

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

**GENERAL INFORMATION**

Organization:	Lombard Historical Society		
Name of event:	Lombard's Civil War Reenactment		
Date of event:	July 22, 23, 24 2016	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:	director@lombardhistory.org

**PROJECT OVERVIEW**

Total cost of the project:	\$11,400
Cost of city services requested in this application (if any):	\$0.00
Total funding requested in this application:	\$8,550
Percent of total project cost being requested:	75%
Anticipated attendance:	5000-6000
Anticipated number of overnight hotel stays:	14+

Briefly describe the project for which funds are being requested:

2016 will be the 6th 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:	45
Number of years that the project or event has been in existence:	6
Number of years the project has been supported by Village of Lombard funds:	4
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 2-part time employees.

- 2) Please describe how the program and any proceeds from the event support the goals and objectives of the organization other local groups or initiatives, and the community at large:

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 education 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 22nd 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 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 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, 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. We are currently contacting hotels to secure a block of rooms. A letter was 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 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 8 rooms. 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 5000 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 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.

**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.

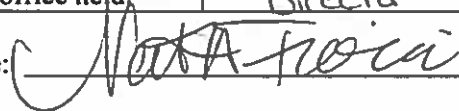
**Additional Notes, Comments or Explanations:**

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:	12.17.15

Signature: 

**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 2014	ACTUAL 2015	ANTICIPATED 2016
Lombard Tourism Grant	\$5999	\$8804.20	\$8550
Donations	3767.43	3775.09	3800
Spot fees	375	595	300
Sponsorships	0	0	1000
Gift Shop/Pop/Water Sales	700	468	400
<b>Total Income</b>	<b>\$10841.43</b>	<b>\$13642.29</b>	<b>\$14050</b>

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

ITEMIZED EXPENSES	ACTUAL 2014	ACTUAL 2015	ANTICIPATED 2016
	\$	\$	\$
entertainment	1502	2319	2450
supplies	2790.94	3079.70	2940
advertisement	1957	1540	2240
logistics	5216.56	3346	3770
<b>Total Expenses</b>	<b>\$11,466.50</b>	<b>\$10,284.70</b>	<b>\$11,400</b>

**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)

<b>ACTUAL 2014</b>	<b>ACTUAL 2015</b>	<b>ANTICIPATED</b>
<b>\$1780</b>	<b>\$1400</b>	<b>\$1400</b>
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 mostly wood and straw. Cut outs around town for advertising and mileage for advertising trailer.. Port a potties from Waste Management.	Some supplies including stray, hay, wood. 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:	Civil War Reenactment
Date of event:	July 24-26, 2015	Event location:	Four Seasons Park
Contact person:	Nicole Louis	Title:	Dir. of Education & Exhibits
Business address:	23 W. Maple St.	City & Zip:	Lombard 60148
Telephone:	630-629-1885	E-mail address:	Nicole.louis@att.net
Estimated attendance:	4,4000	Estimated hotel stays:	
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*) and 50+ miles out (*Rockford Sun*). 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. We also passed out 3,500 advertising sheets to a national youth bowling tournament that was taking place in DuPage County the week preceding the reenactment (ending on Friday).**

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 had an increased number of reenactors attend, which improves the camps, increases interaction with the public, and makes the battles/skirmishes more dramatic. There were also new physical elements added to the battles/skirmishes, such as a graveyard, fencing, and other obstacles. LHS engaged many new volunteers who continue to work with us. Possible changes for next year would be to focus on working with local community groups to provide food (instead of using out-of-town food trucks). Additionally, we are looking to move the event up one weekend (July 22-24, 2016) as this will decrease conflicts with other out-of-state reenactments and allow more reenactors to come to our event, increasing the variety of historical/educational opportunities we provide.**

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

**The actual outcomes either met or exceeded our original expectations. This event has innumerable "moving parts" and presents several unique challenges. We were very pleased that during the weekend there were few (if any) hiccups or problems. Working with our host unit, the reenactors, park district, village, safety inspectors, vendors, etc. went smoothly. Attendance numbers (which do not include the 200+ reenactors and volunteers) were on par or above previous years. We saw a slight drop in Saturday attendance (usually the most popular day), which can be attributed to the extreme heat that day.**

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



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# RALLY CITIZENS!



LOMBARD HISTORICAL SOCIETY PRESENTS

## LOMBARD'S CIVIL WAR REENACTMENT

**JULY**

**25 & 26**

**10AM<sup>TO</sup> 4PM**

**(JULY 24: MOVIE AT DUSK)**

**FOUR SEASONS**

**PARK IN**

**LOMBARD**

★ ★ **HOST UNIT** ★ ★

**STANFORD'S BATTERY**

**MORE INFO**

[lombardhistory.org](http://lombardhistory.org)

630.629.1885

**SPONSORS**



VILLAGE OF LOMBARD  
LOMBARD PARK DISTRICT  
PARTY PEOPLE RENTALS  
WASTE MANAGEMENT

**\$5 SUGGESTED  
DONATION**



LOMBARD HISTORICAL SOCIETY PRESENTS

# LOMBARD'S CIVIL WAR REENACTMENT

 **JULY**   
25 & 26

## 10AM<sup>TO</sup> 4PM

(JULY 24: MOVIE AT DUSK)

**FOUR SEASONS  
PARK IN LOMBARD**

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

**MORE INFO:**

[lombardhistory.org](http://lombardhistory.org)  
680.629.1885

**\$5** SUGGESTED DONATION,  
PROCEEDS BENEFIT THE  
LOMBARD HISTORICAL  
SOCIETY



**Lombard**  
PARK DISTRICT

**WM.**  
WASTE MANAGEMENT



**BALLY CITIZENS, BALLY!**

# 10 DAYS 10 WAYS

## LOMBARD'S CIVIL WAR REENACTMENT

As we countdown the ten days to our Civil War Renactment, we'll be sharing ten ways to have a ball that weekend. See you in camp!


**JULY 24, 25, 26**

At **FOUR SEASONS PARK** [lombardhistory.org](http://lombardhistory.org)



# 10 DAYS 10 WAYS

## #10 BATTLES & SKIRMISHES



Witness history come to life through the recreation of Civil War battles and skirmishes. Who are you rooting for?

**When:** Saturday & Sunday  
11:30am and 2:30pm (both days)

**Where:** Main Battlefield


**JULY 24, 25, 26**

At **FOUR SEASONS PARK** [lombardhistory.org](http://lombardhistory.org)

More info: [lombardhistory.org](http://lombardhistory.org)

# 10 DAYS 10 WAYS

## #9 MOVIE IN THE PARK



Watch *Glory* outdoors on the big screen! Free admission; popcorn will be for sale.

Presented in partnership with our friends at the Helen Plum Library.

**When:** Friday, July 24th at 8:00pm

**Where:** Main Tent


**JULY 24, 25, 26**

At **FOUR SEASONS PARK** [lombardhistory.org](http://lombardhistory.org)

More info: [lombardhistory.org](http://lombardhistory.org)

# 10 DAYS 10 WAYS

## #4 MEET THE LINCOLNS



Don't miss your chance to chat with a president! Mr. & Mrs. Lincoln (portrayed by Max and Donna Daniels) will be on hand to talk with visitors and answer questions. (Anyone have any good theater recommendations?)

**When:** Saturday and Sunday  
10:00am - 4:00pm

**Where:** Four Seasons Park

**JULY 24, 25, 26**

At **FOUR SEASONS PARK** [lombardhistory.org](http://lombardhistory.org)

More info: [lombardhistory.org](http://lombardhistory.org)

# RALLY CITIZENS!



LOMBARD HISTORICAL SOCIETY PRESENTS

## LOMBARD'S CIVIL WAR REENACTMENT

JULY 25 & 26 10AM TO 4PM

### SCHEDULE OF EVENTS

#### FRIDAY

8pm Movie in the park— *Glory*  
featuring Denzel Washington. Co-  
sponsored with the Helen Plum Library.

#### SATURDAY & SUNDAY

10am—4pm Grounds open to the  
public

ALL DAY Explore the camps, talk  
to reenactors

#### SATURDAY & SUNDAY

11am—4pm Blank Road Music  
Society

11:30am SKIRMISH

12:30pm Kids Drill

2:30 MAIN BATTLE

#### SATURDAY ONLY

7:30-9pm Reenactor's Ball

#### SUNDAY ONLY

12pm Ballroom Dance Lessons

★ ★ HOST UNIT ★ ★

STANFORD'S BATTERY

**\$5** SUGGESTED  
DONATION

PROCEEDS BENEFIT LHS

### UPCOMING LHS EVENTS

#### History Book Discussion:

August 16th, 2pm Carriage House Please join the Lombard Historical Society, in partnership with the Helen Plum Library in reading and discussing *Bunker Hill* by Nathaniel Philbrick.

August 30th, 2pm Carriage House Join us for the first meeting of the new Intergenerational Book Discussion! The featured book will be *Because they Marched* by Russell Freedman.

Ice Cream Social: August 23rd Victorian Cottage, 1-3pm

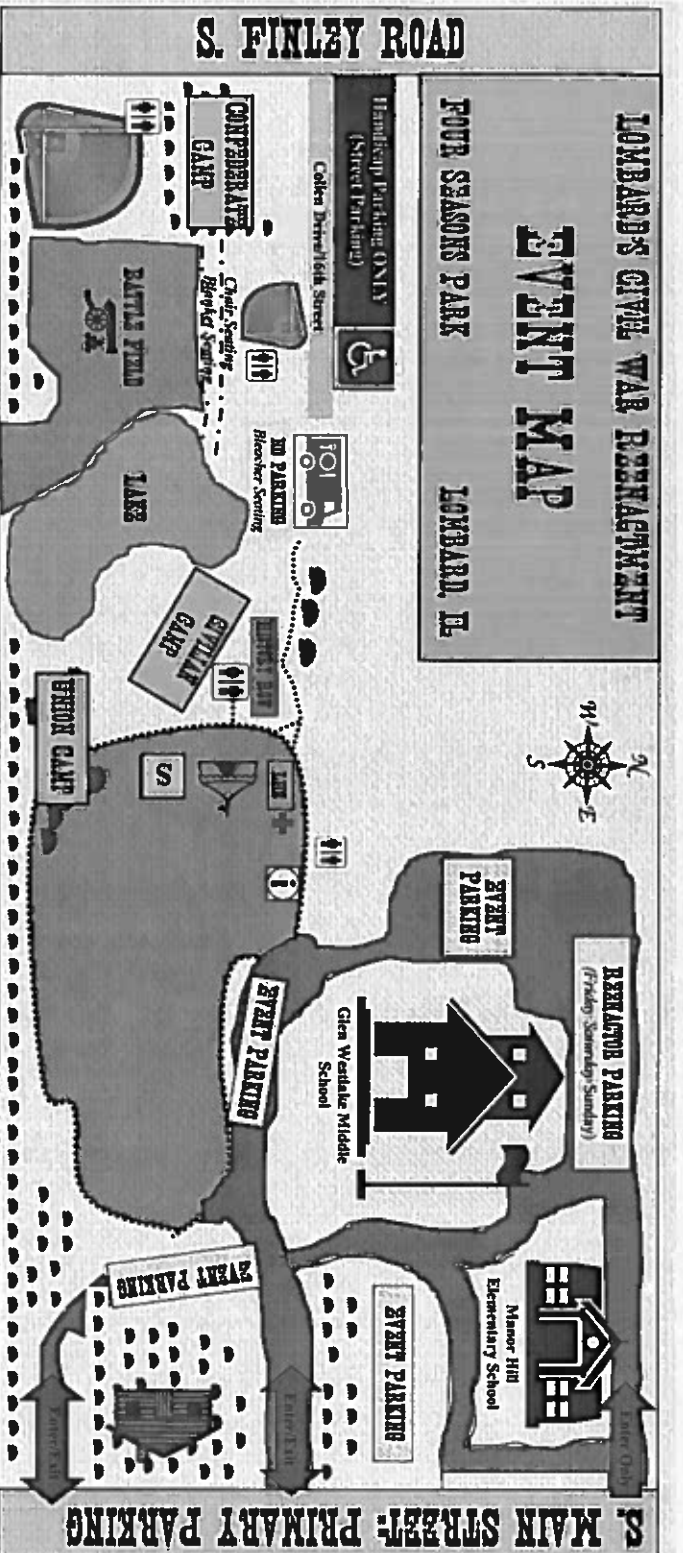
Picnic at the Peck: September 27th, Noon-3pm In the spirit of Sheldon and Harriet Peck, guests are invited to bring a blanket and lunch for picnicking. Free games and activities will be available all day. At 2pm, there will be a short award ceremony, presenting our AASLH Michael Kammen Leadership in History award.

# LOMBARD'S CIVIL WAR REENACTMENT

## EVENT MAP

FOUR SEASONS PARK

LOMBARD, IL



<b>I</b> INFO TENT	<b>L</b> LAUNDRY	<b>U</b> UNION TENT
<b>F</b> FIRST AID	<b>V</b> VETERAN SOCIETY	<b>S</b> SUTTERS ROW
<b>R</b> RESTROOMS	<b>H</b> HISTORICAL SOCIETY	<b>H</b> HISTORICAL SOCIETY
<b>M</b> MAIN TENT	<b>S</b> SUTTERS ROW	<b>S</b> SUTTERS ROW

**SUTTERS ROW**  
 ADLER & DAN GOODES  
 ALLEN & LAUREL HILL  
 VICTORIA COURT

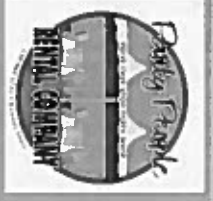
**HISTORY ROW**  
 CIVIL WAR EMBALMER  
 UNION REGIMENTAL LAUNDRESSES  
 BATTLE FORGE BLACKSMITH

**FOOD TRUCKS**  
 HUNTY HOG BBQ  
 BRIDGES BROTHERS  
 SWEET MEMORIES ICE CREAM  
 LA CUCINITA  
 BRUCE JES KETTLE COIN

**MAIN TENT**  
 GLORY (Friday Night)  
 PLANK ROAD FOLK MUSIC SOCIETY (Both days)  
 REACTOR BALL: OPEN TO THE PUBLIC (Saturday Night)  
 CIVIL WAR DANCE INSTRUCTION (Sunday)



**Lombard**  
 PARK DISTRICT



**FOR EVERYONE'S SAFETY...**

- Please obey all signs and verbal requests
- Do not enter the battlefield
- Be aware of loud cannon and gun noises
- Keep children with you at all times

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- Please obey all signs and verbal requests
- Do not enter the battlefield
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**FOR MORE INFO:**  
 lombardhistory.org 630.629.1885

### SCAVENGER HUNT

Check off the things on the list below as you find them around the park, and bring your finished list back to the Info Tent for a patch/ke prize!

- 1) Things that Go boom! Find the Confederate Artillery Unit
- 2) Need to do your laundry? Find the Laundresses.
- 3) Row, Row, Row your boat! Find the Navy unit.
- 4) Horses are brave soldiers too... can you find them?
- 5) Things are heating up! Find the blacksmith.
- 6) Feeling faint? Find the embalmer. (But beware... he might think you're dead!)
- 7) Flying the Colors! Find a flag in the Union Camp.
- 8) Can you spot the top hat? Find the Lincolns.

**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](http://www.irs.gov/form990).

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending

<b>B</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	<b>C</b> Name of organization <b>Lombard Historical Society</b>		<b>D</b> Employer identification number 23-7114585
	Doing business as		<b>E</b> Telephone number (630) 629-1885
	Number and street (or P.O. box if mail is not delivered to street address) Room/suits 23 West Maple Street	City or town, state or province, country, and ZIP or foreign postal code Lombard IL 60148	
	<b>F</b> Name and address of principal officer: Leslie Sulla 23 W. Maple St. Lombard IL 60148		<b>G</b> Gross receipts \$ 169,930.
<b>I</b> 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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>J</b> Website: ▶ N/A		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1970	<b>M</b> State of legal domicile: IL

**Part I Summary**

<b>Activities &amp; Governance</b>	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 2014 (Part V, line 2a) . . . . .	5	7	
	6	Total number of volunteers (estimate if necessary) . . . . .	6	12	
	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.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) . . . . .	259,260.	169,263.	
	9	Program service revenue (Part VIII, line 2g) . . . . .			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	979.	667.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .			
	12	<b>Total revenue</b> — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	260,239.	169,930.	
<b>Expenses</b>	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) . . . . .	92,875.	100,279.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			
		b	<b>Total fundraising expenses</b> (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	65,898.	109,951.	
	18	<b>Total expenses.</b> Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	158,773.	210,230.	
	19	<b>Revenue less expenses.</b> Subtract line 18 from line 12 . . . . .	101,466.	-40,300.	
<b>Net Assets or Fund Balances</b>	20	<b>Total assets</b> (Part X, line 16) . . . . .	184,735.	122,939.	
	21	<b>Total liabilities</b> (Part X, line 26) . . . . .	97,496.	76,000.	
	22	<b>Net assets or fund balances.</b> Subtract line 21 from line 20 . . . . .	87,239.	46,939.	

**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.

<b>Sign Here</b>	Signature of officer Richard W. Gallicchio	Date 06/22/15
	Type or print name and title. Treasurer	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Richard W Gallicchio	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN P00008547
	Firm's name ▶ Gallicchio Bachmeier & Associates, CPA's LLC	Firm's address ▶ 100 Turner Avenue Elk Grove Village IL 60007-3933		Firm's EIN ▶ 20-8131242	Phone no.

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

## 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](http://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](http://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	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 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-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 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 17, 2015, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 14 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.



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

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

Yes No

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 \$ 210,230. Including grants of \$ 0.) (Revenue \$ 169,930.)

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 210,230.

**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
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 organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III . . . . .		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 . . . . .		X
24 a 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 . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .		
25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .		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 . . . . .		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 'Yes,' complete Schedule L, Part II . . . . .		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 . . . . .		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 . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .		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 . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		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 . . . . .		
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 . . . . .		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 . . . . .		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 . . . . .	X	

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, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, 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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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? 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? 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. 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? 14 Did the organization have a written document retention and destruction policy? 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. b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 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? 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: 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) Alison Costanzo Coordinator	40.00				X			22,262.	0.	0.
(2) Natalie A. Troiani Director	40.00				X			39,577.	0.	0.
(3) Nicole Louis Coordinator	30.00				X			20,402.	0.	0.
(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 organization 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) -----									
<b>1 b Sub-total</b> . . . . .						82,241.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						82,241.	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
<b>3</b> 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 . . . . .	3	X
<b>4</b> 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 . . . . .	4	X
<b>5</b> 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 . . . . .	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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b	3,380.			
	c Fundraising events . . . . .	1 c				
	d Related organizations . . . . .	1 d				
	e Government grants (contributions) . .	1 e	5,073.			
	f All other contributions, gifts, grants, and similar amounts not included above . .	1 f	160,810.			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f . . . . .</b>		<b>169,263.</b>			
<b>Program Service Revenue</b>	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .		667.	667.	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 . . . . .						
11 a	Miscellaneous Revenue	Business Code				
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .						
<b>12 Total revenue. See instructions . . . . .</b>		<b>169,930.</b>	<b>667.</b>	<b>0.</b>	<b>0.</b>	



**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 . . . . .	82,241.	82,241.	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. . . . .	10,427.	10,427.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	7,611.	7,611.	0.	0.
11 Fees for services (non-employees):				
a Management . . . . .	4,535.	4,535.	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 . . . . .	7,772.	7,772.	0.	0.
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	17,035.	17,035.	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 . . . . .	5,444.	5,444.	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> . . . . .	75,165.	75,165.	0.	0.
b ----- . . . . .				
c ----- . . . . .				
d ----- . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e. . . . .	210,230.	210,230.	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
<b>Assets</b>	1	Cash -- non-interest-bearing . . . . .		1
	2	Savings and temporary cash investments . . . . .	184,735.	2 122,939.
	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
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .		10 a
	b	Less: accumulated depreciation . . . . .		10 b
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	184,735.	16	122,939.
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	97,496.	17 76,000.
	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	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	97,496.	26
<b>Net Assets or Fund Balances</b>	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 . . . . .	87,239.	32
33	<b>Total net assets or fund balances.</b> . . . . .	87,239.	33	46,939.
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	184,735.	34	122,939.

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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	169,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,300.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,239.
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	46,939.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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
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		

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that 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 1-8 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .	167,724.	173,197.	117,871.	259,260.	169,263.	887,315.
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 . . . . .	167,724.	173,197.	117,871.	259,260.	169,263.	887,315.
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 . . . . .						887,315.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	167,724.	173,197.	117,871.	259,260.	169,263.	887,315.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,714.	1,316.	950.	979.	667.	5,626.
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 . . . . .						892,941.
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 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.37 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	99.11 %
16a 33-1/3% support test – 2014. 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 – 2013. 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 – 2014. 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 – 2013. 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 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33-1/3% support tests — 2014. 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 — 2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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) . . . . .		
3 a 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 . . . . .		
4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b 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 . . . . .		
5 a 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) . . . . .		
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). . . . .		
9 a 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 9(a)) 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 9(a)) 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 . . . . .		
10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) 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
<b>11</b> 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>11a</b>	
b A family member of a person described in (a) above? . . . . .	<b>11b</b>	
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 . . . . .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 . . . . .	<b>1</b>	
<b>2</b> 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. . . . .	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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) . . . . .	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? . . . . .	<b>1</b>	
<b>2</b> 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). . . . .	<b>2</b>	
<b>3</b> 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 . . . . .	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  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.

- a 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 . . . . .
- b 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.

- a 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 . . . . .
- b 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
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		



**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 November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
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	<b>Total annual distributions.</b> 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 2014 from Section C, line 6 . . . . .	
10	Line 8 amount divided by Line 9 amount . . . . .	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(I) Excess Distributions</b>	<b>(II) Underdistributions Pre-2014</b>	<b>(III) Distributable Amount for 2014</b>
1	Distributable amount for 2014 from Section C, line 6 . . . . .		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) . . . . .		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013 . . . . .		
f	<b>Total of lines 3a through e</b> . . . . .		
g	Applied to underdistributions of prior years . . . . .		
h	Applied to 2014 distributable amount . . . . .		
i	Carryover from 2009 not applied (see instructions) . . . . .		
j	<b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f . . . . .		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years . . . . .		
b	Applied to 2014 distributable amount . . . . .		
c	<b>Remainder.</b> Subtract lines 4a and 4b from 4 . . . . .		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . .		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .		
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c . . . . .		
8	<b>Breakdown of line 7:</b>		
a			
b			
c			
d	Excess from 2013 . . . . .		
e	Excess from 2014 . . . . .		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2014**

▶ Attach to Form 990 or 990-EZ.

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

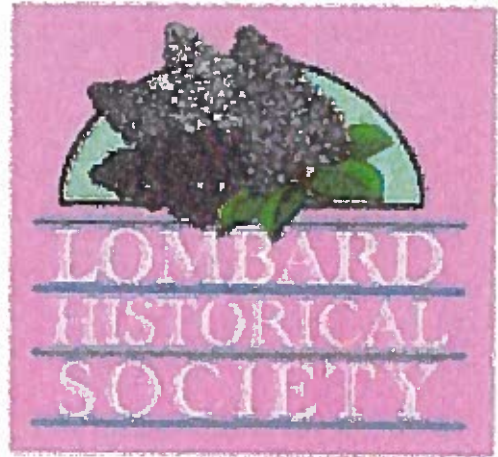
Name of the organization

Employer identification number

Lombard Historical Society

23-7114585

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



AUDIT REPORT  
FOR THE YEAR ENDED DECEMBER 31, 2014

**Selden Fox, LTD.**  
CERTIFIED PUBLIC ACCOUNTANTS

**Lombard Historical Society, Inc.  
Audit Report  
Modified Cash Basis  
For the Year Ended December 31, 2014**

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# 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) as of December 31, 2014, and the related notes.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statement that is free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statement, 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 statement 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 statement.

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

## Opinion

As described in Note 1, the Organization's policy is to prepare its financial statement 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 statement referred to above presents fairly, in all material respects, the financial position of the Lombard Historical Society as of December 31, 2014, on the basis of accounting described in Note 1.

### **Disclaimer of Opinion on Statements of Revenues, Expenses and Changes in Net Assets, and Cash Flows – Modified Cash Basis**

Because we were not engaged to audit the statements of revenues, expenses and changes in net assets, and cash flows – modified cash basis, we did not extend our auditing procedures to enable us to express an opinion on results of operations and cash flows for the year ended December 31, 2014. Accordingly, we express no opinion on the results of operations and cash flows for the year ended December 31, 2014.

*Selden Fox, Ltd.*

April 6, 2015



**Lombard Historical Society, Inc.  
Statement of Assets, Liabilities and  
Net Assets - Modified Cash Basis  
December 31, 2014**

---

**Assets**

Cash	\$ 40,837
Certificates of deposit	70,970
Investments - Mutual fund, at fair value	<u>11,132</u>
<b>Total assets</b>	<b><u>\$ 122,939</u></b>

**Liabilities and Net Assets**

Liabilities - Contract payable	\$ 76,000
Net assets:	
Unrestricted	46,709
Temporarily restricted	<u>230</u>
<b>Total liabilities and net assets</b>	<b><u>\$ 122,939</u></b>

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, 2014**

	Unrestricted (Unaudited)	Temporarily Restricted (Unaudited)	Total (Unaudited)
<b>Revenues, gains and other support:</b>			
Government reimbursements	\$ 112,748	\$ -	\$ 112,748
Donations and contributions	14,827	31,335	46,162
Grants	575	4,498	5,073
Memberships	3,380	-	3,380
Investment income	667	-	667
Net assets released from restrictions	39,284	(39,284)	-
<b>Total revenues, gains and other support</b>	<b>171,481</b>	<b>(3,451)</b>	<b>168,030</b>
<b>Expenses:</b>			
Reimbursed expenses	121,849	-	121,849
Historical Society	86,097	-	86,097
Peck House	369	-	369
Miscellaneous	2,515	-	2,515
<b>Total expenses</b>	<b>210,830</b>	<b>-</b>	<b>210,830</b>
<b>Change in net assets</b>	<b>(39,349)</b>	<b>(3,451)</b>	<b>(42,800)</b>
<b>Net assets:</b>			
Beginning of the period	86,058	3,681	89,739
End of the period	\$ 46,709	\$ 230	\$ 46,939

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, 2014**  
**(Unaudited)**

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Cash flows from operating activities:	
Change in net assets	\$ (42,800)
Adjustments to reconcile change in net assets to net cash from operating activities:	
Reinvested dividends	(1,097)
Realized gain on mutual funds	(58)
Unrealized gain on mutual funds	488
Decrease in contract payable	(21,496)
Decrease in receivables	<u>2,500</u>
<b>Net cash from operating activities</b>	<b>(62,463)</b>
Cash flows from investing activities -	
Proceeds from sale of investment	<u>900</u>
<b>Net decrease in cash</b>	<b>(61,563)</b>
Cash, beginning of the period	<u>102,400</u>
Cash, end of the period	<u>\$ 40,837</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. Modifications to the cash basis of accounting include recording mutual funds at fair value, 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 year ended December 31, 2014.

**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 \$230 at December 31, 2014.

**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)**

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**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 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 Organization 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, which are fixed income 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 year ended December 31, 2014. 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 (2011-2013) are open for examination.

**Subsequent Events** – Subsequent events have been evaluated through April 6, 2015, 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 March 2017. At December 31, 2014, minimum annual rental commitments are as follows:

	Leases
2015	\$ 1,766
2016	1,766
2017	441
	\$ 3,973

The Organization's rent expense under this lease for the year ended December 31, 2014 was \$1,766 (unaudited).

**3. Contract Payable**

In 2012, 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 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 a State of Illinois Department of Natural Resources Public Museum Capital Grant in the amount of \$70,000 and capital campaign donations to pay the contract amount down to a balance of \$76,000 at December 31, 2014. The Organization must reimburse the Village for the remaining balance on or before January 1, 2016. The Organization has also pledged its certificates of deposit 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)**

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**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 2014 was \$121,849 (unaudited). The total amount of reimbursements received from the Village in 2014 was \$112,748 (unaudited).

**5. Classification of Expenses**

The classification of expenses by function is as follows:

	<u>2014</u> <u>(unaudited)</u>
Program services	\$ 130,390
General and administrative	40,590
Fund-raising	<u>39,850</u>
	<u>\$ 210,830</u>