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Amended

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

0506

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 07/01 , 2004, and ending 06/30/2005

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

Number and street (or P O box if mail is not delivered to street address) Room/suite
53 WEST JACKSON BOULEVARD 1315

City or town, state or country, and ZIP + 4
CHICAGO, IL 60604

03

D Employer identification number
36-2879987

E Telephone number
(312) 922-1742

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Website: ▶ WWW.LANDMARKS.ORG

J Organization type (check only one) ▶ [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,400,300.

M Check ▶ [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received.		
	a	Direct public support	1a 2,923,342.	
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash $ 2,923,342. noncash $)		1d 2,923,342.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 462,738.
	3	Membership dues and assessments		3 45,228.
	4	Interest on savings and temporary cash investments		4 9,888.
	5	Dividends and interest from securities		5 121,331.
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c
	7	Other investment income (describe)		7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 500,000. 8a	(B) Other
	b	Less: cost or other basis and sales expenses	461,465. 8b	
	c	Gain or (loss) (attach schedule)	38,535. 8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d 38,535.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]		
	a	Gross revenue (not including $ of contributions reported on line 1a) STMT 1.	9a 337,773.	
	b	Less: direct expenses other than fundraising expenses	9b 122,829.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c 214,944.
	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c
	11	Other revenue (from Part VII, line 103)		11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 3,816,006.
Expenses	13	Program services (from line 44, column (B))		13 1,803,874.
	14	Management and general (from line 44, column (C))		14 339,538.
	15	Fundraising (from line 44, column (D))		15 153,519.
	16	Payments to affiliates (attach schedule)		16
	17	**Total expenses** (add lines 16 and 44, column (A))		17 2,296,931.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18 1,519,075.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 4,131,934.
	20	Other changes in net assets or fund balances (attach explanation) STMT 2.		20 367,244.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 6,018,253.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2004)

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 331,532. noncash $)	22	331,532.	331,532.	STMT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	200,016.	140,011.	60,005.	
26 Other salaries and wages	26	613,040.	515,254.	38,614.	59,172.
27 Pension plan contributions	27	15,094.	14,428.	416.	250.
28 Other employee benefits	28	35,841.	24,398.	7,152.	4,291.
29 Payroll taxes	29	69,985.	47,161.	14,265.	8,559.
30 Professional fundraising fees	30	13,214.	3,921.	1,634.	7,659.
31 Accounting fees	31	25,930.	7,925.	18,005.	
32 Legal fees	32	99,193.	82,686.	16,507.	
33 Supplies	33	16,708.	13,291.	2,136.	1,281.
34 Telephone	34	11,524.	8,213.	2,069.	1,242.
35 Postage and shipping	35	30,840.	21,777.	7,059.	2,004.
36 Occupancy	36	100,561.	64,939.	22,264.	13,358.
37 Equipment rental and maintenance	37	80,540.	77,465.	1,922.	1,153.
38 Printing and publications	38	51,726.	46,753.	4,155.	818.
39 Travel	39	27,609.	19,530.	5,049.	3,030.
40 Conferences, conventions, and meetings	40	17,913.	11,588.	3,953.	2,372.
41 Interest	41	28,461.	28,461.		
42 Depreciation, depletion, etc (attach schedule)	42	28,206.	24,795.	2,132.	1,279.
43 Other expenses not covered above (itemize) STMT 4	43a	498,998.	319,746.	132,201.	47,051.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	2,296,931.	1,803,874.	339,538.	153,519.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $; (ii) the amount allocated to Program services $

(iii) the amount allocated to Management and general $; and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ HISTORIC PRESERVATION

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	EDUCATION - PUBLISHED NEWSLETTER ON PRESERVATION ISSUES, HELD VARIOUS LECTURES & TOURS ON PRESERVATION OF HISTORIC STRUCTURES, AND PROVIDED TRAINING IN PRESERVATION. (Grants and allocations $)	78,665.
b	OUTREACH - HELD CONFERENCE ON PRESERVATION, SPONSORED A PRESERVATION DAY TO PROMOTE STATE WIDE EFFORTS AT PRESERVATION, NETWORKED WITH OTHER INTERESTED ORGANIZATIONS. (Grants and allocations $)	166,900.
c	ADVOCACY - SPONSORED VARIOUS MEETINGS REGARDING PRESERVATION, WORKED ON THE "CHICAGO PARTNERSHIP." (Grants and allocations $)	106,201.
d	EASEMENTS - OBTAIN AND MAINTAIN FACADE EASEMENTS OF BUILDINGS WITH HISTORIC SIGNIFICANCE. (Grants and allocations $)	672,262
e	Other program services (attach schedule) STMT 5 (Grants and allocations $ 331,532.)	779,846.
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,803,874.

Part IV Balance Sheets (See page 25 of the instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		217,863.	45	490,745.
	46 Savings and temporary cash investments		NONE	46	NONE
	47a Accounts receivable	47a 45,204			
	b Less: allowance for doubtful accounts	47b	22,626.	47c	45,204.
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable		NONE	49	202,896.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		8,595.	52	24,298.
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities (attach schedule) STMT 6 ▶ ☐ Cost ☒ FMV		3,981,909.	54	4,957,035.
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57a 183,628			
	b Less: accumulated depreciation (attach schedule)	57b 63,869	103,473.	57c	119,759.
	58 Other assets (describe ▶ STMT 7)		1,125,304.	58	1,410,041.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		5,459,770.	59	7,249,978.
Liabilities	60 Accounts payable and accrued expenses		327,836.	60	231,725.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶ STMT 8)		1,000,000.	65	1,000,000.
	66 **Total liabilities** (add lines 60 through 65)		1,327,836.	66	1,231,725.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		4,125,034.	67	5,711,353.
	68 Temporarily restricted		6,900.	68	306,900.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)		4,131,934.	73	6,018,253.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)		5,459,770.	74	7,249,978.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	3,900,300.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 67,244.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) STMT 9 $ 122,829.		
	Add amounts on lines (1) through (4) ▶	b	190,073.
c	Line a minus line b ▶	c	3,710,227.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) STMT 10 $ 105,779.		
	Add amounts on lines (1) and (2) ▶	d	105,779.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	3,816,006.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	2,419,760.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) STMT 11 $ 122,829.		
	Add amounts on lines (1) through (4) ▶	b	122,829.
c	Line a minus line b ▶	c	2,296,931.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,296,931.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		200,016.	6,929.	2,276.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions. 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	*Gross income from other sources* (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter Amount of tax imposed on the organization during the year under. section 4911 ▶ N/A , section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ ILLINOIS			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 10			
91	The books are in care of ▶ DAVID BAHLMAN Telephone no ▶ 312-922-1742 Located at ▶ 53 WEST JACKSON, STE 1315 CHICAGO, IL ZIP + 4 ▶ 60604			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a PROGRAM INCOME					87,578.
b FARNSWORTH HOUSE					375,160.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					45,228.
95 Interest on savings and temporary cash investments			14	9,888.	
96 Dividends and interest from securities			14	121,331.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	38,535.	
101 Net income or (loss) from special events			01	214,944.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				384,698.	507,966.
105 Total (add line 104, columns (B), (D), and (E)) ▶					892,664.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 18

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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

▶ Jean A Follett-Thompson 12-12-11
Signature of officer Date

▶ JEAN A. FOLLETT-THOMPSON INTERIM EXEC. DIR.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W
Firm's name (or if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

Employer identification number

36-2879987

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANDREW FISHER 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR OF EASEMENT 40	297,049.	9,062.	NONE
LISA DICHIERA 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	ADVOCACY 40	55,512.	2,620.	2,115.
Total number of other employees paid over $50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
ANGUS & NICKERSON LLC 101 CONSTITUTION AV, WASHINGTON DC 20001	PUBLIC POLICY INITI.	115,392.
JAYNE THOMPSON & ASSOCIATES 33 N DEARBORN ST #2200 CHICAGO, IL 60602	MARKETING ASSISTANCE	125,064.
LEVENFELD PEARLSTEIN 2 N LASALLE ST #1300, CHICAGO, IL 60602	LEGAL REVIEWS	54,372.
Total number of others receiving over $50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? STMT 19	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
- 12 ☒ 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,959,961.	2,135,320.	313,579.	184,291.	5,593,151.
16 Membership fees received	40,775.	45,660.	50,155.	47,045.	183,635.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	300,631.	378,764.	533,281.	457,880.	1,670,556.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	90,124.	66,663.	35,794.	101,556.	294,137.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,391,491.	2,626,407.	932,809.	790,772.	7,741,479.
24 Line 23 minus line 17	3,090,860.	2,247,643.	399,528.	332,892.	6,070,923.
25 Enter 1% of line 23	33,915.	26,264.	9,328.	7,908.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (*Include in the list organizations described in lines 5 through 11, as well as individuals.*) *Do not file this list with your return After computing* the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add Amounts from column (e) for lines 15 5,593,151. 16 183,635. 17 1,670,556. 20 _____ 21 _____ ▶ 27c 7,447,342.

d Add Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e 7,447,342.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 7,741,479.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 96.2005 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 3.7995 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.) NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a | if the organization belongs to an affiliated group | Check ▶ b | if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40	41		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BUILDING INDUSTRY COUNCIL	110,100.	45,863.	64,237.
PRESERVATION BALL	227,673.	76,966.	150,707.
TOTALS	337,773.	122,829.	214,944.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	67,244.
CHANGE IN TEMPORARILY RESTRICTED ASSETS	300,000.
TOTAL	367,244.

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

36-2879987

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
NATIONAL TRUST FOR HISTORIC PRESERVATION			331,532.
		TOTAL CONTRIBUTIONS PAID	331,532.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
EASEMENT EXPENSE	197,655.	85,885.	111,770.	
PHOTOGRAPHY	808.	485.	202.	12[illegible]
PAYROLL PROCESSING FEES	1,595.	957.	399.	23[illegible].
BANK SERVICE CHARGE	8,639.	5,479.	1,975.	1,185.
COMMITTEE EXPENSES	7,033.	1,477.	5,556.	
FOOD SERVICES	17,792.	16,763.	1,029.	
COMPUTER EQUIPMENT & SERVICES	2,180.	1,308.	545.	327.
INTERNET COSTS	20,608.	12,365.	5,152.	3,091.
MEMBERSHIP COSTS	1,300.	780.	325.	195.
MESSENGER SERVICE	976.	699.	173.	104.
PARKING	5,180.	3,108.	1,295.	777.
DRIEHAUS OTHER	42,920.	42,920.		
LOUIS SULLIVAN SOCIETY	17,328.			17,328.
INSURANCE	16,280.	10,562.	3,574.	2,144.
MISCELLANEOUS EXPENSE	861.	501.	206.	154.
AUTO EXPENSES	89.	89.		
PROFESSIONAL FEES	120,303.	120,303.		
SECURITY	3,757.	3,757.		
FARNSWORTH HOUSE	12,308.	12,308.		
GIFT SHOP EXPENSES	17,253.			17,253.
BOOK & VIDEO SALES	4,133.			4,133.
TOTALS	498,998.	319,746.	132,201.	47,051.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
BUILDINGS	331,532.	331,532.
FARNSWORTH HOUSE		448,314.
TOTALS	331,532.	779,846.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
EQUITY INDEX MUTUAL FUNDS	2,449,297.	2,987,894.
COMMON STOCKS	1,227.	49,500.
BOND INDEX MUTUAL FUNDS	1,521,385.	1,909,641.
GOVERNMENT BONDS	10,000.	10,000.
TOTALS	3,981,909.	4,957,035.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MISCELLANEOUS ASSETS	8,405.	11,664.
FUNDS HELD FOR OTHERS	116,899.	98,377.
LONG TERM RECEIVABLE	1,000,000.	1,000,000.
EASEMENT CONTRIBUTION RECV.	NONE	300,000.
TOTALS	1,125,304.	1,410,041.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
COMMITTMENT PAYABLE		1,000,000.	1,000,000.
	TOTALS	1,000,000.	1,000,000.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
DIRECT FUNDRAISING EXPENSE	122,829.
TOTAL	122,829.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
INVESTMENT INCOME	105,779.
TOTAL	105,779.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
DIRECT FUNDRAISING EXPENSE	122,829.
TOTAL	122,829.

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS 36-2879987

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID BAHLMAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	EXECUTIVE DIRECTOR 50	200,016.	6,929.	2,276.
JOSEPH M. ANTUNOVICH 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
GAVIN E. CAMPBELL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
GEOFFREY A. KOSS 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
RICHARD F. FRIEDMAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
SUSAN BALDWIN BURIAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
PHILLIP HAMP 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
ROLF ACHILLES 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LEE ALLISON 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
SUSAN SNELL BARNES 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOHN W. BARRIGER 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOHN F. BLACKETOR 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
STEPHEN F. CHRISTY, JR. 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
RICHARD A. EPSTEIN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
MADELINE GELIS 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
SHELLEY GORSON 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOSEPH P. GROMACKI 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
PATRICIA T. HABICHT 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NON
REUBEN L. HEDLUND 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
SANDRA L. HELTON 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
HARRY. J. HUNDERMAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOHN IMMESOETE 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NOI
MARILY P. JOHNSON 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOHN I. JUROE 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
YVETTE M. LEGRAND 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JUDITH P. MCBRIEN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JAMES E. MCLEAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
VINCENT L. MICHAEL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
RICHARD A. MILLER 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
CRAIG MIZUSHIMA 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
GAIL A. NIEMANN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
PAUL B. O'KELLY 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DENISE RUSSO 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JUDITH A. SAMUEL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NOI
RONALD L. SCHERUBEL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
LINDA SEARL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
DAVID SHARPE 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOHN H. STASSEN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NOI
KATE SMITH 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
ROBERT SURMAN 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARTIN C. TANGORA 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
WILLIAM W. TIPPENS 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
JOSEPH L. TURNER, JR 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
ANNE B. VOSHEL 53 WEST JACKSON BOULEVARD CHICAGO, IL 60604	DIRECTOR PART-TIME	NONE	NONE	NONE
	GRAND TOTALS	200,016.	6,929.	2,276.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	LECTURES, TOURS AND CONFERENCES ARE USED TO PROMOTE INTEREST IN PRESERVATION ISSUES AND INFORM THE PUBLIC OF THESE ISSUES.
94	MEMBERS RECEIVE NEWSLETTERS AND OTHER LITERATURE ON PRESERVATION ISSUES AND LPCI'S ACTIVITIES IN THOSE AREAS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V

FXED TO THE MEMPH' SERVICE CENTER 1 ?-2007

Form **2848**
(Rev March 2004)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150
For IRS Use Only
Received by
Name
Telephone
Function
Date / /

Part I **Power of Attorney**
Caution: *Form 2848 will not be honored for any purpose other than representation before the IRS*

1 **Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address	Social security number(s)	Employer identification number
Landmarks Preservation Council of Illinois 53 West Jackson Boulevard #1315 Chicago, IL 60604	: :	36 : 2879987
	Daytime telephone number (312) 922-1742	Plan number (if applicable)

Copy sent to POA

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 **Representative(s)** must sign and date this form on page 2, Part II

Name and address	
Darryl P Jacobs 2 North LaSalle Street Suite 1300 Chicago, Illinois 60602	CAF No 4005-32248R Telephone No 312-476-7527 Fax No 312-346-8434 Check if new: Address ☐ Telephone No ☐ Fax No ☐
Name and address Mitchell Bryan 2 North LaSalle Street Suite 1300 Chicago, Illinois 60602	CAF No. Telephone No 312-476-7553 Fax No 312-346-8434 Check if new: Address ☑ Telephone No. ☑ Fax No ☑
Name and address	CAF No Telephone No Fax No. Check if new: Address ☐ Telephone No ☐ Fax No. ☐

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INTERNAL REVENUE SERVICE
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to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 **Tax matters**

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
Income	990, 990-T	6/30/2004, 6/30/2005, 6/30/2006
Employment	941, 945	For all quarters of 2004, '05, '06

4 **Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for **Line 4. Specific uses not recorded on CAF.** ▶ ☐

5 **Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See **Unenrolled Return Preparer** on page 2 of the instructions An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

6 **Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box . . ▶ ☑

b If you do not want any notices or communications sent to your representative(s), check this box . . . . . ▶ ☐

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document If you **do not** want to revoke a prior power of attorney, check here. . . . . ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
David A. Ballerini	12/28/06	PRESIDENT

Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
	☐☐☐☐☐	

Signature	Date	Title (if applicable)

Print Name	PIN Number
	☐☐☐☐☐

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II*

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No 230
  - d Officer—a bona fide officer of the taxpayer's organization
  - e Full-Time Employee—a full-time employee of the taxpayer
  - f Family Member—a member of the taxpayer's immediate family (i e , spouse, parent, child, brother, or sister)
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S C 1242 (the authority to practice before the Service is limited by section 10 3(d) of Treasury Department Circular No. 230)
  - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS See **Unenrolled Return Preparer** on page 2 of the instructions

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions

Designation—Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date
a	IL		12/28/06
a	IL		12/28/06

• 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 - Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	LANDMARKS PRESERVATION COUNCIL OF ILLINOIS	36-2879987
	Number, street, and room or suite no If a P O box, see instructions 53 WEST JACKSON BOULEVARD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHICAGO, IL 60604	

Check type of return to be filed (File a separate application for each return)

[X]	Form 990	[ ]	Form 990-T(sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-BL	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-EZ	[ ]	Form 1041-A	[ ]	Form 8870
[ ]	Form 990-PF	[ ]	Form 4720		

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 the care of ▶ DAVID BAHLMAN

Telephone No ▶ 312 922-1742 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

4 I request an additional 3-month extension of time until 05/15/2006 .

5 For calendar year _____, or other tax year beginning 07/01/2004 and ending 06/30/2005

6 If this tax year 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 THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . $ None

b If this application is for Form 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 . . . . . $ None

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with EFTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . $ None

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OGDEN, UT

Signature and Verification

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 ▶ [signature] Title ▶ CFA Date ▶ Feb. 6, '06

Notice to Applicant - To Be Completed by the IRS

[ ] We have approved this application Please attach this form to the organization's return.

[ ] We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period.

[ ] We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested

[ ] Other _____

_____ By: _____ _____

Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	RSM MCGLADREY INC
	Number and street (include suite, room, or apt. no.) or a P O. box number ONE SOUTH WACKER DRIVE, SUITE 800
	City or town, province or state, and country (including postal or ZIP code) CHICAGO, IL 60606-3392

Form **8868**
(Rev December 2004)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	LANDMARKS PRESERVATION COUNCIL OF ILLINOIS	36-2879987
	Number, street, and room or suite no If a P O box, see instructions 53 WEST JACKSON BOULEVARD 1315	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHICAGO, IL 60604	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T(sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ DAVID BAHLMAN

Telephone No ▶ 312 922-1742 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 will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation)** extension of time until 02/15 , 2006 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 07/01 , 2004 , and ending 06/30 , 2005

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . . $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . . $

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . $

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 12-2004)

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