## 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. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A I	or th	ne 2015 calendar year, or tax year be	ginning	, 2015	, and end	ding			, 20		
		C Name of organization					D Employer identification number				
В	Check if a	applicable: MOTHERS TRUST FOUNDA	MOTHERS TRUST FOUNDATION 36-4177726								
	Addre										
	-		Non-translation (s. D.O. have finally and deligated to street address). Beautiquite					E Telephone number			
	-		400 EAST ILLINOIS ROAD					(847) 482-9189			
	Final	return/ City or town, state or province, countr	City or town, state or province, country, and ZIP or foreign postal code								
pendi		nded LAKE FOREST, II, 6004	LAKE FOREST, IL 60045					G Gross receipts \$ 334,496.			
		F Name and address of principal officer	F Name and address of principal officer: LARRY NEAL					H(a) is this a group return for Yes X No			
			400 EAST ILLINOIS ROAD LAKE FOREST, IL 60045					subordinates? H(b) Are all subordinates included? Yes No			
			<del>'</del>				If "No," attach a list. (see instructions)				
100000000000000000000000000000000000000		ite: ► MOTHERSTRUSTFOUNDATION					H(c) Group exemption number				
K								mation: 1997 M State of legal domicile: IL			
Total Section 1	art I	Summary	Association Other		1 1 1 00	i or ionna	(tion, 200) III	otate or r	egar donne	10 11	
		1 Briefly describe the organization's mission or most significant activities: OUR GOAL IS TO ASSIST CHILDREN IN									
Activities & Governance	,		BLE OR CRISIS, RAISE AWARENESS OF CHILDREN'S NEEDS, LINK NEEDS								
	_	WITH COMMUNITY RESOURCES AND VOLUNTEERS.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.									
	100000			CONTRACTOR COLOR CONTRACTOR CONTR							
	3	lumber of voting members of the governing body (Part VI, line 1a)						3		16.	
								5		11.	
	5	Total number of individuals employed in c	alendar year 2015 (Part V, III	ne 2a)						60.	
	6	Total number of volunteers (estimate if nec	essary)					6		0.	
	/a	Total unrelated business revenue from Par	t VIII, column (C), line 12					7a		0.	
	g	Net unrelated business taxable income fro	m Form 990-1, line 34			· · · ·	Prior Year	7b	Current		
Revenue						-	262,01	_		0,673.	
	8	Contributions and grants (Part VIII, line 1h)					202,01	0.	24		
	9	Program service revenue (Part VIII, line 2g)					-	8.		87.	
			ment income (Part VIII, column (A), lines 3, 4, and 7d)								
	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				83,351. 345,444.		73,697.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						314,457.		
	13	rants and similar amounts paid (Part IX, column (A), lines 1-3)					215,384.		19	7,102.	
	14	Benefits paid to or for members (Part IX, co	s paid to or for members (Part IX, column (A), line 4)				0.			0.	
Net Assets or Expenses Fund Balances	15	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).					90,345.		9	7,839.	
	16 a	rofessional fundraising fees (Part IX, column (A), line 11e)						0.		0.	
	b	Fotal fundraising expenses (Part IX, column (D), line 25) ▶20,365.									
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					45,02			5,420.	
	18	Total expenses. Add lines 13-17 (must equ					350,753.		340,361.		
	19	evenue less expenses. Subtract line 18 from line 12			-5,309.			5,904.			
		otal assets (Part X, line 16) otal liabilities (Part X, line 26)					inning of Current Year		End of		
	20						166,673.			8,573.	
	21						6,58	_		4,385.	
-	THE RESERVE OF THE PARTY.	Net assets or fund balances. Subtract line 21 from line 20					160,092. 134,18			4,188.	
	irt II	Signature Block									
Un	der per	nalties of perjury, I declare that I have examined ect, and complete. Declaration of preparer (other the	this return, including accompa	anying schedu	ules and sta	atements,	and to the best of	my kno	wledge and	belief, it is	
	0,00110	est, and complete becautation of proparer (other a	nair emeery to based on all mion	mation of min	on preparer	ndo diriy k	Tomoge				
c:-			<b>)</b>					07/18/2016			
Sign Here		Signature of officer Date									
		LARRY NEAL TREASURER									
		Type or print name and title									
Paid	4	Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN			
		THOMAS R KEENAN					self-employe		P00622	501	
Use Only		Firm's name ►MOWERY & SCHOENE	m's name ▶MOWERY & SCHOENFELD LLC					Firm's EIN ▶ 36-4111140			
							Phone no. 847-247-8959				
May	the I	RS discuss this return with the preparer sho	own above? (see instructions	)					X Yes	No	
For	Pape	rwork Reduction Act Notice, see the sepa	rate instructions.						Form 9	90 (2015)	