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**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

2009

Department of the Treasury  
Internal Revenue Service

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

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

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|  |   |   |  |
|--|---|---|--|
| <b>A For 2009 calendar year, or tax year beginning JUNE 01, 2009, and ending MAY 31, 2010</b>  |   |   |  |
| <input type="checkbox"/> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>North End Mothers Club Charitable Trust #1156  | <b>D Employer Identification number</b><br>23-7229901 |  |
|  | <b>Number &amp; street (or P.O. box, if mail is not delivered to street addr.)</b><br>c/o First Bank and Trust 820 Church | <b>E Room/ suite</b>                                  |  |
|  | <b>City or town, state or country, and ZIP + 4</b><br>Evanston IL 60201   | <b>F Telephone number</b><br>(847) 733-7400           |  |
|  | <b>G Group Exemption Number</b> ►   |   |  |
|  | <b>H Check</b> <input type="checkbox"/> if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).   |   |  |
|  | <b>I Website:</b> ► N/A   |   |  |

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

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

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

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ►** 102,214

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|   |  |   |         |         |
|---|--|---|---------|---------|
| REVENUE   | 1 Contributions, gifts, grants, and similar amounts received . . . . .   | 1   |         |         |
|   | 2 Program service revenue including government fees and contracts . . . . .  | 2   |         |         |
|   | 3 Membership dues and assessments . . . . .  | 3   |         |         |
|   | 4 Investment income . . . . .  | 4   | 7,892   |         |
|   | 5a Gross amount from sale of assets other than inventory . . . . .   | 5a  | 94,322  |         |
|   | b Less. cost or other basis and sales expenses . . . . .   | 5b  | 97,315  |         |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | #1  | -2,993  |         |
|   | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/> |   |         |         |
|   | a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .   | 6a  |         |         |
|   | b Less. direct expenses other than fundraising expenses . . . . .  | 6b  |         |         |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . | 6c   |   |         |         |
| 7a Gross sales of inventory, less returns and allowances . . . . .                                  | 7a   |   |         |         |
| b Less. cost of goods sold . . . . .  | 7b   |   |         |         |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .          | 7c   |   |         |         |
| 8 Other revenue (describe ► ) . . . . .   | 8  |   |         |         |
| 9 <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . ►                             | 9  | 4,899   |         |         |
| EXPENSES  | 10 Grants and similar amounts paid (attach schedule) . . . . .   | 10  |         |         |
|   | 11 Benefits paid to or for members . . . . .   | 11  | 6,600   |         |
|   | 12 Salaries, other compensation, and employee benefits . . . . .   | 12  |         |         |
|   | 13 Professional fees and other payments to independent contractors . . . . .   | 13  |         |         |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .   | 14  |         |         |
|   | 15 Printing, publications, postage, and shipping . . . . .   | 15  |         |         |
|   | 16 Other expenses (describe ► See attachment #2 ) . . . . .  | 16  | 1,766   |         |
|   | 17 <b>Total expenses.</b> Add lines 10 through 16 . . . ►  | 17  | 8,366   |         |
|   | ASSETS   | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18      | -3,467  |
|   |  | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19      | 183,828 |
| 20 Other changes in net assets or fund balances (attach explanation) . . . . .                      |  | 20  | 26,077  |         |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . ►                  |  | 21  | 206,438 |         |

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

|   |         |                              |                        |
|---|---------|------------------------------|------------------------|
| (See the instructions for Part II.)   |         | <b>(A) Beginning of year</b> | <b>(B) End of year</b> |
| 22 Cash, savings, and investments . . . . .   | 183,828 | 22                           | 206,438                |
| 23 Land and buildings . . . . .   |         | 23                           |                        |
| 24 Other assets (describe ► ) . . . . .   |         | 24                           |                        |
| 25 <b>Total assets</b> . . . . .  | 183,828 | 25                           | 206,438                |
| 26 <b>Total liabilities</b> (describe ► ) . . . . .   | 0       | 26                           | 0                      |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 183,828 | 27                           | 206,438                |

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

GJ

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

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....  | 33         | X         |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes .....  | 34         | X         |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  | 35a        | X         |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .....   | 35b        | X         |
| b If "Yes," has it filed a tax return on Form 990-T for this year? .....   | 36         | X         |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N .....   | 37a        | X         |
| b Did the organization file Form 1120-POL for this year? .....   | 37b        | X         |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .....   | 38a        | X         |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved. .....  | 38b        |           |
| 39 Section 501(c)(7) organizations. Enter:   | 39a        |           |
| a Initiation fees and capital contributions included on line 9 .....   | 39b        |           |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |            |           |
| section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____   | 40b        | X         |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ..... |            |           |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....  |            |           |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....  |            |           |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....   |            |           |
| 41 List the states with which a copy of this return is filed. ► <u>NONE</u>  |            |           |
| 42a The organization's books are in care of ► <u>See attachment #5</u> Telephone no ► _____<br>Located at ► _____  |            |           |
| 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        | X         |
| If "Yes," enter the name of the foreign country ► _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |            |           |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....   | 42c        | X         |
| If "Yes," enter the name of the foreign country ► _____  |            |           |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year .....  | 43         | □         |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ .....  | 44         | X         |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ .....   | 45         | X         |

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

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

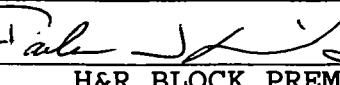
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE  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

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

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

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

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

|                          |   |   |   |
|--------------------------|---|---|---|
| Sign Here                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |   |   |
|                          | <br>Signature of officer<br>Karen Rose<br>VP & Trust Officer<br>Type or print name and title   |   |   |
| Paid Preparer's Use Only | Preparer's signature  | Date  | Preparer's identifying no. (See instr.) |
|                          |    | 9/8/10  | <input type="checkbox"/> 700197847      |
|                          | Firm's name (or yours if self-employed), address, and ZIP+4   | H&R BLOCK PREMIUM TAX SERVICES<br>444 SKOKIE BLVD STE 201<br>Wilmette, IL 60091 |   |
|                          | EIN 43 ► 1871840  | Phone no. ► 847-853-0290  |   |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

North End Mothers Club Charitable Trust #1156

Employer Identification number

23-7229901

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box .....   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....  
 (ii) A family member of a person described in (i) above? .....  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

**h** Provide the following information about the supported organization(s).

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) | (IV) Is the organization in col. (I) listed in your governing document? | (V) Did you notify the organization in col. (I) of your support? | (VI) Is the organization in col. (I) organized in the U.S.? | (VII) Amount of support |    |
|------------------------------------|----------|---|---|--|---|-------------------------|----|
|                                    |          |   |   |  |   | Yes                     | No |
|                                    |          |   |   |  |   |                         |    |
|                                    |          |   |   |  |   |                         |    |
| <b>Total</b>                       |          |   |   |  |   |                         |    |

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

Schedule A (Form 990 or 990-EZ) 2009

**SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY**

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

 Open to Public  
Inspection

For Calendar year 2009, or tax year period beginning 06-01-2009

and ending 05-31-2010

Name of Organization

North End Mothers Club Charitable Trust #1156

 Employer Identification Number  
23-7229901

| Name of Security or Description of Property | Acquisition Date | How Acquired | Date Sold     |
|---|------------------|--------------|---------------|
| <b>Other Noninventory Assets:</b>           |                  |              |               |
| 83 sh Vanguard                              | 2009-08          | purchase     | 2010-04       |
| 2617 sh Vanguusrd                           | 2010-03          | purchase     | 2010-04       |
| 75sh Citigroup                              | 2005-01          | purchase     | 2010-03       |
| 15000sh GMAC                                | 2004-06          | purchase     | 2010-06       |
| 25000sh Citigroup Globas1                   | 2007-12          | purchase     | 2010-02       |
| 25000sh Federal Home Loan Bank              | 2008-06          | purchase     | 2009-06       |
|   |                  |              |               |
| To Whom Sold                                | Gross Sale Price | Basis        | Sales Expense |
|   | 895              | 866          |               |
|   | 28,105           | 28,000       |               |
|   | 322              | 3,643        |               |
|   | 15,000           | 15,000       |               |
|   | 25,000           | 24,806       |               |
|   | 25,000           | 25,000       |               |
|   |                  |              |               |
| Total Publicly traded securities            | 94,322           | 97,315       | -2,993        |

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 20

| Open to Public  | For calendar year 2009 or tax period beginning | 06-01-2009, and ending                       | 05-31-2010. |
|---|--|--|-------------|
| Name of Organization<br>North End Mothers Club Charitable Trust #1156 |  | Employer Identification Number<br>23-7229901 |             |
| Description of Changes  | Total Amount                                   |  |             |
| unrealized change in market value                                     | 26,077   |  |             |
|   | Total  | 26,077                                       |             |

## **SCHEDULE OF OTHER EXPENSES**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

**Open to Public Inspection** **For calendar year 2009 or tax period beginning** **06-01-2009, and ending** **05-31-2010.**

|   |  |
|---|--|
| Name of Organization<br>North End Mothers Club Charitable Trust #1156 | Employer Identification Number<br>23-7229901 |
|---|--|

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

| Open to Public Inspection  | For calendar year 2009 or tax period beginning | 06-01-2009, and ending                  | 05-31-2010.   |  |
|--|--|---|---|--|
| <b>Name of Organization</b><br>North End Mothers Club Charitable Trust #1156 |  |   | <b>Employer Identification Number</b><br>23-7229901 |  |
| (A) Name and Address   | (B) Title and Average Hrs. per Week            | (C) Compensation (If not paid, enter 0) | (D) Cont. to Employee Ben. Plans & Def. Comp.       | (E) Expense Account & Other Allowances |
| FIRST BANK AND TRUST<br>820 CHURCH STREET<br>Evanston, IL 60201              |  | 0                                       | 0   | 0                                      |

# BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

|   |  |                          |
|---|--|--------------------------|
| Open to Public Inspection   | For calendar year 2009 or tax period beginning 06-01 | , and ending 05-31-2010. |
| Name of Organization<br>North End Mothers Club Charitable Trust #1156 | Employer Identification Number<br>23-7229901         |                          |
| Part V - Line 42a   |  |                          |

Individual Name ..... or

Business Name:  
First Bank and Trust  
c/o Karen Rose

Street Address ..... 820 Church Street

U.S. Address:

Zip code 60201 City Evanston State IL  
or

Foreign Address

City ..... .

Province or State .....

Country .....

Postal code .....

Phone Number ..... (847) 733-7400

Fax Number .....