

**VILLAGE OF LOMBARD
LOCAL TOURISM GRANT PROGRAM APPLICATION FORM**

GENERAL INFORMATION

Organization:	Lombard Historical Society/Stanford's Mississippi Battery		
Name of event:	Lombard's Civil War Reenactment		
Date of event:	July 20,21,22, 2018	Event location:	Four Seasons Park, Lombard
Contact person:	Sarah Richardt/ SteveStachowiak	Title:	Executive Director
Business address:	23 W. Maple Street	City & Zip	Lombard, IL 60148
Telephone:	630-629-1885	Email:	director@lombardhistory.org

PROJECT OVERVIEW

Total cost of the project:	\$11,400 11,000
Cost of city services requested in this application (if any):	\$0.00
Total funding requested in this application:	\$8,600 \$8500
Percent of total project cost being requested:	50%
Anticipated attendance:	3000
Anticipated number of overnight hotel stays:	14+

Briefly describe the project for which funds are being requested:

2018 will be the 8th annual Civil War reenactment in Lombard. The event started as a fall event that commemorated the 150th anniversary of the Civil War and highlighted Lombard's contribution through Colonel Benjamin Sweet. Col. Sweet lived in Babcock's Grove and was the commander of Camp Douglas, a confederate prisoner of war camp located in Chicago. This Civil War reenactment brings visitors and reenactors from many surrounding states. The event includes a Friday night trivia in the park, 4 battles throughout the weekend, living history interpreters, and a ball.

ORGANIZATION

Number of years that the organization has been in existence:	47
Number of years that the project or event has been in existence:	7
Number of years the project has been supported by Village of Lombard funds:	6
How many years does the organization anticipate it will request grant funding?	2+

1) Describe the organization (include brief history, mission, and ability to carry out this project):

The Lombard Historical Society was formed after Lombard's centennial in 1969. The mission is to preserve, promote, present and protect the history of Lombard. The society has 1 full time employees, and 3-part time employees. Stanford's Missippin Battery is a civil war reenacting organization. They have been educating the public for over 30 years and have been a 501 c 3 organization for four years

The goal of LHS is to present history in a fun and dynamic way. This event brings history alive and reaches a larger audience than we otherwise would be able to. Proceeds from the event are used to fund other educational programs at LHS.

3) What is the organization's plan to make the project self-sustaining?

With sponsorship support we hope to gain more independence. With that being said, we do believe this is the perfect event to bring both tourism and hotel stays.

PROJECT DESCRIPTION

Have you requested grant funding in the past?

Yes No

Is the event open to the general public?

Yes No

Do you intend to apply for a liquor license for this project?

Yes No

Will any revenues from this event be returned to the community?

Yes No

1) Provide a full detailed description of the proposed project or event.

The event will begin on Friday night the 20th of July. The re-enactors will arrive around 4pm to register and set-up. We plan on having a trivia in the park on Friday night. Saturday, the day begins at 10am with the confederate and union camps opening to the public. The Civil war hospital, embalmer, live music, food vendors and sutlers will also open. At 11:30 am there will be a small skirmish and a large battle (with pyrotechnics) happens at 2:30pm. President Lincoln will join us again this year as well as some new hands on activities. Saturday night will be a dance for the reenactors and general public. Sunday will be generally the same schedule with the addition of dance lessons for the public in the afternoon.

2) If your application is accepted, how will the tourism grant funds be used?

The grant funds will be used to cover entertainment, supplies, logistics and advertisements.

3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

This year we will advertise in the Kane-DuPage Regional Museum Association's program Passport to Adventure, our ad will be in over 15,000 books distributed over Kane and DuPage Counties. We will also be advertising at area Civil War events throughout Illinois and surrounding states. We will run newspaper ads in Lombard and surrounding counties including Will and Winnebago.

LOCATION

Provide the location of the event or project. If a location has not been secured, list the venue(s) being proposed or considered.

Four Seasons Park, Lombard, IL
Main Street and 16th.

MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

Planning has already begun. The Park District has already been contacted for formal permission. Sponsorship meetings will happen in January – March. Entertainment will be secured in January and February and registration forms will also go out. Food vendors will be contacted by March.

IMPACT

- 1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

Many of the reenactors and vendors are from out of state. Many reenactors camp in the park, but some choose to stay in hotels. Last year local reenactors booked at least 12 rooms. Because of the inclement weather which was a 50% increase over 2015. The participants come from Iowa, Indiana, Wisconsin, Kentucky, Tennessee, and Virginia.

- 2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

Besides local hotel rooms, we will ask local food establishments to sell food at the event. The reenactors also shop locally for supplies. The participants also eat at local restaurants for some of their meals. We advertise outside of the local markets.

- 3) Who is the target audience for your event or project? What is your anticipated attendance?

This is a family friendly event and has a broad audience of anyone who enjoys history or festivals. We anticipate over 3000 people over the 3 days.

- 4) Please identify and detail the cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, etc.) and whether such costs will be reimbursed or funded under this grant. Please describe any collaborative arrangements developed with other organizations to fund or otherwise implement the project (include in-kind donations).

There are no anticipated costs for the Village of Lombard Police or Public Works for this event. LHS works closely with the Lombard Park District and the Helen Plum Library. Local businesses such as The Care of Trees and Waste Management have donated in the past and we will be looking for those donations again. Stanford's Mississippi Battery, a local reenacting unit, donates hundreds of hours of service as well as supplying a landscaper with ground restoration. They also supply the technical expertise for pyrotechnics and battle planning. Stanford's also brings three cannons, supplies setup and the entire cleanup for the event. The VFW will be asked to manage traffic and parking for the event again this year.

- 5) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

Our marketing plan includes both local and regional marketing. We will work local with banners for the village. We will have a contest for school children to find civil war cut-outs around the village. We will be advertising throughout Illinois. We will also create a banner that will go to many events outside of the local market, including, Indiana, Wisconsin, Rockford, IL. The banner will also go locally to Bartlett, Naperville, and Lake County.

FINANCES

- Please include a detailed itemized budget for your entire event on the attached budget form (2 years of past actuals and estimates for upcoming event).
- Attach a copy of the most recently completed agency audit and Federal Form 990. If these documents are not available, please explain why they are not available.

CHECKLIST

- Completed Local Tourism Grant Program Application Form.
- Completed detailed budget form.
- Promotional materials from past events (not applicable to first time events).
- Post event summary from past event (not applicable to first time events).
- Copy of the most recently completed agency audit or explanation of why it is not available.
- Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

CERTIFICATION

The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	Sarah Richardt		
Title or office held:	Executive Director	Date:	12/11/2017

Signature: _____

ITEMIZED EXPENSES	ACTUAL 2015	ACTUAL 2016	ANTICIPATED 2017
	\$	\$	\$
entertainment	2319	2025	2450
supplies	3079.70	2781	2940
advertisement	1540	595.50	2240
logistics	3346	3272.50	3770
In Kind expenses		6066	6325
Total Expenses	\$10,284.70	\$14,740	\$17725

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: Lombard's Civil War Reenactment Date: July 22 – 24, 2016

Organization: Lombard Historical Society

INCOME: Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	ACTUAL 2015	Actual 2016	ANTICIPATED 2017
Lombard Tourism Grant	\$8804.20	7774	\$8600
Cash Donations	3775.09	2414	3000
Spot fees	595	250	500
Sponsorships	0	0	2200
Gift Shop/Pop/Water Sales	468	256	700
In Kind	Not measured	6066	6325
Total Income	\$13642.29	\$16760	\$21325

EXPENSES: Include an itemized list of all actual and estimated project expenses (advertising, supplies, labor, rentals, insurance, materials, entertainment, other expenses)

IN-KIND CONTRIBUTIONS: Include an itemized list of all actual and estimated in-kind contributions. In-kind contributions are non-cash donations, contributions or gifts which can be given a cash value (include Village of Lombard in-kind services, where applicable)

Estimated value of in-kind contributions (explain)

ACTUAL 2015	ACTUAL 2016	ANTICIPATED
\$1400	\$6066	\$6325
Some supplies mostly wood and straw. Cut outs around town for advertising and mileage for advertising trailer.. Port a potties from Waste Management.	Straw, Hay, First Brigade Band, Park Staff, Fire wood, flyer printing, banner, Portable toilets , t-shirts, reenactor meal, ice	Straw, Hay, First Brigade Band, Park Staff, Fire wood, flyer printing, banner, Portable toilets, t-shirts, reenactor meal, ice, lunch

Civil War Reenactment Expenses

Entertainment

	2014	2014	2015	2015	2016	2016	2016	2016	2016	2017	2017	2017	2018
	Budget	actual	Budget	Actual	Budget	Actual	inkind	value	budget	actual	inkind	actual	
Announcer Jerome Kowalski	150	150	150	150	150	150	175	0	175	0	75	0	
Civil War Photographer					200	200	0	200	0	0	0	0	
Embalmer Jon Austin	0	0	200	200	200	200	200	0	150	150	150	150	
Medical Unit					150	150	0	0	150	150	0	0	
Blacksmith			100	100	100	100	0	0	100	100	0	0	
Norm Camp, Children's Drill	0	150	150	150	150	150	150	0	100	100	0	0	
Lincoln, Max Daniels or Kevin Wright	800	400	400	400	400	400	400	0	300	300	400	400	
Plank Road	150	150	150	150	150	150	100	0	150	150	100	100	
Ball Caller and dance instruction	100	100	250	250	250	250	250	0	200	200	100	100	
Movie (trivia night)	350	324	350	301	100	100	0	0	100	100	50	50	
Civil War Scholar talk	150	150	150	150	0	0	0	0	200	200	225	225	
Park District staff	133	78	200	468	450	450	0	450	250	250	0	0	
1st Brigade Band					750	750	750	1250	750	750	1250	1750	
Sub Total	1833	1502	2100	2319	3050	2025			2625		2950	3000	

Supplies

Gun Powder	1300	1200.94	1500	1573	1600	1725			1600		1481.16		
Straw /Hay	280	280	100	40	40	0	150	0	0	0	0	0	
Wood	350	350	350	350		0	350	0	0	0	350	0	
Safety (signage)	150	90	150	0		0	200	0	0	0	200	0	
Onsite Paramedics			500	0		0	0	0	0	0	100	0	
Event Communication System (Walkie Talkies)	470	70	275	233.7		0	0	0	0	0	0	0	
Field reconstruction	300	300	350	407	400	380			400				
Battle effects	300	300	350	407	400	380			400				
Transportation Battery G and Navy	300	500	500	530	550	550			550				
Sub Total	3150	2790.94	3875	3079.7	2940	2781			2700		1500		

Advertisement

Banner sign	80	79.5	80		80	100.5			125		0	0	
Direct Mailers	0	0	0		0	0	0	0	0		0	0	
Newspaper ads	500	350	1000	1000	1200	239			500		586.5		
Directional signage	150	88	200			0			100		0	0	

VILLAGE OF LOMBARD
LOCAL TOURISM GRANT – POST EVENT SUMMARY

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant’s ability to receive future grant funds.

GENERAL INFORMATION

Organization:	Lombard Historical Society	Name of event:	Civil War Reenactment
Date of event:	7/23/2017	Event location:	Four Seasons Park
Contact person:	Sarah Richardt	Title:	Executive Director
Business address:	23 W. Maple St.	City & Zip:	Lombard 60148
Telephone:	630-629-1885	E-mail address:	director@lombardhistory.org
Estimated attendance:	2000	Estimated hotel stays:	12
Method for estimating attendance:	Crowd counts at movie, Sat/Sun skirmish and battle		

1. Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces and advertisements.

We advertised in the local newspaper (*The Lombardian*) as well as at other events such as Naperville, Wauconda, and Rockford. We also submitted the event to online calendars, and advertised through our social media. Local partners/community groups were given information (posters, rack cards, etc.) and we handed out information at all LHS events. Cut-outs of soldiers were placed around Lombard with business card size information to take. Also, a cannon and soldier cutout was placed at the Lombard Ale Fest.

2. Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?

Overall, the event was very successful. We saw an increase in both donations and visitors over our historically low 2016. There was an increased effort this year to decrease cannon noise to the neighbors and received no complaints after the event. The ball that was held inside this year at Glenn Westlake Middle School was very successful. I do believe our numbers were down in the area of young spectators due to the Germanfest being held the same weekend.

3. How did the actual outcomes of the program or event compare to your original expectations?

I was disappointed in the amount of donations to the event, but the enthusiasm is always there for this event.

4. Describe your organization’s long-term plans for funding this project or event.

As this event is an educational program and free to the public (donations are at-will), that pulls in thousands of people, it is crucial that we are able to fund it at an appropriate level. We are very grateful to the village’s support of this event. Going forward we will continue to work with our vendors and donors to provide in-kind donations and sponsorships, reducing the overall cost.

RALLY CITIZENS! RALLY!!



LOMBARD HISTORICAL SOCIETY AND STANFORD'S BATTERY
PRESENT

LOMBARD'S CIVIL WAR REENACTMENT

JULY

22 & 23

10AM^{TO} 4PM

(JULY 21: TRIVIA NIGHT! 7PM)

FOUR SEASONS

PARK IN

LOMBARD

**\$5 SUGGESTED
DONATION**

BENEFITS

THE LOMBARD

HISTORICAL

SOCIETY

MORE INFO

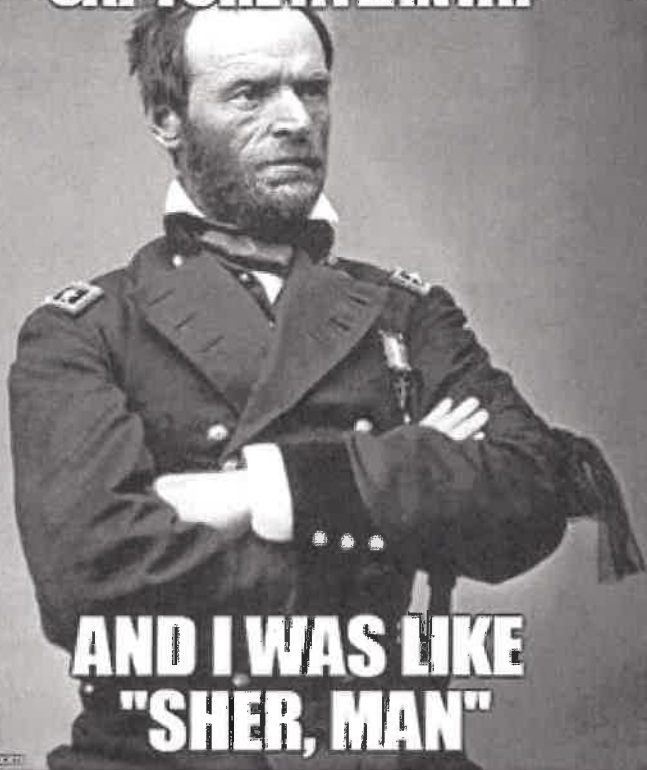
lombardhistory.org
or call 630.629.1885

SPONSORS:

VILLAGE OF LOMBARD, LOMBARD PARK DISTRICT,
DAVEY TREE EXPERTS, WASTE MANAGEMENT,
PARTY PEOPLE RENTALS, SCHOOL DISTRICT 44

TRIVIA NIGHT!

LINCOLN WAS LIKE "WANNA
CAPTURE ATLANTA?"



FRIDAY

JULY

21

7PM

MAIN TENT
FOUR SEASONS PARK

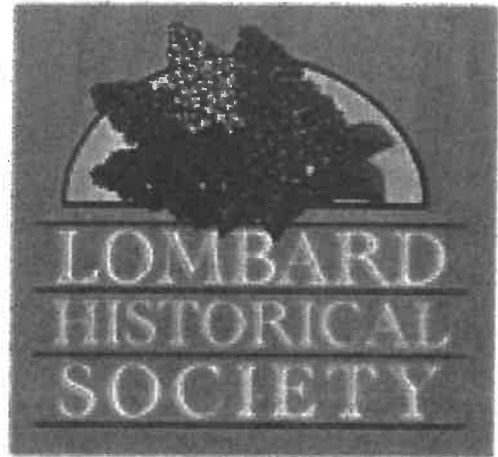
SPONSORED BY HELEN
PLUM MEMORIAL LIBRARY
AND LOMBARD HISTORICAL
SOCIETY

FIRST PLACE PRIZE: FIRE THE
CANNON SATURDAY OR SUNDAY!

★CANNON PROVIDED BY STANFORD'S BATTERY!★

Come test your Civil War and Lombard history knowledge, individually or as a team. Rub elbows with reenactors while sipping free lemonade and chowing on \$1 bags of popcorn.

Free admission, all ages!



AUDIT REPORT
FOR THE YEAR ENDED DECEMBER 31, 2016

Lombard Historical Society, Inc.
Audit Report
Modified Cash Basis
For the Year Ended December 31, 2016

Table of Contents

Independent Auditor's Report	1 - 2
Financial Statements (Modified Cash Basis):	
Statement of Assets, Liabilities and Net Assets	3
Statement of Revenues, Expenses and Changes in Net Assets	4 - 5
Statement of Cash Flows	6
Notes to the Financial Statements	7 - 9

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INDEPENDENT AUDITOR'S REPORT

Board of Management
Lombard Historical Society, Inc.
Lombard, Illinois

We have audited the accompanying financial statements of the **Lombard Historical Society, Inc.**, which comprise the statement of assets, liabilities, and net assets – modified cash basis as of December 31, 2016 and 2015; and the related statements of revenues, expenses and changes in net assets – modified cash basis, and cash flows – modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets – modified cash basis of the Lombard Historical Society, Inc. as of December 31, 2016 and 2015, and the revenues, expenses and changes in net assets and their cash flows – modified cash basis for the years then ended in accordance with the modified cash basis of accounting described in Note 1.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Selden Fox, Ltd.

May 1, 2017

**Lombard Historical Society, Inc.
Statement of Assets, Liabilities and
Net Assets - Modified Cash Basis
December 31,**

Assets	2016	2015
Cash	\$ 49,428	\$ 46,221
Certificates of deposit	59,603	71,357
Total assets	\$ 109,031	\$ 117,578
Liabilities and Net Assets		
Liabilities - contract payable	\$ -	\$ 63,000
Net assets:		
Unrestricted	109,031	51,412
Temporarily restricted	-	3,166
Total net assets	109,031	54,578
Total liabilities and net assets	\$ 109,031	\$ 117,578

See accompanying notes and independent auditor's report.

Lombard Historical Society, Inc.
Statement of Revenues, Expenses and
Changes in Net Assets - Modified Cash Basis
For the Year Ended December 31, 2016

	Unrestricted	Temporarily Restricted	Total
Revenues, gains and other support:			
Government reimbursements	\$ 140,453	\$ -	\$ 140,453
Donations and contributions	15,514	21,559	37,073
Grants	-	44,873	44,873
Memberships	3,676	-	3,676
Investment income	122	-	122
Net assets released from restrictions	69,598	(69,598)	-
Total revenues, gains and other support	229,363	(3,166)	226,197
Expenses:			
Reimbursed expenses	130,193	-	130,193
Historical Society	41,551	-	41,551
Total expenses	171,744	-	171,744
Change in net assets	57,619	(3,166)	54,453
Net assets:			
Beginning of the period	51,412	3,166	54,578
End of the period	\$ 109,031	\$ -	\$ 109,031

See accompanying notes and independent auditor's report.

Lombard Historical Society, Inc.
Statement of Revenues, Expenses and
Changes in Net Assets - Modified Cash Basis
For the Year Ended December 31, 2015

	Unrestricted (Unaudited)	Temporarily Restricted (Unaudited)	Total (Unaudited)
Revenues, gains and other support:			
Government reimbursements	\$ 128,728	\$ -	\$ 128,728
Donations and contributions	17,637	26,606	44,243
Grants	1,050	-	1,050
Memberships	3,070	-	3,070
Investment income	503	-	503
Net assets released from restrictions	23,670	(23,670)	-
Total revenues, gains and other support	174,658	2,936	177,594
Expenses:			
Reimbursed expenses	126,866	-	126,866
Historical Society	31,841	-	31,841
Return of contribution	11,248	-	11,248
Total expenses	169,955	-	169,955
Change in net assets	4,703	2,936	7,639
Net assets:			
Beginning of the period	46,709	230	46,939
End of the period	\$ 51,412	\$ 3,166	\$ 54,578

See accompanying notes and independent auditor's report.

Lombard Historical Society, Inc.
Statement of Cash Flows - Modified Cash Basis
For the Year Ended December 31,

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities:		
Change in net assets	\$ 54,453	\$ 7,639
Adjustments to reconcile change in net assets to net cash from operating activities:		
Reinvested interest and dividends	(122)	(387)
Realized gain on mutual funds	-	(116)
Net cash from operating activities	54,331	7,136
Cash flows from investing activities - proceeds from sale of investment	11,876	11,248
Cash flows from financing activities - repayments on contract payable	(63,000)	(13,000)
Net increase in cash	3,207	5,384
Cash, beginning of the period	46,221	40,837
Cash, end of the period	\$ 49,428	\$ 46,221

See accompanying notes and independent auditor's report.

Lombard Historical Society, Inc.
Notes to the Financial Statements

1. Summary of Significant Accounting Policies

Organization and Purpose – Lombard Historical Society, Inc. (Organization), a not-for-profit organization, was formed in 1971 with a mission to educate, preserve, study, and conserve the history of the Village of Lombard, and maintain and operate historical sites and buildings located in Lombard, Illinois, and the surrounding vicinity.

Basis of Accounting – The accompanying financial statements are presented primarily on a modified cash basis, with revenues recognized upon receipt and expenses recognized upon payment of a liability. This policy is an acceptable comprehensive basis of accounting, but differs from accounting principles generally accepted in the United States of America, which require that financial statements be prepared on an accrual basis. Modifications to the cash basis of accounting include recording accrued interest on certificates of deposit and recording a liability for a contract payable to the Village of Lombard.

These financial statements have been prepared to focus on the Organization as a whole, to present balances and transactions according to the existence or absence of donor imposed restrictions. This has been accomplished by classification of net assets and transactions into three classes of net assets: permanently restricted, temporarily restricted, or unrestricted.

Permanently Restricted Net Assets – Net assets subject to donor imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes. The Organization did not have any permanently restricted net assets for the years ended December 31, 2016 or 2015.

Temporarily Restricted Net Assets – Net assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time. The Organization had no temporarily restricted net assets at December 31, 2016 (\$3,166 at December 31, 2015).

Unrestricted Net Assets – Net assets not subject to donor imposed stipulations.

Revenues are reported as increases in unrestricted net assets, unless use of the related assets is limited by donor imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets, unless their use is restricted by explicit donor stipulation or by law. Expiration of temporary restrictions on net assets (i.e., the donor imposed stipulated purpose has been fulfilled or the stipulated time period has elapsed) is reported as reclassifications between the applicable classes of net assets. Contributions received with donor imposed restrictions that are met in the same year as received are reported as revenues of the temporarily restricted net asset class, and a reclassification to unrestricted net assets is made to reflect the expiration of such restrictions.

Lombard Historical Society, Inc.
Notes to the Financial Statements (cont'd)

1. Summary of Significant Accounting Policies (cont'd)

Use of Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect financial statement amounts and disclosures. Actual results could differ from those estimates and assumptions.

Certificates of Deposit – The Organization's certificates of deposit are carried at cost, which includes accrued interest.

Income Taxes – The Organization is a not-for-profit entity, as described in Section 501(c)(3) of the Internal Revenue Code. The Organization is exempt from income taxes, except to the extent of any unrelated business income. There was no unrelated business income for the years ended December 31, 2016 or 2015. Accordingly, no provision for income taxes is included in the financial statements. The Organization has never been examined by the Internal Revenue Service. Accordingly, all years under the statute of limitations (2013 through 2015) are open for examination.

Subsequent Events – Subsequent events have been evaluated through May 1, 2017, the date the financial statements were available to be issued.

2. Operating Leases

The Organization has a noncancellable operating lease agreement for a copier that expires in February 2017. Another noncancellable operating lease agreement for a copier was signed in February 2017 that expires in February 2021. At December 31, 2016, minimum annual rental commitments are as follows:

	<u>Leases</u>
2017	\$ 1,484
2018	1,428
2019	1,428
2020	1,428
2021	238
	<u>\$ 6,006</u>

The Organization's rent expense under this lease for the years ended December 31, 2016 and 2015 was \$1,766.

Lombard Historical Society, Inc.
Notes to the Financial Statements (cont'd)

3. Contract Payable

In 2012, the Organization entered into an agreement with the Village of Lombard to construct an addition on the Organization's premises, which are owned by the Village. In order to save the Organization both time and money, the Village offered to initially fund the construction of the addition, provided the Organization reimburses the Village for the construction costs incurred. The cost of the addition was \$296,758, of which the Organization was liable for \$201,496. The Organization has used State of Illinois Department of Natural Resources Public Museum Capital Grants and capital campaign donations to pay off the entire contract amount as of December 31, 2016 (the balance due to the Village was \$63,000 at December 31, 2015).

4. Reimbursed Expenses

The Organization's main source of revenue is grants from the Village of Lombard for expenses related to the maintenance of the museums. The major sources of expenses are salaries and expenses related to the maintenance and operation of the museums, which are reimbursed by the Village. The total amount of reimbursable expenses incurred in 2016 was \$130,193 (\$126,866 in 2015). The total amount of reimbursements received from the Village in 2016 was \$140,453 (\$128,728 in 2015).

5. Classification of Expenses

The classification of expenses by function is as follows:

	<u>2016</u>	<u>2015</u>
Program services	\$ 67,170	\$ 62,419
General and administrative	54,025	63,862
Fund-raising	50,549	43,674
	<u>\$ 171,744</u>	<u>\$ 169,955</u>

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois

Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01053737

PMT #	
AMT	
INIT	

Report for the Fiscal Period:

Beginning 01 / 01 / 2015

& Ending 12 / 31 / 2015

MO DAY YR

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # 23-7114585

Are contributions to the organization tax deductible? Yes No

Date Organization was created: / / 1970

LEGAL NAME Lombard Historical Society	Year-end amounts	
MAIL ADDRESS 23 W Maple St	A) ASSETS	A) \$ 119522.30
CITY, STATE Lombard, IL, 60148	B) LIABILITIES	B) \$ 63000.00
ZIP CODE	C) NET ASSETS	C) \$ 56522.30
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	91.04 %	D) \$ 161760.80
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	.60 %	E) \$ 1050.00
F) OTHER REVENUES	8.36 %	F) \$ 14866.23
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100 %	G) \$ 177677.03
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	2.41 %	H) \$ 3813.04
I) EDUCATION PROGRAM SERVICE EXPENSE	13.45 %	I) \$ 21360.15
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	15.86 %	J) \$ 25173.19
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	15.86 %	L) \$ 25173.19
M) MANAGEMENT AND GENERAL EXPENSE	77.34 %	M) \$ 122757.59
N) FUNDRAISING EXPENSE	6.80 %	N) \$ 10775.82
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 158706.60
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.00
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0.00 %	Q) \$ 0.00
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	100. %	R) \$ 0.00
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.00
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: Natalie A Troiani, Director		T) \$ 41709.00
U) NAME, TITLE: Nicole Loius, Volunteer Coordinator		U) \$ 31095.00
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: Historical Society		W) # 034
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

Linda A. Nayder –EA, MST

(630) 416-7068

Tax Preparation – Accounting Services

Established 1985

Office of the Attorney General
Charitable Compliance Late Reports
100 W Randolph, 11th Floor
Chicago, IL 60601

Re: Lombard Historical Society

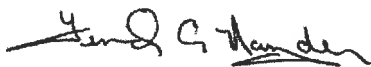
September 20, 2017

To Whom It May Concern:

I sent in Form AG 990-IL, the Federal 990, and a check for the annual fee on 08/31/2017. The Lombard Historical Society received notification that the information had not been received. I am enclosing copies of what was originally filed so that if the original filing cannot be found these documents can be used to act as the filing copy. I am enclosing another check for the annual filing fee and ask that it be returned if the original documentation is located.

Thank you in advance for your assistance in this matter. If you need additional information or have any questions, feel free to contact me at (630) 416-70689 or lnayder@nayder.com.

Sincerely,



Linda A. Nayder
Treasurer, Lombard Historical Society

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 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , 2016, and ending

B Check if applicable: <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	C Name of organization LOMBARD HISTORICAL SOCIETY		D Employer identification number 23-7114585
	Doing business as		E Telephone number (630) 629-1885
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 23 WEST MAPLE STREET		
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD IL 60148		G Gross receipts \$ 225,212.
F Name and address of principal officer: LESLIE SULLA 23 WEST MAPLE STREET LOMBARD IL 60148		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status	<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	H(c) Group exemption number ▶	
J Website: ▶ N/A			
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1970	M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HISTORICAL EDUCATION AND PRESERVATION</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 177,091.	Current Year 224,970.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	586.	242.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,677.	225,212.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,256.	103,028.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,451.	67,265.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	158,707.	170,293.	
19 Revenue less expenses. Subtract line 18 from line 12	18,970.	54,919.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 119,522.	End of Year 111,162.
	21 Total liabilities (Part X, line 26)	63,000.	-37.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,522.	111,199.

Part II Signature Block

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	<i>Linda A Nayder</i> Signature of officer	05/11/17 Date
	LINDA A NAYDER Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LINDA A NAYDER, EA, MST, CEPA	LINDA A NAYDER, EA, MST, CEPA	09/20/17		P00081673
	Firm's name ▶ L.A. Nayder Enterprises	Firm's EIN ▶ 36-3882173		Phone no. (630) 416-7068	
	Firm's address ▶ 2012 Cherrywood Circle Naperville IL 60565				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

HISTORICAL EDUCATION AND PRESERVATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 170,293, including grants of \$ 52,642.) (Revenue \$ 244,970.) OPERATES AND MAINTAINS THREE MUSEUMS.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 170,293.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 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		X
4 Section 501(c)(3) organizations. 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

Form with multiple rows and columns for reporting tax compliance. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and deductible contributions. Columns include 'Yes' and 'No' for various questions.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included in line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization. X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?;

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Illinois
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LINDA NAYDER 2012 CHERRYWOOD CIRCLE NAPERVILLE IL 60565 (630) 416-7068

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATALIE A TROIANI	40.00						X	15,918.	0.	0.
(2) SARAH RICHARDT	40.00						X	33,937.	0.	0.
(3) -----	-----									
(4) -----	-----									
(5) -----	-----									
(6) -----	-----									
(7) -----	-----									
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Sub-total 49,855. 0. 0.
c Total from continuation sheets to Part VII, Section A
d Total (add lines 1b and 1c) 49,855. 0. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 3,676.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions) . .	1 e 44,873.				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f 176,421.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		224,970.			
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		242.	242.	0.	0.
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . .				
	d Net rental income or (loss) ▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11 a -----						
	b -----					
	c -----					
	d All other revenue		0.	0.	0.	0.
	e Total. Add lines 11a-11d ▶		0.			
12 Total revenue. See instructions ▶		225,212.	242.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	49,854.	49,854.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	44,726.	44,726.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes	8,448.	8,448.	0.	0.
11 Fees for services (non-employees):				
a Management	3,530.	3,530.	0.	0.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	2,099.	2,099.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	33,706.	33,706.	0.	0.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization				
23 Insurance	5,455.	5,455.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>COLLECTIONS/EXHIBITS</u>	22,475.	22,475.	0.	0.
b _____				
c _____				
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	170,293.	170,293.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year	(B) End of year
Assets	1 Cash — non-interest-bearing		1
	2 Savings and temporary cash investments	119,522.	2 111,162.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments — publicly traded securities		11
	12 Investments — other securities. See Part IV, line 11		12
	13 Investments — program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,522.	16 111,162.	
Liabilities	17 Accounts payable and accrued expenses	63,000.	17 -37.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	63,000.	26 -37.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds	56,522.	32 111,199.
33 Total net assets or fund balances.	56,522.	33 111,199.	
34 Total liabilities and net assets/fund balances	119,522.	34 111,162.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	225,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,293.
3	Revenue less expenses. Subtract line 2 from line 1	3	54,919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,522.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,441.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2 a	X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2 b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2 c	X
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b	

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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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

LOMBARD HISTORICAL SOCIETY

23-7114585

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (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		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	117,871.	259,260.	169,263.	177,677.	224,970.	949,041.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	117,871.	259,260.	169,263.	177,677.	224,970.	949,041.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						949,041.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	117,871.	259,260.	169,263.	177,677.	224,970.	949,041.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	950.	979.	667.	586.	242.	3,424.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						952,465.
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.64 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.50 %
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1 a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1 c	
d	Total (add lines 1a, 1b, and 1c)	1 d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Part V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Part VI **Supplemental information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2016

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

LOMBARD HISTORICAL SOCIETY

23-7114585

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NATALIE A	(i)	15,918.	0.	0.	0.	0.	15,918.	0.
1 TROIANI	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

Employer identification number

LOMBARD HISTORICAL SOCIETY

23-7114585

Pt VI, Line 11b Form 990 is reviewed at a monthly board meeting upon completion.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General **LISA MADIGAN** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01053737

Report for the Fiscal Period:

Beginning 01 / 01 / 2016

& Ending 12 / 31 / 2016
MO DAY YR

Check all items attached:

Make Checks Payable to the Illinois Charity Bureau Fund

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Federal ID # 23-7114585

Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____ / _____ / 1970
MO DAY YR

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	LOMBARD HISTORICAL SOCIETY 23 W MAPLE ST LOMBARD, IL 60148	Year-end amounts	
		A) ASSETS	A) \$ 111,162
		B) LIABILITIES	B) \$ (37)
		C) NET ASSETS	C) \$ 111,199
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		72 %	D) \$ 162,631
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		21 %	E) \$ 48,549
F) OTHER REVENUES		7 %	F) \$ 13,790
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ 224,970
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		82 %	H) \$ 10,189
I) EDUCATION PROGRAM SERVICE EXPENSE		18 %	I) \$ 2,099
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		100 %	J) \$ 12,288
Ji) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		0 %	K) \$ 0
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		7 %	L) \$ 12,288
M) MANAGEMENT AND GENERAL EXPENSE		85 %	M) \$ 145,827
N) FUNDRAISING EXPENSE		8 %	N) \$ 12,178
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 170,293
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
T) NAME, TITLE: SARAH RICHARDT, DIRECTOR			T) \$ 33,937.00
U) NAME, TITLE: NATALIE A TROIANI, DIRECTOR			U) \$ 15,918.00
V) NAME, TITLE:			V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: HISTORICAL SOCIETY			W) # 034
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		✓
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		✓
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		✓
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		✓
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		✓
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		✓
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		✓
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		✓
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		✓
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>BMO HARRIS 345 S MAIN ST., LOMBARD IL 60148</u> <u>FIFTH GHIRD BANK 211 W ST. CHARLES RD., LOMBARD IL 60148</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>LINDA A NAYDER (630) 416-7068</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
LINDA A NAYDER	<i>Linda A Nayder</i>	8/31/17
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
LINDA A NAYDER	<i>Linda A Nayder</i>	8/31/17
PREPARER (PRINT NAME)	SIGNATURE	DATE