Attachment to Form 990-EZ Part III Statement of Program Service Accomplishments

	t Side Club of Chica					· -	
Ein:30-026	6773	igo I					
	nt to Form 990-EZ						
Attachine	1			 		 	
PART L.I in	ne 10 Grants and Si	milar Amounts Paid				<u> </u>	
	And	milar Amounts i uid					
Part III-I in		nt of Program Service	Accomplishments				
		l con region, contice	Accomplianinchia				
						 	
	 				 	 	
Line			 		·		
No	Charitable contrib	utions or gifts have be	en made to the followi	na E04[a][2] araanimati			Current
	Charitable Contrib	unons of gires have be	sett made to the followi	ng surjejjaj organizati	ions:		tax year
28-31	ARMDI (American				 	 -	
20-31	Friends of Magen						
	David Adom)						
	3175 Commercial A				 		36,686
	Suite 101	Venue	-		 		
· · · · · · · · · · · · · · · · · · ·	Northbrook, Illinois	50062			ļ		
	TVO GIDTOOK, IMITOIS	1		· · · · · · · · · · · · · · · · · · ·	ļ		
28-31	Israel Cancer Rese	orch Eund			-		2
20-31	295 Madison Ave	arun runu					7,500
	Suite 1030	7 7754					
	New York, NY 1001	7-7754					
20.04	Jerool Tage !	lation	 		ļ		
28-31	Israel Tennis Found			ļ	ļ		5,000
l	432 Park Avenue S		ļ				
	New York, NY 1001	<u> </u>					
	<u> </u>	L	ļ				
28-31	Leukemia Research	Foundation Inc	ļ				2,000
	3520 Lake Avenue				ļ		
	Suite 202						
	Wilmette, Illinois 60	091-106495					
28-31	Felicia Kaplan Mem						2,000
	525 Monroe Street				1		
	Suite 16141						
	Chicago, Illinois 606	61-3629					
28-31	CAMERA						500
	Committee For Acc	uracy in Middle East Re	porting in America				
	P.O. Box 35040						· · · · · · · · · · · · · · · · · · ·
	Boston, Ma 02135-0	001			· · · · · · · · · · · · · · · · · · ·		
28-31	Jewish Council for \	outh Services					500
	180 W. Washington						
	Suite 1100						
	Chicago, Illinois 606	02					
	3-1				<u> </u>		
28-31	Dystonia Medical R	esearch Foundation	l				250
	One East Wacker D						250
	Suite 2810						
	Chicago, Illinois 606	01-1905					
	ooogo,oo				· · ·		
10 & 32	Total						54,436
10 0 02	Total						34,430
	1						
	 						
			<u> </u>		·		
	<u> </u>						L
	<u> </u>		<u> </u>				
	ļ						
			ļ		<u> </u>		<u> </u>
		<u> </u>					
-							
-							
				00.57			
			Attachment to Form 9				
			Attachment to Form 9 PART I-Line 10 Grants	s and Similar Amounts	Pald		
			PART I-Line 10 Grants	and Similar Amounts And			
				and Similar Amounts And		ents	

Great Vest Side Club of Chicago Ein:30-0266773	-			
Attachment to Form 990-EZ				
Attachment to Form 990-EZ				
DADT IVI let of Officers Directors T	Tuestone and Key Employees	<u> </u>		
PART IV List of Officers, Directors, T	rustees, and Key Employees	1		
	[B] Title and average		[D] Contributions to	
	hours per week devoted	[C] Compensation		[E] Expense account and
[A] Name and address	to position	paid	deferred compensation	other allowances
Norman Levin	President & Director			
1511 No. Milwaukee Ave				
Chicago, III 60622				
William Woloshin	Secretary & Director			
161 No. Clark Street, Suite 2600				
Chicago, III 60601				
Jack Esses	Vice-President & Director			
150 No Wacker Drive Suite 3100				
Chicago, III 60606				
Bud Solk	Vice-President & Director	 		
630 Ballantrae	VISC I ISSISCIA & DIRECTOR			
Northbrook, ill 60062				
HORDIDOOK, III OOOOZ		 		
Victor Elias	Vice-President & Director	 		
571 Eagle Court	vice-rresident & Director	ļ	·	1
		 		
Riverwoods, III 60015			 	
Jerome Lipman (inactive)	Discrete		· · · · · · · · · · · · · · · · · · ·	
	Director	-		
2379 Masters Lane				
Riverwoods, Illinois 60015				
Howard Falk	Director		<u> </u>	
5555 Old Field Lane				
Long Grove Illinois 60047				
Arthur Farber	Treasurer & Director	· · · · · · · · · · · · · · · · · · ·		
950 Augusta Way, Apt 313		-		
Highland Park, III 60035				
Herbert Kanter	Director		 	
1817 Eastwood Avenue	- Director			
Highland Park, III 60035				
Tighana Faik, iii eees				
Ned Lifere	Discrete:			
Ned Lufrano	Director			
3150 N.Lake Shore Drive				
Chicago, ill 60657				
			L	
Stephen P. Patt	Recording Secretary & Dir	ector		
2222 Chestnut Avenue, Suite 101				
Glenview, Illinois 60026-1674				
Ed Reicin	Director			
9102 Potawatomi				
Skokie, Illinis 60076				
T				
Larry Schaffel	Director		· · · · · · · · · · · · · · · · · · ·	
1771 Mission Hills, Unit 115	0,,000	 		
Northbrook, III 60062				
14010100K, 111 00002				
Mike School (Decement)	- Disast			
Mike Scharf (Deceased)	Director			
638 Picardy Circle				
Northbrook, III 60062		ļ. <u>.</u>		
All directors and officers are volunteers	and serve without any remun	eration or compensa	ition and	
devote all time necessary or required to	o the organizations charitable	ourposes		
				
		<u> </u>		<u> </u>
 				
 		 		
ļ		A 11	000 57	
		Attachment to For		1
1	1	IPART IV List of Of	ficers, Directors, Trustee	s. and Kev Employees

.