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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# 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)

▶ 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](http://www.irs.gov/form990).

OMB No. 1545-1150

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning JUNE 01, 2013, and ending MAY 31, 2014

B Check if applicable

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

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 province, country, and ZIP or foreign postal code

EVANSTON IL 60201

D Employer identification number

23-7229901

E Telephone number

(847) 733-7400

F Group Exemption  
Number ▶G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ NA

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) 4947(a)(1) or 527K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 8,617

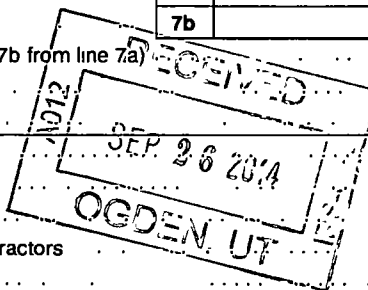
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

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	8,617
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
EXPENSES	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,617
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	5,852
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,321
	14	Occupancy, rent, utilities, and maintenance	14	
ASSETS	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	8,173
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	444
	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	228,691
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	229,135

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED OCT 08 2014



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**Part V Other Information** (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 ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35a</b> 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)?		X
<b>b</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		X
<b>c</b> 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		X
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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		X
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> NONE		
<b>42a</b> The organization's books are in care of <b>42a</b> SEE ATTACHMENT #4 Telephone no. <b>42a</b> Located at <b>42a</b> ZIP + 4 <b>42a</b>		
<b>b</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. <b>42b</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		X
<b>c</b> 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: <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here. <b>43</b> <input checked="" type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b> N/A		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45b</b> 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)		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
<b>46</b>		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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
<b>47</b>		X

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

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		X
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		X
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**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	(b) 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."

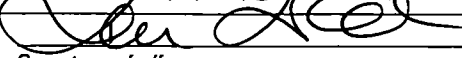
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

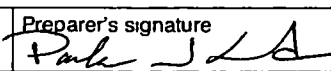
**d** Total number of other independent contractors each receiving over \$100,000 ▶

**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**  **Signature of officer** **KAREN L. ROSE CFP** **VP & TRUST OFFICER** **9/22/2014** **Date**

**Paid Preparer Use Only** **Print/Type preparer's name** **PAULA CRISMOND** **Preparer's signature**  **Date** **9/18/2014** **Check ☐ if self-employed** **PTIN** **P00197847** **Firm's name** ▶ **HRB TAX GROUP INC** **Firm's EIN** ▶ **431871840** **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



## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

06-01

, and ending

05-31-2014.

Name of Organization

NORTH END MOTHERS CLUB CHARITABLE TRUST #1156

Employer Identification Number

23-7229901

### Primary Purpose

THE TRUST WAS ESTABLISHED TO ENHANCE THE LONG TERM FUNDING OF THE NORTH END MOTHER'S CLUB ACTIVITIES.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC	
INSPECTION	For calendar year 2013, or tax period beginning 06-01-2013, and ending 05-31-2014.
Name of Organization	Employer Identification Number
NORTH END MOTHERS CLUB CHARITABLE TRUST #1156	23-7229901

### Part III - Statement of Program Service Accomplishments

Grants and allocations	5,852	Amount includes foreign grants	Program service expenses
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#### Exempt Purpose Achievements

THE ANNUAL FUNDING TRANSFER SUPPORTS COLLEGE SCHOLARSHIPS FOR SELECT SENIORS AT THE EVANSTON TOWNSHIP HIGH SCHOOL.



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

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC  
INSPECTION For calendar year 2013, or tax period beginning 06-01-2013, and ending 05-31-2014.

Name of Organization NORTH END MOTHERS CLUB CHARITABLE TRUST #1156 Employer Identification Number 23-7229901

(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		0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning 06-01, and ending 05-31-2014.
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 ..

## 990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 5: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS

OPEN TO PUBLIC

## INSPECTION

For calendar year 2013, or tax period beginning 06-01-2013, and ending 05-31-2014.

Name of Organization

Employer Identification Number

NORTH END MOTHERS CLUB CHARITABLE TRUST #1156

23-7229901

(a) Name(s) of Supported Organization(s)	Employer EIN	Line No. (1 to 9) or IRC Section	Governing Documents	Notify Org. of Support	Organization in the U.S.	Amount of Support
NORTH END MOTHER'S CLUB	23-7091805	509 (A) 1		X	X	5,852

2013 DETAIL STATEMENTS

NORTH END MOTHERS CLUB CHARITA  
23-7229901

PAGE 1

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STATEMENT #1 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

TOTAL RECEIPTS..... 8,617

TOTAL CARRIED TO 990-EZ PG 1 LINE 4..... 8,617

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STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

FIDUCIARY FEES..... 2,013  
TAX PREPARATION FEES..... 280  
MISC DEDUCTIONS..... 28

TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 2,321

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STATEMENT #3 - OF YEAR - CASH (990-EZ PG 1 LINE 22A)

	BEGINNING	ENDING
ACCOUNT BALANCE.....	228,691	229,135

TOTAL CARRIED TO 990-EZ PG 1 LINE 22A..... 228,691 229,135

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