

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

1712

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA  Check box if  
address changedName of organization (  Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see  
instructions)

B Exempt under section

Print  
or  
Type
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

DES PLAINES HISTORICAL SOCIETY

36-6208123

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity codes  
(See instructions)

789 PEARSON STREET

City or town, state or province, country, and ZIP or foreign postal code

453220

DES PLAINES, IL 60016

C Book value of all assets  
at end of year

F Group exemption number (See instructions.) ►

640,472. G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity ► SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No

If "Yes," enter the name and identifying number of the parent corporation ►

J The books are in care of ► DES PLAINES HISTORICAL SOCIETY Telephone number ► (847) 391-5399

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	3,016.		
b	Less returns and allowances		c Balance	► 1c 3,016.
2	Cost of goods sold (Schedule A, line 7)			2 1,836.
3	Gross profit Subtract line 2 from line 1c			3 1,180.
4a	Capital gain net income (attach Schedule D)			4a 57,439.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b 14,360.
c	Capital loss deduction for trusts			4c
5	Income (loss) from partnerships and S corporations (attach statement)			5
6	Rent income (Schedule C)			6 4,320.
7	Unrelated debt-financed income (Schedule E)			7
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)			8
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9
10	Exploited exempt activity income (Schedule I)			10
11	Advertising income (Schedule J)			11
12	Other income (See instructions; attach schedule)			12
13	Total. Combine lines 3 through 12			13 77,299.
				77,299.

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	RECEIVED	14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)		21
22	Less depreciation claimed on Schedule A and elsewhere on return		22a
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	Total deductions Add lines 14 through 28		29 0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 77,299.
31	Net operating loss deduction (limited to the amount on line 30)		31
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32 77,299.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 1,000.
34	Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32		34 76,299.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

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SCANNED  
SEP 06 2019

**Part III Tax Computation****35 Organizations Taxable as Corporations** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ►  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)

(1)  (2)  (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) 

c Income tax on the amount on line 34

► 35c 14,192.

**36 Trusts Taxable at Trust Rates** See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or  Schedule D (Form 1041)

► 36

**37 Proxy tax** See instructions

► 37

**38 Alternative minimum tax**

► 38

**39 Tax on Non-Compliant Facility Income** See instructions

► 39

**40 Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40 14,192.

**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)41a 

b Other credits (see instructions)

41b 

c General business credit Attach Form 3800

41c 

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d e **Total credits.** Add lines 41a through 41d

41e 14,192.

**42 Subtract** line 41e from line 40

42 14,192.

**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)43 **44 Total tax.** Add lines 42 and 43

44 14,192.

**45a Payments.** A 2016 overpayment credited to 201745a 

b 2017 estimated tax payments

45b 

c Tax deposited with Form 8868

45c 

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d 

e Backup withholding (see instructions)

45e 

f Credit for small employer health insurance premiums (Attach Form 8941)

45f 

g Other credits and payments:

 Form 2439

Total ►

 Form 4136  Other 45g **46 Total payments** Add lines 45a through 45g46 **47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ► 

47 51.

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

48 14,243.

**49 Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid49 **50 Enter the amount of line 49 you want Credited to 2018 estimated tax** ►Refunded 50 **Part V Statements Regarding Certain Activities and Other Information** (see instructions)51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► Yes No X 

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

If YES, see instructions for other forms the organization may have to file

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 

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 taxpayer) is based on all information of which preparer has any knowledge

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

<b>Sign Here</b>	 16-25-2018			<b>PRESIDENT</b>
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
<b>Paid Preparer Use Only</b>	SCOTT E. GIBBERT	SCOTT E. GIBBERT	05/24/18	PTIN P00093200
	Firm's name ► GIBBERT & ASSOCIATES, P. C.			Firm's EIN ► 80-0080720
	21 ACORN DRIVE			Phone no. 847-963-4840
	Firm's address ► HAWTHORN WOODS, IL 60047			

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2	1,836.	7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	1,836.
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5	1,836.			X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

## 1. Description of property

(1)		
(2)		
(3)		
(4)		

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	►	0.
		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
<b>Totals</b>				
<b>Total dividends-received deductions included in column 8</b>				

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8 Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10  
Enter here and on page 1, Part I,  
line 8, column (A)

Add columns 6 and 11  
Enter here and on page 1, Part I,  
line 8, column (B)

Totals ► 0. 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1 Description of income	2. Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals ► 0. 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals ► 0. 0. 0.

**Schedule J - Advertising Income (see instructions)****Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ► 0. 0. 0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27	
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Schedule K - Compensation of Officers, Directors, and Trustees</b> (see instructions)						
1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total	Enter here and on page 1, Part II, line 14					<b>0.</b>

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Employer identification number  
36-6208123

Name	DES PLAINES HISTORICAL SOCIETY
<p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)</p>	
1	1 76,299.
2	2a
	2b
	2c
	2d
	2e -3,296.
	2f
	2g
	2h
	2i
	2j
	2k
	2l
	2m
	2n
	2o
3	3 73,003.
4	4a 73,003.
	4b 0.
	4c
	4d
	4e 0.
5	5 73,003.
6	6
7	7 73,003.
8	8a 0.
	8b 0.
	8c 40,000.
9	9 33,003.
10	10 6,601.
11	11
12	12 6,601.
13	13 14,192.
14	14 0.

1 Taxable income or (loss) before net operating loss deduction  
 2 **Adjustments and preferences:**  
 a Depreciation of post-1986 property  
 b Amortization of certified pollution control facilities  
 c Amortization of mining exploration and development costs  
 d Amortization of circulation expenditures (personal holding companies only)  
 e Adjusted gain or loss  
 f Long-term contracts  
 g Merchant marine capital construction funds  
 h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)  
 i Tax shelter farm activities (personal service corporations only)  
 j Passive activities (closely held corporations and personal service corporations only)  
 k Loss limitations  
 l Depletion  
 m Tax-exempt interest income from specified private activity bonds  
 n Intangible drilling costs  
 o Other adjustments and preferences  
 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20  
 4 **Adjusted current earnings (ACE) adjustment:**  
 a ACE from line 10 of the ACE worksheet in the instructions  
 b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions  
 c Multiply line 4b by 75% (0.75) Enter the result as a positive amount  
 d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** You must enter an amount on line 4d (even if line 4b is positive)  
 e ACE adjustment.  
 • If line 4b is zero or more, enter the amount from line 4c  
 • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount  
 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT  
 6 Alternative tax net operating loss deduction. See instructions  
 7 **Alternative minimum taxable income** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions  
 8 **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):  
 a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-  
 b Multiply line 8a by 25% (0.25)  
 c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-  
 9 Subtract line 8c from line 7. If zero or less, enter -0-  
 10 Multiply line 9 by 20% (0.20)  
 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions  
 12 Tentative minimum tax Subtract line 11 from line 10  
 13 Regular tax liability before applying all credits except the foreign tax credit  
 14 **Alternative minimum tax** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

## Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

1 Pre-adjustment AMTI Enter the amount from line 3 of Form 4626

1 73,003.

2 ACE depreciation adjustment:

a AMT depreciation

2a

b ACE depreciation:

- (1) Post-1993 property
- (2) Post-1989, pre-1994 property
- (3) Pre-1990 MACRS property
- (4) Pre-1990 original ACRS property
- (5) Property described in sections 168(f)(1) through (4)
- (6) Other property
- (7) Total ACE depreciation Add lines 2b(1) through 2b(6)

2b(1)
2b(2)
2b(3)
2b(4)
2b(5)
2b(6)

2b(7)

c ACE depreciation adjustment Subtract line 2b(7) from line 2a

2c

3 Inclusion in ACE of items included in earnings and profits (E&amp;P):

3a
3b
3c
3d
3e

3f

d Total increase to ACE from inclusion in ACE of items included in E&amp;P. Add lines 3a through 3e

4 Disallowance of items not deductible from E&amp;P:

a Certain dividends received

4a
4b
4c
4d
4e

4f

b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)

c Dividends paid to an ESOP that are deductible under section 404(k)

d Nonpatronage dividends that are paid and deductible under section 1382(c)

e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)

f Total increase to ACE because of disallowance of items not deductible from E&amp;P Add lines 4a through 4e

5 Other adjustments based on rules for figuring E&amp;P

5a
5b
5c
5d
5e

5f

a Intangible drilling costs

b Circulation expenditures

c Organizational expenditures

d LIFO inventory adjustments

e Installment sales

f Total other E&amp;P adjustments. Combine lines 5a through 5e

6 Disallowance of loss on exchange of debt pools

6

7 Acquisition expenses of life insurance companies for qualified foreign contracts

7

8 Depletion

8

9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

9

10 Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626

10 73,003.

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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TO SELL SOUVENIRS RELATED TO THE THEME OF THE CURRENT EXHIBITS THE  
ORGANIZATION IS CURRENTLY DISPLAYING. ALSO RENTAL INCOME ON PROPERTY OWNED.

TO FORM 990-T, PAGE 1