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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- 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.

OMB No. 1545-1150

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning JUNE 01, 2009, and ending MAY 31, 2010

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

North End Mothers Club Charitable Trust #1156

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

Room/suite

c/o First Bank and Trust 820 Church

City or town, state or country, and ZIP + 4

Evanston IL 60201

D Employer identification number

23-7229901

E Telephone number

(847) 733-7400

F Group Exemption

Number. . . . .

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

G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► N/A

H Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.)

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) . . . . .	5c	-2,993
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, 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	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	4,899
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	Total expenses. Add lines 10 through 16 . . . . .	17	8,366
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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	183,828	206,438
23 Land and buildings . . . . .		
24 Other assets (describe ► _____) . . . . .		
25 Total assets . . . . .	183,828	206,438
26 Total liabilities (describe ► _____) . . . . .	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	183,828	206,438

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

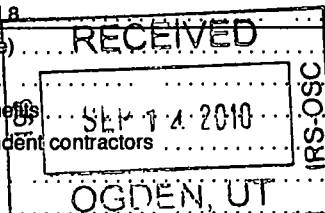
Form 990-EZ (2009)

SCANNED SEP 24 2010

RECEIVED

EXPENSES

ASSETS



GP

8



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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.		
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
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:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	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		
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	40b	X
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	40e	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #5 Telephone no		
	Located at ZIP + 4		
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		
	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
<b>46</b> 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 . . . . .	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	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."

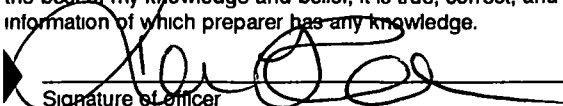

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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 . . . ▶

<b>Sign Here</b>	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.			
	 Signature of Officer		9/8/10 Date	
<b>Paid Preparer's Use Only</b>	Karen Rose Type or print name and title		VP & Trust Officer	
	Preparer's signature		Date	9/8/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	H&R BLOCK PREMIUM TAX SERVICES 444 SKOKIE BLVD STE 201 Wilmette, IL 60091		EIN 43-1871840 Phone no. 847-853-0290
	Check if self-employed	<input type="checkbox"/>		

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



# 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	Employer Identification Number
North End Mothers Club Charitable Trust #1156	23-7229901

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold
<b>Other Noninventory Assets:</b>			
83sh Vanguard	2009-08	purchase	2010-04
2617 sh Vanguard	2010-03	purchase	2010-04
75sh Citigroup	2005-01	purchase	2010-03
15000sh GMAC	2004-06	purchase	2010-06
25000sh Citigroup Global	2007-12	purchase	2010-02
25000sh Federal Home Loan Bank	2008-06	purchase	2009-06
<b>To Whom Sold</b>			
	Gross Sale Price	Basis	Sales Expense
	895	866	29
	28,105	28,000	105
	322	3,643	-3,321
	15,000	15,000	194
	25,000	24,806	
	25,000	25,000	
Total	94,322	97,315	-2,993
Publicly traded securities			

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

23-7229901

26,077



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

## • Inspection

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

North End Mothers Club Charitable Trust #1156

23-7229901

Total	1,766
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# 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.

Name of Organization North End Mothers Club Charitable Trust #1156 Employer Identification Number 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 820 CHURCH STREET 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 North End Mothers Club Charitable Trust #1156	Employer Identification Number 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 .....