

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

December 2014

Dear Nicole,

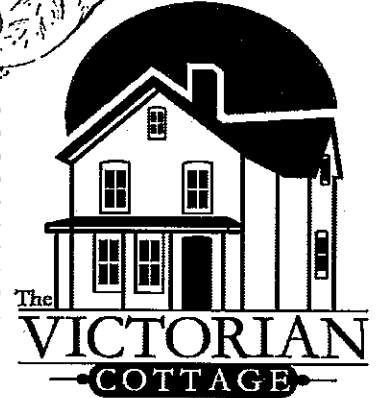
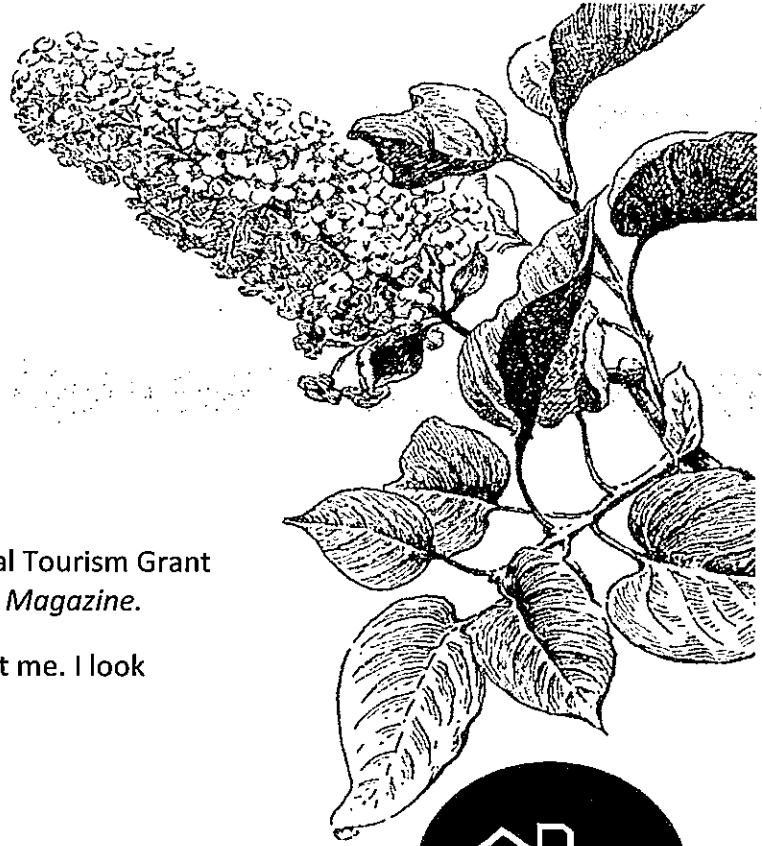
Enclosed you will find the Lombard Historical Society's Local Tourism Grant Application for our Lilac Time Advertising with *Horticulture Magazine*.

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

Sincerely,



Nicole Louis  
Peck Homestead Coordinator  
nicole.louis@att.net



**LOMBARD  
HISTORICAL  
SOCIETY**

23 West Maple Street  
Lombard, Illinois 60148

630.629.1885

[www.LombardHistory.org](http://www.LombardHistory.org)

**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 2015	Event location:	Lilacia Park, Victorian Cottage, and Carriage House
Contact person:	Nicole Louis	Title:	Peck Homestead Site Coordinator
Business address:	23 W. Maple Street	City & Zip	Lombard, 60148
Telephone:	630-629-1885	Email:	Nicole.louis@att.net

**PROJECT OVERVIEW**

Total cost of the project:	\$ 1750
Cost of city services requested in this application (if any):	\$ 0
Total funding requested in this application:	\$ 1312
Percent of total project cost being requested:	75%
Anticipated attendance:	400
Anticipated number of overnight hotel stays:	5+

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

We would like to advertise our Lilac Time Heritage Tours of Lilacia Park and promote the history of Lilacia Park in an article in Horticulture Magazine's print version. The advertisement campaign would focus on Lombard's historic treasures and how people can make Lombard a weekend destination during Lilac Time.

**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:	1
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 of 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 in order to impact our community's present and future. Lilac Time is the celebration of why we are the Lilac Village and many come just to see the lilacs. Our focus during Lilac Time is to acknowledge the rich history of Lilacia Park by providing heritage tours which highlight the history of Col. Plum, how lilacs came to Lombard, and the horticulture of Lilacia Park.

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

With continued sponsorship support we hope to gain more independence. With that being said, we did receive a 50% discount for a larger advertisement plus an article and 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?                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Is the event open to the general public?                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Do you intend to apply for a liquor license for this project?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Will any revenues from this event be returned to the community? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

- 1) Provide the details regarding the event or project including a full description of the project and the anticipated timeline.

Horticulture Magazine has 84,000 subscribers and 70,000 electronic subscribers most of whom live in the Midwest. The advertisement is a ½ page with an article about Lilac Time in the March/April issue. The advertisement would include a link to direct people to a page on our web site that would highlight tours, the museums, activities, where to stay, where to eat, Metra, and how people can make this a weekend excursion.

- 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 larger scale.

- 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)?

During Lilac Time the Lombard Historical Society does very limited advertising in the Daily Herald, the Lombardian and in the Lombard Park District Lilac Time booklet. By advertising as well as having an article about Lilacia Park in a magazine that serves 154,000 we should have an increase in attendance of tours of Lilacia Park, the new permanent exhibit in 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, Victorian Cottage and the 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 6, 2015- Advertisement and article due to Horticulture Magazine.  
January 13, 2015- Artwork due to Horticulture Magazine.  
February 17, 2015- Magazine in homes  
March 3, 2015- Magazine on sale in stores

**IMPACT**

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

In past years during Lilac Time the Lombard Historical Society has had out of town visitor's 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

Village of Lombard.

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 would 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

- 4) 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: 1/2 Page Advertisement and 1/2 page Article- \$2,862

Our Total Discounted Price: \$1500

Staff will be creating the new advertisement that will also so be used at the Westin to promote tours of Lilacia Park to guests.

- 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 at the Westin, in the Lombardian, Suburban Life, DVCB, Lombard Park District Lilac Time booklet, our quarterly newsletter, 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:

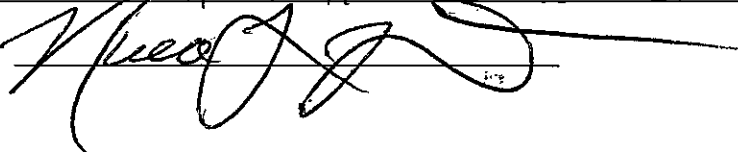
We are asking for more the 75% of the total cost to advertise in Horticulture Magazine because this advertisement will benefit all of Lombard during Lilac Time- not just the Lombard Historical Society.

#### 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:	Nicole Lewis		
Title or office held:	Local House Coordinator	Date:	12/17/14

Signature:





**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:			

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

Click here to enter text.

- 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?

Click here to enter text.

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

Click here to enter text.

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

**SUBMISSION INSTRUCTIONS**

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

**Submit**

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

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

# Lilac Time 2014

## Lilac Time Heritage Tours Of Lilacia Park

**Tuesday—Friday: 11:00am • Saturday & Sunday: 2:00pm**

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Tours begin at the Carriage House (23 W. Maple St.) and are \$3/person. *LHS members are free!*

No advance registration needed. For more information call **630.629.1885** or email **info@lombardhistory.org**.

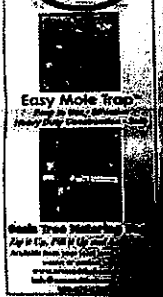
[lombardhistory.org](http://lombardhistory.org)

  
LOMBARD  
HISTORICAL  
SOCIETY



...and thoroughly small pore  
 This is the perfect of term  
 position to your samples, to  
 monitoring from basins, with  
 rough and smooth, or plain  
 a pore. This is a new the  
 ing of the wall and out from  
 than all kinds of wall are  
 everywhere if we all see it  
 with it then we expect the more  
 of volume. For example, the  
 plation of a sample with it.  
 All Right. First we the primary  
 developments in the wall, after  
 of some kinds of structure  
 and/or are linked up and  
 made by glass, and particles  
 are made by

**SUPPORTING BACTERIA**  
 Bacteria can be divided into two  
 types: those that feed off  
 inorganic nutrients and those  
 that feed off in organic matter  
 in the soil. The latter are  
 the most common and are  
 the most important. They are  
 well known to us, well known  
 and to us. They are the  
 "friendly" kind of friendly  
 and healthy soil, for ex-  
 ample, comes from the activity  
 of *Archaeobacteria*. These  
 are the most, which have been  
 known to living for a long  
 time. They are the most  
 common and they give  
 the soil a lot of energy that  
 makes it fertile. They are the  
 most important for the soil.  
 In fact, they are the most  
 important support for  
 all life. This can be seen  
 by comparing the soil of



**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:	Lilac Time Advertising
Date of event:	4/1/2014	Event location:	Lilacia Park, Victorian Cottage, and Carriage House
Contact person:	Alison Costanzo	Title:	Victorian Site Coordinator
Business address:	23 W. Maple Street	City & Zip:	Lombard 60148
Telephone:	630-936-3404	E-mail address:	alisoncostanzo@att.net
Estimated attendance:	200	Estimated hotel stays:	1
Method for estimating attendance:	Visitor count and bookings		

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

Our 1/6 page Lilac Time advertisement was in the April/May issue of Horticulture Magazine which has 84,000 subscribers most of whom live in the Midwest. We also sent out an advertorial that was sent to 70,000 of Horticulture Magazine electronic subscribers which was hot-linked to our website, and at the end of April the magazine sent out a dedicated e-blast featuring our advertisement.

- 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?

This year's Lilac Time was busier than ever and we had many groups and individuals attend our lilac tours. Various groups were from out of town including garden clubs from Lake In The Hills, Rolling Meadows and Greyslake. When asked at the time of booking a handful of garden clubs and a number of individuals saw the advertisement in Horticulture Magazine.

We also partnered with the Westin where we received a landing page on their website on which our advertisement was shared and we received a special room rate that was shared on our website in hopes of drawing in guests to stay in Lombard. Unfortunately several other organizations in Lombard also had pre-arranged special rates during this time and as those rates were lower then ours only booking was made with our rate. Perhaps next year all organizations could be offered the same special Lilac Time rate but with different codes for each organization.

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

Our original goal was to attract new visitors who had never heard about Lilac Time and we met that goal. We were very happy with the number of people who saw our advertisement in Horticulture Magazine and booked tours with us.

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

Lilac Time is a community wide event and our hope for next year to fund this advertisement would be to partner with another organization to split the cost or even seek out a sponsor.

Please submit completed form and associated application documents on or before **December 15, 2013** to Nicole Aranas, Assistant Village Manger by e-mailing [aranasn@villageoflombard.org](mailto:aranasn@villageoflombard.org) or clicking below.

[Submit](#)

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization Lombard Historical Society. D Employer Identification Number 23-7114585. E Telephone number (630) 629-1885. G Gross receipts \$ 260,239. F Name and address of principal officer: Leslie Sulla 23 W. Maple St. Lombard IL 60148. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number. I Tax-exempt status X 501(c)(3). J Website: N/A. K Form of organization: X Corporation. L Year of formation: 1970. M State of legal domicile: IL.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: Historical Education and Preservation. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7 Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Richard W. Gallicchio, Date 11/14/14, Title Treasurer. Paid Preparer Use Only: Print/Type preparer's name Richard W Gallicchio, Date, Check 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) X Yes No

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

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

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

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

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

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

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

4 I request an additional 3-month extension of time until Nov 17 , 20 14.

5 For calendar year 2013 , or other tax year beginning \_\_\_\_\_ , 20 \_\_\_\_\_ , and ending \_\_\_\_\_ , 20 \_\_\_\_\_

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

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

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

**Signature and Verification must be completed for Part II only.**

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

Signature Wayne D. Kark Title CPA Date 08/11/14

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

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](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. <b>Lombard Historical Society</b>	Employer identification number (EIN) or
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>23 West Maple Street</b>	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. <b>Lombard</b>	<b>IL 60148</b>

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

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

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

Telephone No. ▶ (847) 439-0250 Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2014, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 2013 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3 a</b>	\$	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.	<b>3 b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3 c</b>	\$	0.

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



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201

011538.298944.74076.5210 1 AT 0.406 373



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

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

Page 1 of 1

Important information about your December 31, 2013 Form 990

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

We approved the Form 8868 for your December 31, 2013 Form 990. Your new due date is August 15, 2014.

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### What you need to do

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

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

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### Additional information

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

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

011538

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 [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code: ) (Expenses \$ 158,773. including grants of \$ 0.) (Revenue \$ 259,260.)

Operates and Maintains three museums

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

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

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

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

4 e Total program service expenses ▶ 158,773.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. . . . .		X
4 <b>Section 501(c)(3) organizations.</b> 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 organizations or 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 individuals in the United States 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
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a . . . . .		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? . . . . .		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . .		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 so, 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, Parts II, III, IV, and V, line 1 . . . . .		X
35a 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	

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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 boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and deductible contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Illinois
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Richard Gallicchio 100 Turner Avenue Elk Grove Village IL 60005 (847) 439-0250

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) <u>Jeanne Angel</u> Director	40.00				X		41,807.	0.	0.
(2) <u>Alison Costanzo</u> Coordinator	40.00				X		17,992.	0.	0.
(3) <u>Sarah Richardt</u> Coordinator	30.00				X		12,071.	0.	0.
(4) <u>Leslie Sulla</u> President	16.00			X			0.	0.	0.
(5) _____									
(6) _____									
(7) _____									
(8) _____									
(9) _____									
(10) _____									
(11) _____									
(12) _____									
(13) _____									
(14) _____									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> . . . . .						71,870.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						71,870.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b	3,285.			
	c Fundraising events . . . . .	1 c				
	d Related organizations . . . . .	1 d				
	e Government grants (contributions) . . . . .	1 e	70,000.			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1 f	185,975.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f . . . . .		259,260.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
g Total. Add lines 2a-2f . . . . .						
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .		979.	979.	0.	0.
	4 Income from investment of tax-exempt bond proceeds . . . . .					
	5 Royalties . . . . .					
	6 a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .					
	7 a Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .					
	8 a Gross income from fundraising events (not including . . \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	a				
		b Less: direct expenses . . . . .	b			
c Net income or (loss) from fundraising events . . . . .						
9 a Gross income from gaming activities. See Part IV, line 19. . . . .	a					
	b Less: direct expenses . . . . .	b				
	c Net income or (loss) from gaming activities . . . . .					
10 a Gross sales of inventory, less returns and allowances . . . . .	a					
	b Less: cost of goods sold . . . . .	b				
	c Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .						
12 Total revenue. See instructions . . . . .		260,239.	979.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	71,481.	71,481.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .	21,394.	21,394.	0.	0.
11 Fees for services (non-employees):				
a Management . . . . .	7,582.	7,582.	0.	0.
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	23,070.	23,070.	0.	0.
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	11,596.	11,596.	0.	0.
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a Collections/Exhibits . . . . .	23,650.	23,650.	0.	0.
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e. . . . .	158,773.	158,773.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). . . . .				



**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
ASSETS	1 Cash — non-interest-bearing . . . . .		1
	2 Savings and temporary cash investments . . . . .	187,269.	2 184,735.
	3 Pledges and grants receivable, net . . . . .		3
	4 Accounts receivable, net . . . . .		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		6
	7 Notes and loans receivable, net . . . . .		7
	8 Inventories for sale or use . . . . .		8
	9 Prepaid expenses and deferred charges . . . . .		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10 a	
	b Less: accumulated depreciation . . . . .	10 b	10 c
	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) . . . . .	187,269.	16 184,735.	
LIABILITIES	17 Accounts payable and accrued expenses . . . . .	201,496.	17 97,496.
	18 Grants payable . . . . .		18
	19 Deferred revenue . . . . .		19
	20 Tax-exempt bond liabilities . . . . .		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	201,496.	26 97,496.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets . . . . .		27
	28 Temporarily restricted net assets . . . . .		28
	29 Permanently restricted net assets . . . . .		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds . . . . .		30
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	-14,227.	32 87,239.
33 <b>Total net assets or fund balances.</b> . . . . .	-14,227.	33 87,239.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	187,269.	34 184,735.	

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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	260,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-14,227.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,239.

**Part XII Financial Statements and Reporting**

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

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

BAA

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

Part I 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (99.11%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (98.29%); 16a 33-1/3% support test - 2013 (checked); 16b 33-1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part II 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b 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; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total Support. (Add lns 9, 10c, 11 and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

- 19a 33-1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33-1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



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

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Lombard Historical Society

23-7114585

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

16 Collections and Exhibits

Lombard Historical Society, Inc.



AUDIT REPORT  
FOR THE YEAR ENDED MAY 31, 2012

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



# Selden Fox, LTD.

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

630-954-1400  
630-954-1327 FAX

email@seldenfox.com  
www.seldenfox.com

## INDEPENDENT AUDITOR'S REPORT

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

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

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

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

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

*Selden Fox, Ltd.*

February 28, 2013

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

<b>Assets</b>	<b>2012</b>	<b>2011</b>
Cash	\$ 91,393	\$ 77,170
Investments:		
Mutual fund, at fair value	10,565	-
Certificates of deposit	57,934	73,899
<b>Total assets</b>	<b>\$ 159,892</b>	<b>\$ 151,069</b>
<b>Net Assets</b>		
Net assets:		
Unrestricted	\$ 141,677	\$ 151,069
Temporarily restricted	18,215	-
<b>Total net assets</b>	<b>\$ 159,892</b>	<b>\$ 151,069</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 May 31,**

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

See accompanying notes and independent auditor's report.

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

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

See accompanying notes and independent auditor's report.

**Lombard Historical Society, Inc.**  
**Notes to the Financial Statements**

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**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)**

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

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

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

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

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

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

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

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

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

**Income Taxes** – The Organization is a not-for-profit entity, as described in Section 501(c)(3) of the Internal Revenue Code. The Organization is exempt from income taxes, except to the extent of any unrelated business income. There was no unrelated business income for the years ended May 31, 2012 or 2011. Accordingly, no provision for income taxes is included in the financial statements. The Organization has never been examined by the Internal Revenue Service. Accordingly, all years under the statute of limitations (2009-2011) are open for examination.

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

**2. Operating Lease**

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

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

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

**3. Commitments**

During the fiscal year, the Organization entered into an agreement with the Village of Lombard (Village) to construct an addition on the Organization's premises, which are owned by the Village. In order to save the Organization both time and money, the Village has offered to initially fund the construction of the addition, provided the Organization reimburses the Village for the construction costs incurred.

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

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

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

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**4. Reclassification**

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