

Nicole Aranas
Village of Lombard
255 E. Wilson Ave.
Lombard, IL 60148

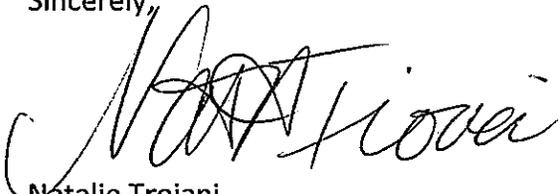
December 2014

Dear Nicole,

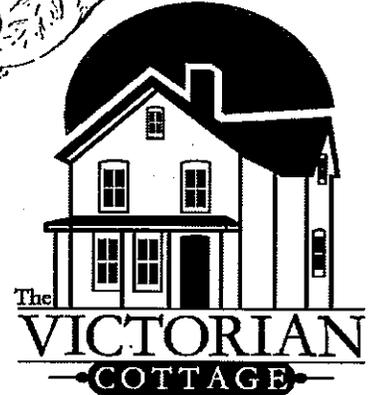
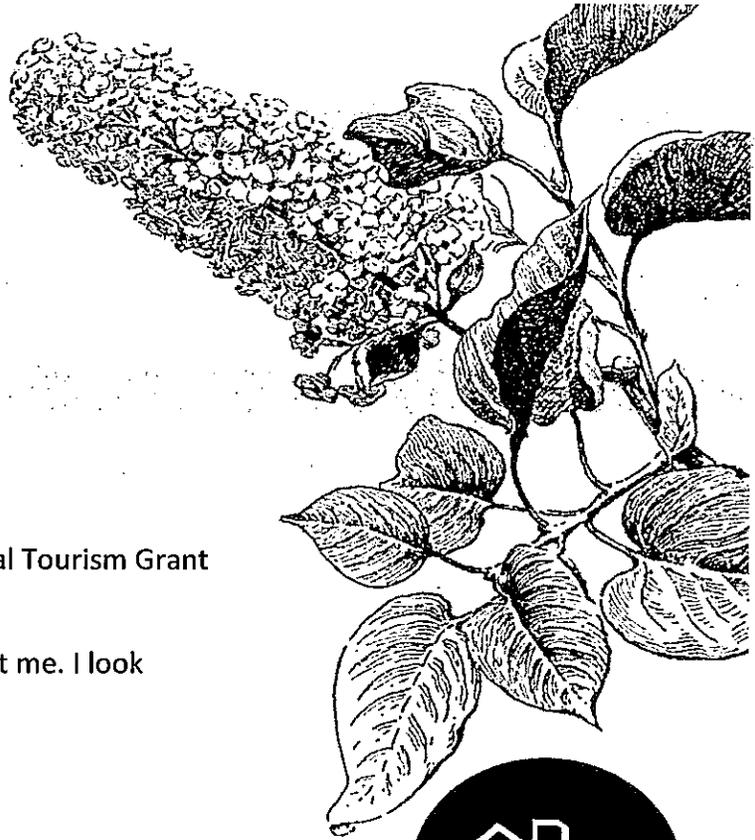
Enclosed you will find the Lombard Historical Society's Local Tourism Grant Application for the Lombard Civil War Reenactment.

If you have any questions, please do not hesitate to contact me. I look forward to working with you on this grant.

Sincerely,



Natalie Troiani
Executive Director
info@lombardhistory.org



**LOMBARD
HISTORICAL
SOCIETY**

23 West Maple Street
Lombard, Illinois 60148

630.629.1885

www.LombardHistory.org

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

GENERAL INFORMATION

Organization:	Lombard Historical Society		
Name of event:	Lombard's Civil War Reenactment (previously known as Sweet's Civil War Reenactment)		
Date of event:	July 24, 25, 26 2015	Event location:	Four Seasons Park, Lombard
Contact person:	Natalie Troiani	Title:	Executive Director
Business address:	23 W. Maple Street	City & Zip	Lombard, IL 60148
Telephone:	630-629-1885	Email:	info@lombardhistory.org

PROJECT OVERVIEW

Total cost of the project:	\$13,394
Cost of city services requested in this application (if any):	\$0.00
Total funding requested in this application:	\$10,045.50
Percent of total project cost being requested:	75%
Anticipated attendance:	5000-6000
Anticipated number of overnight hotel stays:	10+

Briefly describe the project for which funds are being requested:

2015 will be the 5th 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 movie 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:	44
Number of years that the project or event has been in existence:	5
Number of years the project has been supported by Village of Lombard funds:	3
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 Executive director, 2 part time site coordinators, and an archivist.

- 2) Please describe the goals and objectives of the organization and how they are supported by this program

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 generally are able to.

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

With continued 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 the details regarding the event or project including a full description of the project and the anticipated timeline.

The event will begin on Friday night the 24th of July. The re-enactors will arrive around 4pm to register and set-up. We plan on having a movie in the park on Friday night. Saturday, the day begins at 10 with the confederate and union camps opening to the public. The Civil war hospital, embalmer, live music, food trucks and sutlers will also open. At 11:30 am will be a small skirmish and a large battle (with pyrotechnics) happens at 2:30pm. President and Mrs. Lincoln will join us again this year. 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 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 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. We are currently contacting hotels to secure a block of rooms. A letter will be sent to the Lombard Park Board to get 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 trucks (including local 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 4 rooms. The participants come from Iowa, Indiana, Wisconsin, Kentucky and Tennessee.

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 in Rockford and Bloomington.

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

This has a broad audience of anyone who enjoys history or festivals. We anticipate over 5000 people over the 3 days.

- 4) Please describe any collaborative arrangements developed with other organizations to fund or otherwise implement the project (include in-kind donations).

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 8th VRC will be working with the VFW to manage traffic and parking for the event.

- 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 as well as flyers for the schools. 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. We will again request for WGN's Anna Bellavalle to do a live remote broadcast from the park on July 24th to bring more people to the event. DuPage County CVB has already placed information in their print pieces.

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.

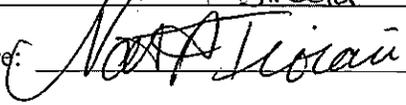
Additional Notes, Comments or Explanations:

Click here to enter text.

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:	Natalie Troiani	
Title or office held:	Director	Date: 12.18.14

Signature: 

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: Lombard's Civil War Reenactment Date: July 24 – 26, 2015

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 2013	ACTUAL 2014	ANTICIPATED
Lombard Tourism Grant	\$6000	\$5999	\$10,045.50
Ticket Sales and Donations	2984	3767.43	3500
Spot fees	240	375	300
LHS funds	580	3150	1150
In kind donations	590	1780	1500
Sponsorships	0	0	2000
Total Income	\$10394	\$15071.43	\$18495.50

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

ITEMIZED EXPENSES	ACTUAL 2013	ACTUAL 2014	ANTICIPATED
	\$	\$	\$
entertainment	1824	1502	2310
supplies	3100	2790.94	3875
advertisement	787	1957	2645
logistics	2902.4	5216.56	4564
Total Expenses	\$8613.40	\$11466.50	\$13394

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 2013	ACTUAL 2014	ANTICIPATED
	\$590	\$1780	\$1500
	Some supplies including stray, hay, wood. Battle effects. Safety for event. Cut outs around town for advertising and mileage for advertising trailer.	Some supplies including stray, hay, wood. Battle effects. Safety for event. Cut outs around town for advertising and mileage for advertising trailer.. Port a potties from Waste Management.	Some supplies including stray, hay, wood. Battle effects. Safety for event. Cut outs around town for advertising and mileage for advertising trailer.. Port a potties from Waste Management.

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:	Sweet's Civil War Reenactment
Date of event:	7/27/2014	Event location:	Four Seasons Park
Contact person:		Title:	
Business address:	23 W. Maple Street	City & Zip:	Lombard, IL 60148
Telephone:	630-629-1885	E-mail address:	info@lombardhistory.org
Estimated attendance:	5000	Estimated hotel stays:	10+
Method for estimating attendance:	Actual number counts at various times of the day, including the battle		

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

Newspaper ads in Rockford paper as well as Bloomington, local paper ads, 8 cut-outs were place around Lombard as signage. Banners were placed at Wilson and Main as well as the Sheldon Peck Homestead. The 8th VRC was also in the Lilac Parade advertising the event. Posters and flyers were also given out

- 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?

The event was an overall success. The Park District was happy with the condition the park was left. The reenactors generally believe this is the best event of the season. We would not want the event to get too much larger as we will run out of parking with more than 6000 people.

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

We anticipated a great event and that is what we had. We work very hard to plan this and work out the small details.

Describe your organization's long term plans for funding this project or event.

We will continue to find sponsors and grants for this event.

SUBMISSION INSTRUCTIONS

Please submit completed form and associated application documents on or before **December 15, 2013** to Nicole Aranas, Assistant Village Manger, by e-mailing aranasn@villageoflombard.org or by using the submit button below.

Submit

*Please note that the applicant must save the completed form and have Microsoft Outlook to use the submit button above.

If you do not receive a confirmation receipt of your completed application, please contact Nicole Aranas at 630-620-3085 or aranasn@villageoflombard.org to confirm.

RALLY CITIZENS! RALLY!!



STANDFORD'S BATTERY & THE 8TH VETERANS RESERVE CORP.

WEDNESDAY
MAY 12
7:00 PM

AT THE
LORDSBURGH
COMMUNITY CENTER

Host Units: Standford's Battery & the 8th Veterans Reserve Corp.

<p>\$5 SUGGESTED DONATION BENEFITS THE LOMBARD HISTORICAL SOCIETY</p>	<p>MORE INFO lombardhistory.org or call 630.679.1300</p>
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LOMBARD HISTORICAL SOCIETY PRESENTS
SWEET'S CIVIL WAR REENACTMENT

FREE
9:30 & 2:30
10AM to 4PM
SAT 23rd NOVEMBER AT BUSBY

FOUR SEASONS
PARK @ LOMBARD

Located between Roosevelt and
Bunfield Roads, northeast of
I-355 and I-88

\$5 SUGGESTED DONATION, PROCEEDS BENEFIT THE
LOMBARD HISTORICAL SOCIETY
MORE INFO & FULL SCHEDULE OF EVENTS:
lombardhistory.org 630.629.1885



Lombard Historical Society, Inc.



AUDIT REPORT
FOR THE YEAR ENDED MAY 31, 2012

Selden Fox, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

Selden Fox, LTD.

A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
619 Enterprise Drive
Oak Brook, Illinois 60523-8835

630-954-1400
630-954-1327 FAX

email@seldenfox.com
www.seldenfox.com

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying statement of assets, liabilities and net assets – modified cash basis of the **Lombard Historical Society, Inc.** (Organization) at May 31, 2012 and 2011, and the related statement of revenues, expenses and changes in net assets – modified cash basis and statement of cash flows – modified cash basis for the years then ended. These financial statements are the responsibility of the Organization's management. 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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 1, the Organization's policy is to prepare its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities and net assets of the Lombard Historical Society, Inc. as of May 31, 2012 and 2011, and the results of its revenues, expenses and changes in net assets and cash flows for the years then ended, on the basis of accounting described in Note 1.

Selden Fox, Ltd.

February 28, 2013

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

Assets	<u>2012</u>	<u>2011</u>
Cash	\$ 91,393	\$ 77,170
Investments:		
Mutual fund, at fair value	10,565	-
Certificates of deposit	<u>57,934</u>	<u>73,899</u>
Total assets	<u>\$ 159,892</u>	<u>\$ 151,069</u>
Net Assets		
Net assets:		
Unrestricted	\$ 141,677	\$ 151,069
Temporarily restricted	<u>18,215</u>	<u>-</u>
Total net assets	<u>\$ 159,892</u>	<u>\$ 151,069</u>

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 May 31,

	2012			2011 Total
	Unrestricted	Temporarily Restricted	Total	
Revenues, gains and other support:				
Government reimbursements	\$ 109,460	\$ -	\$ 109,460	\$ 112,546
Donations and contributions	28,172	31,434	59,606	37,238
Memberships	4,130	-	4,130	3,585
Investment income	1,316	-	1,316	2,113
Net assets released from restrictions	13,219	(13,219)	-	-
Total revenues, gains and other support	156,297	18,215	174,512	155,482
Expenses:				
Reimbursed expenses	118,541	-	118,541	115,882
Historical Society	44,106	-	44,106	21,110
Peck House	3,042	-	3,042	96
Miscellaneous	-	-	-	115
Total expenses	165,689	-	165,689	137,203
Change in net assets	(9,392)	18,215	8,823	18,279
Net assets:				
Beginning of the year	151,069	-	151,069	132,790
End of the year	141,677	18,215	159,892	151,069

See accompanying notes and independent auditor's report.

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

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities:		
Change in net assets	\$ 8,823	\$ 18,279
Adjustments to reconcile change in net assets to net cash from operating activities:		
Reinvested dividends	(1,101)	
Unrealized gain on mutual funds	(202)	
Net cash from operating activities	<u>7,520</u>	<u>18,279</u>
Cash flows from investing activities:		
Purchase of investments	(10,000)	-
Proceeds from maturity of certificates of deposit	16,703	1,340
Net cash from investing activities	<u>6,703</u>	<u>1,340</u>
Net increase in cash	14,223	19,619
Cash, beginning of the year	<u>77,170</u>	<u>57,551</u>
Cash, end of the year	<u>\$ 91,393</u>	<u>\$ 77,170</u>

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, was formed in 1971 with a mission to educate, preserve, study, and conserve the history of Lombard, and maintain and operate historical sites and buildings located in Lombard and the surrounding vicinity.

Basis of Accounting – The accompanying financial statements are presented primarily on a 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. A modification to the cash basis of accounting includes recording mutual funds at fair value.

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 year ended May 31, 2012 or 2011.

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 temporarily restricted net assets of \$18,215 in 2012 (none in 2011).

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 cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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

Fair Value and Mutual Funds – The Organization's certificates of deposit are carried at cost, which includes accrued interest. The Organization's mutual funds are accounted for at fair value with unrealized gains and losses reported in the Statement of Revenue, Expenses, and Changes in Net Assets.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurement is broken down into a three-level valuation hierarchy based on the reliability of observable and unobservable inputs as follows:

Level 1 – Valuations are based on quoted prices in active markets for identical assets or liabilities that the Association has the ability to access at the measurement date.

Level 2 – Valuations are based on quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations whose significant inputs are observable.

Level 3 – Valuations are based on unobservable inputs for the asset or liability that reflect the reporting entity's own data and assumptions that market participants would use in pricing the asset or liability.

Following is a description of the valuation methodologies used for investments measured at fair value, as well as the general classification of such investments pursuant to the valuation hierarchy.

Mutual funds are valued using quoted market prices. Accordingly, these assets are categorized in Level 1 of the fair value hierarchy.

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

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

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 May 31, 2012 or 2011. 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 (2009-2011) are open for examination.

Subsequent Events – Subsequent events have been evaluated through February 28, 2013, the date the financial statements were available to be issued.

2. Operating Lease

The Organization has a noncancellable operating lease agreement for a copier that expires in September 2014. At May 31, 2012, minimum annual rental commitments are as follows:

	<u>Leases</u>
2013	\$ 1,056
2014	704
	<u>\$ 1,760</u>

The Organization's rent expense under this lease for the years ended May 31, 2012 and 2011 was \$1,056 and \$1,078, respectively.

3. Commitments

During the fiscal year, the Organization entered into an agreement with the Village of Lombard (Village) 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 has offered to initially fund the construction of the addition, provided the Organization reimburses the Village for the construction costs incurred.

The estimated cost of the addition is \$313,720. The Organization is in receipt of a State of Illinois Department of Natural Resources Public Museum Capital Grant, relative to the construction of the addition, in the amount of \$70,000.

The Organization must reimburse the Village for the difference between the actual cost of the addition and the grant and donations within two years from the date that the Village issues a certificate of occupancy for the addition. The Organization has also pledged its certificates of deposits as collateral to reimburse the Village in the event insufficient funds are raised by the Organization.

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

4. Reclassification

Certain amounts have been reclassified on the Statement of Assets, Liabilities, and Net Assets in 2011 to conform to the current year reporting format. There was no effect on total revenue, expenses, or changes in net assets as a result of the reclassification.

Return of Organization Exempt From Income Tax

2013

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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lombard Historical Society Doing Business As		D Employer identification number 23-7114585
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 23 West Maple Street		E Telephone number (630) 629-1885
	City or town, state or province, country, and ZIP or foreign postal code Lombard IL 60148		G Gross receipts \$ 260,239.
	F Name and address of principal officer: Leslie Sulla 23 W. Maple St. 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		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) 10	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 10	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 7	
	6	Total number of volunteers (estimate if necessary) 12	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
	Revenue	8	Contributions and grants (Part VIII, line 1h)
		9	Program service revenue (Part VIII, line 2g)
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 950. 979.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 118,821. 260,239.	
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) 46,836. 92,875.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,608. 65,898.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 91,444. 158,773.	
	19	Revenue less expenses. Subtract line 18 from line 12 27,377. 101,466.	
	20	Total assets (Part X, line 16) Beginning of Current Year 187,269. End of Year 184,735.	
	21	Total liabilities (Part X, line 26) 201,496. 97,496.	
22	Net assets or fund balances. Subtract line 21 from line 20 -14,227. 87,239.		

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	Signature of officer	Date
	Richard W. Gallicchio	11/14/14
	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
	Richard W Gallicchio	<i>[Signature]</i>			P00008547
	Firm's name	Firm's address		Firm's EIN ▶	Phone no.
	Gallicchio Bachmeier & Associates, CPA's LLC	100 Turner Avenue		20-8131242	
	Elk Grove Village	IL 60007-3933			

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <u>Lombard Historical Society</u>	Employer identification number (EIN) or <u>23-7114585</u>
	Number, street, and room or suite number. If a P.O. box, see instructions. <u>23 West Maple Street</u>	Social security number (SSN)
File by the extended due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Lombard IL 60148</u>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Richard W. Gallicchio
Telephone No. (847) 439-0250 Fax No. (847) 439-3290
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 17, 2014.

5 For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension . . . Audit of books and records have not been completed at the present time. An additional extension is respectfully requested in order to file a complete and accurate return.

8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8 b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8 c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Wayne M. Bark Title CPA Date 08/11/14

BAA FIFZ0502 12/31/13 Form 8868 (Rev 1-2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see Instructions. <u>Lombard Historical Society</u>	Employer identification number (EIN) or <u>23-7114585</u>
	Number, street, and room or suite number, if a P.O. box, see Instructions. <u>23 West Maple Street</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Lombard</u>	<u>IL 60148</u>

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Richard W. Gallicchio

Telephone No. ▶ (847) 439-0250 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2014, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2013 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3 c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2013
Notice date	June 2, 2014
Employer ID number	23-7114585
To contact us	Phone 1-877-829-5500 FAX 801-620-5670

011538.298944.74076.5210 1 AT 0.406 373



LOMBARD HISTORICAL SOCIETY INC
23 W MAPLE ST
LOMBARD IL 60148-2512

Page 1 of 1

011538

Important information about your December 31, 2013 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990.

Your new due date is August 15, 2014.

What you need to do

File your December 31, 2013 Form 990 by August 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

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 and section 4947(a)(1) trusts 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 \$ 158,773. including grants of \$ 0.) (Revenue \$ 259,260.)

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 158,773.

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
12 a 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
14 a 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
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

BAA

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 other 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: 8a The governing body? X; 8b 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? 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers of 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 taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Gallicchio 100 Turner Avenue Elk Grove Village IL 60005 (847) 439-0250

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) <u>Jeanne Angel</u> Director	40.00				X		41,807.	0.	0.	
(2) <u>Alison Costanzo</u> Coordinator	40.00				X		17,992.	0.	0.	
(3) <u>Sarah Richardt</u> Coordinator	30.00				X		12,071.	0.	0.	
(4) <u>Leslie Sulla</u> President	16.00			X			0.	0.	0.	
(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						71,870.	0.	0.	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						71,870.	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 ▶

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

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? *If 'Yes' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
5		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	3,285.			
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	70,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	185,975.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		259,260.			
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) ▶		979.	979.	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					
	e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions ▶		260,239.	979.	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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	71,481.	71,481.	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.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes	21,394.	21,394.	0.	0.
11 Fees for services (non-employees):				
a Management	7,582.	7,582.	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 amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion				
13 Office expenses	23,070.	23,070.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	11,596.	11,596.	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				
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 Collections/Exhibits	23,650.	23,650.	0.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	158,773.	158,773.	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	187,269.	2 184,735.
	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)	187,269.	16 184,735.	
LIABILITIES	17 Accounts payable and accrued expenses.	201,496.	17 97,496.
	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	201,496.	26 97,496.
FUNDS OR 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	-14,227.	32 87,239.
33 Total net assets or fund balances.	-14,227.	33 87,239.	
34 Total liabilities and net assets/fund balances	187,269.	34 184,735.	

BAA

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	260,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-14,227.
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	87,239.

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		X
2 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	X	
2 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.	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?		X
3 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		

BAA

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

2013

Open to Public Inspection

Name of the organization

Lombard Historical Society

Employer identification number

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 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -- subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III -- Functionally integrated
 - d Type III -- Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	137,061.	167,724.	173,197.	117,871.	259,160.	855,013.
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	137,061.	167,724.	173,197.	117,871.	259,160.	855,013.
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						855,013.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	137,061.	167,724.	173,197.	117,871.	259,160.	855,013.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,578.	1,714.	1,316.	950.	1,079.	7,637.
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 IV.)						
11 Total support. Add lines 7 through 10						862,650.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.11 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.29 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the 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 – 2012. 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 – 2013. 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 IV 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 – 2012. 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 IV 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 9 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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 Total Support. (Add lns 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33-1/3% support tests — 2013. 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 — 2012. 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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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.

16 Collections and Exhibits