VILLAGE OF LOMBARD LOCAL TOURISM GRANT PROGRAM APPLICATION FORM

GENERAL INFORMATION

Organization:	Lombard Historical Society				
Name of event:	Lilac Time Advertising				
Date of event:	March-May 2014	Event location:	Lilacia Park, Victorian Cottage, and Sheldon Peck Homestead		
Contact person:	Alison Costanzo	Title:	Victorian Cottage Coordinator		
Business address:	23 W. Maple Street	City & Zip	Lombard, 60148		
Telephone:	630-629-1885	Email:	alisoncostanzo@att.net		

PROJECT OVERVIEW

Total cost of the project:	\$ 1250
Cost of city services requested in this application (if any):	\$ 0
Total funding requested in this application:	\$ 650-\$937.50
Percent of total project cost being requested:	50-75%
Anticipated attendance:	500
Anticipated number of overnight hotel stays:	15

Briefly describe the project for which are funds are being requested:

We would like to advertise our Lilac Time Heritage Tours of Lilacia Park, the 175th birthday of the Sheldon Peck Homestead, and the Victorian Cottage in Horticulture Magazine's print version, its enewsletter and e-blast. The advertisement campaign would focus on Lombard's historic treasures and how people could make Lombard a weekend destination.

ORGANIZATION

Number of years that the organization has been in existence:	43
Number of years that the project or event has been in existence:	83
Number of years the project has been supported by Village of Lombard funds:	0
How many years does the organization anticipate it will request grant funding?	1

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

Founded in 1970, the Lombard Historical Society is a 501(c)(3) not-for-profit organization. The mission of the Society is to collect, preserve, interpret, and promote the history or Lombard, and to advocate for our community's heritage. We operate two historic house museums and maintain an archive and artifact collection for research and interpretation. The LHS is governed by the Board of Management and operated by one full-time director, three part-time employees, and dozens of regular volunteers and docents.

2) Please describe the goals and objectives of the organization and how they are supported by this program:					
As the stewards of Lombard's heritage, we will make the past meaningful community's present and future. Lilac Time is the celebration of why we a come just to see the lilacs. Our focus during Lilac Time is to acknowledge providing heritage tours which highlight the history of Col. Plum, how lilac horticulture of Lilacia Park.	are the Lilac Village and many the rich history of Lilacia Park by				
3) What is the organization's plan to make the project self-sustaining?					
This is the first time we would be advertising on such a large scale and wo outcome.	ould need to evaluate the				
PROJECT DESCRIPTION Have you requested grant funding in the past? Is the event open to the general public? Do you intend to apply for a liquor license for this project? Will any revenues from this event be returned to the community? 1) Provide the details regarding the event or project including a full descripanticipated timeline.	☐ Yes x No x Yes ☐ No ☐ Yes x No ☐ Yes x No ☐ Yes x No				
Horticulture Magazine has 84,000 subscribers and 70,000 electronic subscribers most of whom live in the Midwest. The advertisement is a 1/6 vertical in the March/April issue. It would focus on Lombard's historic treasures: Lilacia Park, our heritage tours, the 175 th birthday of the Sheldon Peck Homestead, and the Victorian Cottage. The advertisement would include a link to direct people to a page on our web site that would highlight the tours, museums, activities, where to stay, Metra, and how people can make this a weekend excursion. As part of the advertisement campaign we would also have an advertorial in Horticulture Magazine's March e-newsletter which would be hot-linked to our web site, and in April the magazine would send out a dedicated e-blast.					
2) If your application is accepted, how will the tourism grant funds be used? The Lombard Historical Society's advertising budget for the year is very limited and the funds from this grant would allow us to advertise on a large scale with Horticulture Magazine.					
3) What modifications to the event or other steps will be taken to increase previous years (not applicable to first time events)?	• • • • • • • • • • • • • • • • • • • •				
During Lilac Time the Lombard Historical Society does very limited advertising in the Daily Herald and the Lombardian and in the Lombard Park District Lilac Time booklet. By advertising in a magazine that serves 154,000 we should have an increase in attendance of tours of Lilacia Park, the Sheldon Peck Homestead,					

the Carriage House and the Victorian Cottage.

4) LOCATION

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

Lilacia Park, Sheldon Peck Homestead, Victorian Cottage and Carriage House.

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.

January 7, 2014- Advertisement due to Horticulture Magazine.

February, 2014- Lilac Time page created Lombard Historical Society web site.

February 18, 2014- Horticulture Magazine in homes (84,000 subscribers).

Early March- Advertorial e-newsletter sent (70,000 subscribers).

Early April- Dedicated e-blast sent (70,000 subscribers).

IMPACT

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

In past years during Lilac Time the Lombard Historical Society has had out of town visitors book rooms and while here they have gone on Heritage Tours of Lilacia Park as well as visited our sites. By advertising on a larger scale throughout the Midwest that Lombard is a place for a weekend excursion there should be more people travelling to Lombard from out of town.

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?

Horticulture Magazine has 154,000 subscribers living throughout the entire Midwest. As the magazine is written for gardeners, some who haven't heard of Lombard and our lilacs should be interested to visit.

- 3) Who is the target audience for your event or project? What is your anticipated attendance?
 - 1) Out of towners
 - 2) Gardeners
 - 3) Those who are interested in history
 - 4) Families

 Please describe any collaborative arrangements developed with other organizations to fund or otherwise implement the project (include in-kind donations).
Horticulture Magazine is giving us a reduced price to advertise in their magazine. Usual Prices: 1/6 Vertical Advertisement- \$1,193 Advertorial e-newsletter-\$400 Dedicated e-blast- \$500 Our Total Discounted Price: \$1000
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).
Not only will we be advertising in Horticulture Magazine, we will also be promoting our heritage tours/Lilac Time in the Lombardian, Suburban Life, DVCB, Lombard Park District Lilac Time booklet, our quarterly newsletter, Oaklees, Lombard Chamber of Commerce, Trib Local, and social media.
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:
We are asking for more the 50% of the total cost to advertise in Horticulture Magazine because this advertisement will benefit Lombard and all Lilac Time- not just the Lombard Historical Society.
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: Alison Costano Date: 12/11/13
Signature: Of Signature:

LOCAL TOURISM GRANT PROGRAM <u>DETAILED BUDGET</u>

Event: Lilac Time Advertising	Date: 12/15/2013
Organization: Lombard Historical Society	
INCOME: Include an itemized list of all actual (past 2 gate receipts, food/beverage sales, donations, sponsorship	

ITEMIZED REVENUES	ACTUAL 2012	ACTUAL 2013	ANTICIPATED
Lombard Tourism Grant	\$0	\$0	\$
Heritage Tour	\$289	\$506	
Emporium Sales	\$341	\$642	
•			
	<u>, </u>		
	•		
Total Income	\$	\$1148	\$

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

ITEMIZED EXPENSES	ACTUAL 2012	ACTUAL 2013	ANTICIPATED
Ads for Lilac Time	\$420	\$400	\$400
Horticulture Magazine Ad			\$1000
Ellingsen Design			\$250
			The state of the s
Total Expenses	\$400	\$400	\$1650

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

Estimated value of in-kind contributions (explain)

ACTUAL	ACTUAL	ANTICIPATED
\$	\$	

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:	Name of event:
Date of event:	Event location:
Contact person:	Title:
Business address:	City & Zip:
Telephone:	E-mail address:
Estimated attendance:	Estimated hotel stays:
Method for estimating attendance:	
Please summarize the advertising and marketing pof event marketing pieces and advertisements. Click here to enter text.	placed to promote the event. Please attach examples
 Provide a general assessment of the event. What concerns or recommendations of changes for future 	
Click here to enter text.	
3) How did the actual outcomes of the program or ev	ent compare to your original expectations?
Click here to enter text.	
Describe your organization's long term plans for fund	ing this project or event.
SUBMISSION INSTRUCTIONS Please submit completed form and associated applicat Nicole Aranas, Assistant Village Manger, by e-mailin submit button below. Submit *Please note that the applicant must so Outlook to use the submit button above.	
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If you do not receive a confirmation receipt of your completed application, please contact Nicole Aranas at 630-620-3085 or aranasn@villageoflombard.org to confirm.

Short Form Return of Organization Exempt From Income Tax

2012

Form 990-EZ (2012)

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

> Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must fileForm 990 (see Instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

$\overline{\mathbf{A}}$	For	the 2012 calendar year, or tax year beginning Jun 1 , 2012, and ending Dec 31	-	
B_	_ Chec	k if applicable: C. Name of organization		, 2012 identification number
┝	- Addre	ess change		
-	7	e change Lombard Historical Society Number and street (or P.O. box, if mail is not delivered to street address) Room/suite F		L14585
F	╡	l return	Telephone	
-	4	inated 23 West Maple Street City or town, state or country, and ZIP + 4	<u>(6</u> 30)	629-1885
-	∃	ĮF.	Group E	xemption
늗		cation pending Lombard IL 60148		
G		ounting Method: Cash Accrual Other (specify) H Check posite: LOMBARDHISTORY (ART NET		organization is not
٠,		DOLDARD LOCAL COLLEGE CONTRACTOR		ı Schedule B Z, or 990-PF).
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	norn instr	ck ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization or a section 527 organization ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-particions). But if the organization chooses to file a return, be sure to file a complete return.	ostcard) r	gross receipts are may be required (see
	asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the tests (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	⊁\$	118,821.
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions fo	r Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		<u> х</u>
	1	Contributions, gifts, grants, and similar amounts received	, ,	116,039.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		1,832.
	4	Investment income	. 4	950.
		Gross amount from sale of assets other than inventory		
	1	Less: cost or other basis and sales expenses		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5 c	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
Ÿ	b	Gross income from fundraising events (not including\$ of contributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	¢	: Less: direct expenses from gaming and fundraising events 6 c		
		Net income or (loss) from gaming and fundraising events (add lines 6a and		
	~	6b and subtract line 6c)	. 6d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less; cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O)	. 8	
_	9	.Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	118,821.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members	. 11	
Ê	12	Salaries, other compensation, and employee benefits	12	46,836.
ê.	13	Professional fees and other payments to independent contractors	13	3,191.
EXPERSES	14	Occupancy, rent, utilities, and maintenance	. 14	9,603.
ΣEσ	15	Printing, publications, postage, and shipping	. 15	1,187.
3	16	Other expenses (describe in Schedule O). SeeForm990-EZ,PartI,Line 16OtherExpe	enses 16	30,627.
	17	Total expenses. Add lines 10 through 16	► 17	91,444.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		27,377.
ASSET S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return)	ear 19	- · · · · · · · · · · · · · · · · · · ·
TŢ	20	Other changes in net assets or fund balances (explain in Schedule O).		159,892.
2	21 -	Net assets or fund balances at end of year. Combine lines 18 through 20,		100.000
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

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edule O to respond to any o	uestion in this Part	lV		<u></u>		<u> </u>
(b) Average hours per	(c) Reportable compensation	on .	(d) Health benefit ontributions to empl	s,	(a) Estima	ated amount of
(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	be	nefit plans, and de	ferred	other co	mpensation
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.► See separate instructions.

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Pa	Reason for Pub	lic Charity Status	(All organizations	<u>must c</u>	omplet	te this	part.)	See in:	structio	ns.
	organization is not a priv									
1			ciation of churches des		nsection	1·170(b)((i)(A)(I)	•		•
2)(ii). (Attach Schedule E							
3			ce organization describ							
4	A medical research	organization operated	i in conjunction with a l	nospital	describe	ed insect	ion 170	(b)(1)(A)	(iii) Ent	er the hospital's
	name, city, and stat									
5	」 170(b)(1)(A)(iv). (Co	mplete Part II.)	f a college or university			_	_	mental (ınit desc	ribed in section
6			overnmental unit descr							
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. 9.	related to its exempt f unrelated business tax (Complete Part III.)	unctions — subject to c able income (less secti	ore than 33-1/3% of its supper tertain exceptions, and (2 on 511 tax) from business	2) no moi ses acqui	re than 3 red by th	33-1/3% o ne organi	of its sup zation a	port fror fter June	and gross n gross i 30, 1975	s receipts from activities nvestment income and . See section 509(a)(2).
10			exclusively to test for pr							
11	An organization organ supported organization supporting organization	ized and operated exclors described in section ion and complete line	usivelyfor the benefit of, t n 509(a)(1) or section 50 es1e through 11h.	to perforr 9(a)(2).	nthe fun See sec	ctions of tion 509	, or carr (a)(3). C	yout the p Check the	ourposes box tha	of one or more publicly t describes the type of
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е	By checking this box other than foundation section 509(a)(2).	, I certify that the org n managers and othe	anization is not control r than one or more pub	led dired licly sup	otly or in ported	ndirectly organiza	by one tions d	or more escribed	disqual in secti	ified persons on 509(a)(1) or
f	If the organization recheck this box	ceived a written dete	rmination from the IRS	that is	туре і	, Type I	or Typ	e III sup	porting	organization,
g	Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	s?
						•			•	Yes No
	(i) A person who delow, the gove	directly or indirectly or erning body of the su	ontrols, either alone or pported organization? .	togethe	r with po	ersons c	lescribe	d in (ii)	and (iii)	11g (i)
	(ii) A family memb	er of a person descril	bed in (i) above?							11g (ii)
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)
h			e supported organization							119 (11)
	(i) Name of supported	(ii) EIN	,	(iv) 1:	the	rv) Did voi	a notify	(vi) ls	the	(vii) Amount of monetary
	organization		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	organiza column (i) your go docur	verning	(v) Did you the organiz column (i) supp	cation in of your ort?	organiza colum organized U.S	ation in nn (i) is in the	support
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
. 1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	128,109.	137,061.	167,724.	173,197.	117,871.	723,962.
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	128,109.	137,061.	167,724.	173,197.	117,871.	723,962.
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)						•
	Public support. Subtract line 5 from line 4						723,962.
	ion B. Total Support				<u></u>		
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	128,109.	137,061.	167,724.	173,197.	117,871.	723,962.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,050.	2,578.	1,714.	1,316.	950.	12,608.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10)) 		736,570.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pub						
14	Public support percentage for 20)12 (line 6, colum	n (f) divided by lit	ne 11, column (f)))	14	98.29%
	Public support percentage from						
16 a	33-1/3% support test— 2012. If and stop here. The organization	the organization o qualifies as a put	lid not check the l olicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box
b	33-1/3% support test— 2011. If to and stop here. The organization	he organization di qualifies as a put	d not check a bo olicly supported o	x on line 13 or 16 rganization	a, and line 15 is :	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box ancstop ner	e, Explain in Part	IV NOW
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and' the constitution of the con	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	s box ancetop nero a publicly suppor	e. Explain in Part ted organization .	IV now the
	Private foundation.If the organization	zation did not che	ck a dox on line	10, 10a, 10D, 1/a			· · · · · · · · · · · · · · · · · · ·
DA A	,				So	nequie a (rorm 9	90 or 990-F7) 2012

Schedule A (Form 990 or 990-EZ) 2012 Lombard Historical Society Page 3 Rate | 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 (c) 2010 Calendar year (or fiscal yr beginning in)► (a) 2008 (b) 2009 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.) 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalt. The value of services or facilities furnished by a governmental unit to the organization without charge ... Total. Add lines 1 through 5 . . . 7 a 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 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal yr beginning in)≻ 9 Amounts from line 6...... 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ... c Add lines 10a and 10b...... 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add ins 9, 10c, 11, and 12.) > Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))....... 15 ò 16 용 16 Public support percentage from 2011 Schedule A, Part III, line 15...... Section D. Computation of Investment Income Percentage Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 용 19a 33-1/3% support tests - 2012. 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 andstop here. The organization qualifies as a publicly supported organization......

17

b 33-1/3% support tests— 2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.......

Schedule A	(Form	990 or	990-EZ	2012	Lo	mbard	l His	torio	cal	Soci	ety			2	3-71	1458	5	i	Page 4
(PartiV	Part I	II, line	ital Inf 17a c ctions	ır 17b;	ion.	Comp	lete th	nis part	t to i	provide complet	the e	xplana part fo	tions r or any	equire additio	d by F onal in	Part II, Iforma	line 1 tion.	10;	
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TEEA0404 08/10/12

Schedule A (Form 990 or 990-EZ) 2012

BAA

SCHEDULE 0 (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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Ivame or the organization				Employ	ver identification number	
Lombard Historical Soc	ciety			23-	7114585	
16Colle	ections and l	Exhibits				
16 Offic	ce Expenses					
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TEEA4901

12/8/12

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
provide a detailed description of each activity in Schedule O	33		X
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
(such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>_x</u> _
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q.	.35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		_X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		v
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0.			X
b Did the organization file Form 1120-POL for this year?	37 b	szedle se	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
b If 'Yes,' complete Schedule L. Part II and enter the total	Soa	1000	X
amount involved			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ► ; section 4912 ► ; section 4955 ►			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40ъ		Х
bij dily vi its pijol i vitiis 330 vi 330°LZ: it 165, complete schedule E, Fait i			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			10.75
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40 e		X
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed Tillinois 42a The organization's books are in care of Richard W. Gallicchio Elk Grove Village II. ZIP + 4 60007	439		5 0 No
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	439 42b		No X
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	439 42b 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	439 42b 42c		No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	439 42b 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	42b 42c 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	439 42b 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	42b 42c 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	42b 42c 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956, and 495	42b 42c 42c	Yes	No X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	42b 42c 42c 44a 44b 44c 44d 45a	Yes	No X

an Dist						Yes	
46 Did	the organization engage, directly or indire	etty, in political campa e Schedule C. Part I	ign activities on behalf	of or in opposition to	46		
ParteVI	Section 501(c)(3) organizations	only			40		X
	All section 501(c)(3) organization for lines 50 and 51.	ns must answer qu	estions 47-49b and	52, and complete to	he tables		
	Check if the organization used Schedu	le O to respond to any	question in this Part VI				
47 Did	the organization engage in lobbying activi	ties or have a section!	501 <i>(</i> h) election in effect	during the tay year? If	'Yes '	Yes	No
com	plete Schedule C, Part II				47	ŀ	x
	e organization a school as described in se						Х
	the organization make any transfers to an						Х
50 Com	es,' was the related organization a sectior plete this table for the organization's five	n 527 organization? highest compensated :	employees (other than	officers, directors, truste	49b		·
emp	loyees) who each received more than \$10	0,000 of compensation	from the organization.	If there is none, enter	'None.'		_
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated : other compe		
None						_	
	-	-					
-							—
-							
_ 							
	number of other employees paid over \$1				· · · · · · · · · · · · · · · · · · ·		
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated i	ndependent contractors	s who each received mo	re than \$100	,000	of
<u>.</u>	Name and address of each independent contractor paid		(b) Type	of service	(c) Compe	nsation	
None	••						
			<u> </u>	•			
				······································			
		·					
					<u> </u>		—
			1				
d Total	number of other independent contractors	s each receiving over \$	100,000				
	he organization complete Schedule A? No table trusts must attach a completed Sch			47(a)(1) nonexempt	► X Yes	Γ	No
	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer			e best of my knowledge and be		 _	_1110
inde, correct, a	The complete. Bedata and of prepares (outer atan office	y is based on an information	miles preparer rias any knom	isage,			
Sign Here	Signature of officer	_		Date			
Here	Richard W. Gallicchio	√/		Treasurer			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Daid		<u>.</u>	1	Check if self-employed			
Paid Preparer	Firm's name > Self-P	repared					
Use Only .	Firm's address ►	<u> </u>		Firm's EIN			
	20 11 11 11 11			Phone no.			
May the IF	S discuss this return with the preparer sh	iown above? See instr	uctions	• • • • • • • • • • • • • • • • • • • •	. ► ∐Yes	<u> </u>	No
					Form 990	-EZ (2	2012)

Lombard Filotofical Codicty 20 7 114000	•
Schedule O (Form 990 or 990-EZ), Supplemental Infor Form 990-EZ, Part I, Line 16 Other Expenses	mation to Form 990 or 990-EZ
Other expenses (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·
Collections and Exhibits	18,912.
Office Expenses	11,715.
· · · · · · · · · · · · · · · · · · ·	

30,627.

Total

Selden Fox, LTD.

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

630-954-1400 630-954-1327 FAX email@seldenfox.com www.seldenfox.com

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying statement of assets, liabilities and net assets — modified cash basis of the **Lombard Historical Society, Inc.** (Organization) at May 31, 2012 and 2011, and the related statement of revenues, expenses and changes in net assets — modified cash basis and statement of cash flows — modified cash basis for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

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

February 28, 2013

Selden Jox, Lita.

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

•			<u> </u>
Asse	ıts	2012	2011
Cash		\$ 91,393	\$ 77,170
		Ψ 51,033	\$ 77,170
Investments:			
Mutual fund, at fair value Certificates of deposit		10,565 57,934	- 73,899
Total assets		\$ 159,892	\$ 151,069
			-
Net Ass	ets	. •	
Net assets:		, - · · · · · · · · · · · · · · · · · ·	
Unrestricted Temporarily restricted		\$ 141,677 18,215	\$ 151,069
Total net assets		\$ 159,892	\$ 151,069

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

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

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

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

Lombard Historical Society, Inc. Notes to the Financial Statements

1. Summary of Significant Accounting Policies

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

Basis of Accounting – The accompanying financial statements are presented primarily on a cash basis, with revenues recognized upon receipt and expenses recognized upon payment of a liability. This policy is an acceptable comprehensive basis of accounting, but differs from accounting principles generally accepted in the United States of America, which require that financial statements be prepared on an accrual basis. A modification to the cash basis of accounting includes recording mutual funds at fair value.

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

Permanently Restricted Net Assets – Net assets subject to donor imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes. The Organization did not have any permanently restricted net assets for the year ended May 31, 2012 or 2011.

Temporarily Restricted Net Assets – Net assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time. The Organization had temporarily restricted net assets of \$18,215 in 2012 (none in 2011).

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

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

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

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

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

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

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

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

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

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

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

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

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