



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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

► 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).

**A For the 2014 calendar year, or tax year beginning JUNE 01, 2014, and ending MAY 31, 2015**

<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NORTH END MOTHERS CLUB CHARITABLE TRUST #1156 <b>Number &amp; street (or P.O. box, if mail is not delivered to street addr.)</b> C/O FIRST BANK AND TRUST 820 CHURCH <b>City or town, state or province, country, and ZIP or foreign postal code</b> IL 60201	<b>D Employer identification number</b> 23-7229901
		<b>E Telephone number</b> (847) 733-7400
		<b>F Group Exemption Number</b> ►
	<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ► _____	
	<b>I Website:</b> ► NA	
	<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
	<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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ..... ► \$ 7,209	

**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 7,209
	5a Gross amount from sale of assets other than inventory .....	5a
	b Less: cost or other basis and sales expenses .....	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a
b Gross income from fundraising events (not including \$ <span style="border: 1px solid black; padding: 2px;">350,000</span> 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	
c 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 subtract line 6c) .....	6d	
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 in Schedule O) .....	8	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ..... ►	9 7,209	
Expenses	10 Grants and similar amounts paid (list in Schedule O) .....	10 11,366
	11 Benefits paid to or for members .....	11
	12 Salaries, other compensation, and employee benefits .....	12
	13 Professional fees and other payments to independent contractors .....	13 2,342
	14 Occupancy, rent, utilities, and maintenance .....	14
	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 13,708
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18 -6,499
	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) .....	19 229,135
	20 Other changes in net assets or fund balances (explain in Schedule O) .....	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ..... ►	21 222,636

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

**Part II Balance Sheets (see the instructions for Part II)**

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	229,135	222,636
23 Land and buildings .....	0	0
24 Other assets (describe in Schedule O) .....	0	0
<b>25 Total assets .....</b>	<b>229,135</b>	<b>222,636</b>
<b>26 Total liabilities (describe in Schedule O) .....</b>	<b>0</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>229,135</b>	<b>222,636</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

What is the organization's primary exempt purpose? See Attachment #1  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28 SEE ATTACHMENT #2**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► 28a

29

(Grants \$ ) If this amount includes foreign grants, check here   29a

30

(Grants \$  ) If this amount includes foreign grants, check here  ► 30a

**31 Other program services (describe in Schedule O) .....**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  31a

32. Total program service expenses (add lines 28a through 31a) ► 32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated -- see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

**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
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 ► <b>37a</b>	37a	
b Did the organization file <b>Form 1120-POL</b> 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 tax year 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 ► _____	40a	
b Section 501(c)(3) and 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	X
c Section 501(c)(3) and 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. .... ► _____	40c	
d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .... ► _____	40d	
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 ► <b>NONE</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #4</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: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) .	42b	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: ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
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 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
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
49b		X

49b 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	(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 . . . . .

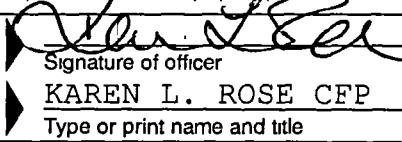
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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	Date
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name PAULA CRISMOND	Preparer's signature 	Date 8/20/2015	Check <input type="checkbox"/> if self-employed	PTIN P00197847
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 1356 PATRIOT BLVD			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.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally Integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D and E.**
  - d  **Type III non-functionally Integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations ..... 1
- g 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 listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
SEE ATTACHMENT						
<b>Total</b>					11366	

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

Schedule A (Form 990 or 990-EZ) 2014

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NORTH END MOTHERS CLUB CHARITABLE TRUST #1156

TOTAL INCOME RECEIPTS FOR THE YEAR \$7209 -

Employer identification number

23-7229901

# 2014 FORM 990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning 06-01, and ending 05-31-2015.

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.

## 2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

06-01-2014, and ending

05-31-2015.

Name of Organization

NORTH END MOTHERS CLUB CHARITABLE TRUST #1156

Employer Identification Number

23-7229901

### Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

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

**2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES****ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV****OPEN TO PUBLIC**

<b>INSPECTION</b>	For calendar year 2014, or tax period beginning	06-01-2014, and ending	05-31-2015.	
Name of Organization <b>NORTH END MOTHERS CLUB CHARITABLE TRUST #1156</b>			Employer Identification Number <b>23-7229901</b>	
<b>(A) Name and Title</b>	<b>(B) Average hours per week devoted to position</b>	<b>(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(D) Cont. to employee ben. plans &amp; def. comp.</b>	<b>(E) Expense account &amp; other compensation</b>
FIRST BANK AND TRUST		0	0	0

# 2014 FORM 990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning 06-01, and ending 05-31-2015.

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 .....

# 2014 FORM 990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

06-01-2014, and ending

05-31-2015.

Name of Organization

NORTH END MOTHERS CLUB CHARITABLE TRUST #1156

Employer Identification Number

23-7229901

(i) Name of Supported Organization	(ii) EIN	(iii) Type of Org (Described on lines 1-9 or IRC Section (See instructions))	(iv) Organization Listed in Governing Document		(v) Amount of Monetary Support (See instructions)	(vii) Amount of Other Support (See instructions)
			Yes	No		
NORTH END MOTHER'S CLUB	23-7091805	509(A)(3)		X	11,366	
Total					11,366	

## 2014 DETAIL STATEMENTS

NORTH END MOTHERS CLUB CHARITA  
23-7229901

PAGE 1

---

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

TOTAL RECEIPTS.....	7,209
TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....	7,209

---

### STATEMENT #2 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

TRANSFER TO NORTH END MOTHER'S CLUB.....	11,366
TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	11,366

---

### STATEMENT #3 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

FIDUCIARY FEES.....	2,037
TAX PREPARATION FEES.....	280
MISC DEDUCTIONS.....	25
TOTAL CARRIED TO 990-EZ PG 1 LINE 13.....	2,342

---

### STATEMENT #4 - OF YEAR - CASH (990-EZ PG 1 LINE 22A)

	BEGINNING	ENDING
ACCOUNT BALANCE.....	229,135	222,636
TOTAL CARRIED TO 990-EZ PG 1 LINE 22A.....	229,135	222,636

---