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**Short Form**  
**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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

2011

Open to Public  
Inspection

<b>A For the 2011 calendar year, or tax year beginning JUNE 01, 2011, and ending MAY 31, 2012</b>		
<b>B Check if applicable</b>		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
<b>C Name of organization</b> <b>North End Mothers Club Charitable Trust #1156</b>		
<b>D Employer identification number</b> <b>23-7229901</b>		
<b>E Telephone number</b> <b>(847) 733-7400</b>		
<b>F Group Exemption Number</b> ►		
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		
<b>I Website:</b> ► NA		
<b>J Tax-exempt status</b> (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K Check</b> ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 13,629</b>		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>		
<b>REVENUE</b>  <b>RECEIVED</b>  <b>REVENUE</b>  <b>EXPENSES</b>  <b>ASSETS</b>  <b>NET ASSETS</b>  SCANNED OCT 1 2012	<b>1 Contributions, gifts, grants, and similar amounts received . . . . .</b> <b>2 Program service revenue including government fees and contracts . . . . .</b> <b>3 Membership dues and assessments . . . . .</b> <b>4 Investment income . . . . .</b> <b>5a Gross amount from sale of assets other than inventory . . . . .</b> 5a <b>6,088</b> <b>b Less: cost or other basis and sales expenses . . . . .</b> 5b <b>5,583</b> <b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</b> <b>6 Gaming and fundraising events . . . . .</b> <b>a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</b> 6a <b></b> <b>b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .</b> 6b <b></b> <b>c Less: direct expenses from gaming and fundraising events . . . . .</b> 6c <b></b> <b>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</b> <b>7a Gross sales of inventory, less returns and allowances . . . . .</b> 7a <b></b> <b>b Less: cost of goods sold . . . . .</b> 7b <b></b> <b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</b> <b>8 Other revenue (describe in Schedule O) . . . . .</b> <b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►</b> 9 <b>8,046</b>	<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>7,541</b> <b>5c</b> <b>505</b> <b>6d</b> <b>7c</b> <b>8</b> <b>9</b> <b>8,046</b> <b>10</b> <b>11</b> <b>6,547</b> <b>12</b> <b>13</b> <b>2,266</b> <b>14</b> <b>15</b> <b>16</b> <b>17</b> <b>8,813</b> <b>18</b> <b>-767</b> <b>19</b> <b>206,142</b> <b>20</b> <b>21</b> <b>205,375</b>
	<b>10 Grants and similar amounts paid (list in Schedule O) . . . . .</b> <b>11 Benefits paid to or for members . . . . .</b> <b>12 Salaries, other compensation, and employee benefits . . . . .</b> <b>13 Professional fees and other payments to independent contractors . . . . .</b> <b>14 Occupancy, rent, utilities, and maintenance . . . . .</b> <b>15 Printing, publications, postage, and shipping . . . . .</b> <b>16 Other expenses (describe in Schedule O) . . . . .</b> <b>17 Total expenses. Add lines 10 through 16 . . . . . ►</b> 17 <b>8,813</b>	
	<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</b> <b>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) . . . . .</b> <b>20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .</b> <b>21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►</b> 21 <b>205,375</b>	

For Paperwork Reduction Act Notice, see the separate Instructions.



<b>Part V Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. . . . .		<input type="checkbox"/>	
		<b>Yes</b>	<b>No</b>
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	X
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) . . . . .	34	X
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)? . . . . .	35a	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c	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 . . . . .	35c	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 . . . . .	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b	Did the organization file Form 1120-POL for this year? . . . . .	38a	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 tax year covered by this return? . . . . .	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .	39a	
39	Section 501(c)(7) organizations Enter:	39b	
a	Initiation fees and capital contributions included on line 9 . . . . .	40a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	X
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40c	
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 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. . . . .	40d	
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 . . . . . ► _____	40e	X
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. ► <b>NONE</b>		
42a	The organization's books are in care of ► <b>See attachment #2</b>	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)? . . . . . If "Yes," enter the name of the foreign country: ► _____	42b	X
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	X
c	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: ► _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		► X
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	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

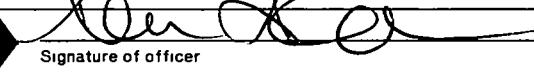
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

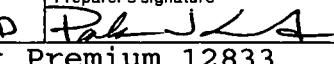
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		9/11/12
	KAREN L. ROSE, CFP	Date
	Type or print name and title	VP & Trust Officer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAULA J CRISMOND		9/11/2012		P00197847
	Firm's name ► H&RBlock Premium 12833			Firm's EIN ►	
	Firm's address ► 444 SKOKIE BLVD STE 201			Phone no. 847-853-0290	

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

North End Mothers Club Charitable Trust #1156

Realized Gain for Sale of Stock \$509

Capital Gain Distribution \$139

Employer Identification number

23-7229901

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	06-01-2011, and ending	05-31-2012.	
Name of Organization <b>North End Mothers Club Charitable Trust #1156</b>			Employer Identification Number <b>23-7229901</b>	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
FIRST BANK AND TRUST 820 CHURCH STREET Evanston, IL 60201		0	0	0

## 990 BOOKS ARE IN CARE OF

### Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	06-01	, and ending	05-31-2012.
Name of Organization <b>North End Mothers Club Charitable Trust #1156</b>			Employer Identification Number <b>23-7229901</b>	

#### 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 .....