

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

GENERAL INFORMATION

Organization:	Lombard Lilac Festival Parade Committee		
Name of event:	Lombard Lilac Parade		
Date of event:	5/19/2019	Event location:	Main & Wilson to Maple & Craig Pl.
Contact person:	Nicole Sittig	Title:	Chair
Business address:	P O Box 82	City & Zip	Lombard, IL. 60148
Telephone:	630-415-2079/630-273-1857	Email:	lilacparade@yahoo.com/ nsittig18@hotmail.com

PROJECT OVERVIEW

Total cost of the project:	\$36,358
Cost of city services requested in this application (if any):	\$17,820
Total funding requested in this application:	\$18000
Percent of total project cost being requested:	49.5%
Anticipated attendance:	16000
Anticipated number of overnight hotel stays:	5-10

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

Funds are needed to organize and present the annual Lombard Lilac Parade. The Theme for 2019 is "Happy 150TH Birthday Lombard". This parade has earned local, state and national recognition for outstanding family entertainment. This annual parade brings a large number of visitors and business to our Lilac Village.

ORGANIZATION

Number of years that the organization has been in existence:	52
Number of years that the project or event has been in existence:	60+ Years
Number of years the project has been supported by Village of Lombard funds:	60+ Years
How many years does the organization anticipate it will request grant funding?	Every year there is a parade.

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

The committee has been organizing and presenting the Parade since 1967. One hundred percent of the members are volunteers. Many of our members have been part of the committee for more than 5 years, and some more than 15 years. Our entire mission is to present the best possible Parade for the enjoyment of the citizens of Lombard and others who come to see the Lilac Village, Lilacia Park, and the Parade. This will be the 65th parade and the 52nd that this committee has presented.

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

The committee exists solely to present the annual Lilac Parade. There are no proceeds from the event and all funds raised and grant monies obtained are used to present the Parade.

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

At this time there is no plan to make the Parade self-sustaining, as it is presented on behalf of the Village of Lombard, and is the final event in Lilac Time. We have instituted entrance fees for commercial units and politicians, and are requesting sponsorships from local businesses to defray the cost of other units. As of this revision we have not received a commitment from a sponsor, but we do anticipate receiving 10-13 sponsorships. For 2019 we are planning three additional fundraisers; an Adult only Easter Egg Hunt, a Parade Wine Walk to be held at the beginning of Lilac Time and a second Wine Walk to be held in October.

PROJECT DESCRIPTION

Is the event open to the general public? Yes No

Do you intend to apply for a liquor license for this project? Yes No

Will any revenues from this event be returned to the community? Yes No

Have you requested grant funding in the past? Yes No

If yes, provide grant awards for past 5 years:

2018 \$18,000/ 2017 \$18,000/ 2016 \$18000/ 2015 \$23000/

1) Provide a full detailed description of the proposed project or event.

The Parade kicks off at 1:30pm on Main and Wilson, runs north to Maple then turns east to Craig Place. The entire parade usually runs 3-4 hours.

2) If your application is accepted, how will the tourism grant funds be used?

Grant funds will be used to support all expenses of the Parade; honorariums paid to our parade participants. We are focused on family oriented and quality Parade and are always actively seeking new Parade participants to maintain the high reputation of the Lilac Parade, thereby attracting additional visitors. We’ve incorporated use of social media (i.e. Facebook) to help increase the amount of possible participants as well as spectators for the Parade without the need to spend more on advertising. Each year we attempt to add new interesting units to the parade as well as to have returning favorites to entertain the Parade watchers.

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)?

LOCATION

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

Starts at Main and Wilson heading north on Main St. to Maple, then east on Maple to Craig Place. Due to the number of Parade units, the committee has always organized event set-up areas with local schools and businesses.

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.

The Parade committee meets once a month beginning 9 months in advance of Parade Day. Parade applications are due 1 month prior to the event. Parade line-up is finalized 2 weeks prior to the parade. The day following the parade we have a debriefing meeting to discuss what went well or not well, and where we can improve in the future. Additional meetings may be held as necessary.

IMPACT

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

The Parade is the final event of Lilac Time. Although only one afternoon in length, out of town guests may come in early to experience other events and stay through the Parade. Many families in town host parties and barbeques on Parade Day.

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?

Businesses along the Parade route (Maine St.) most likely receive more customers than any other Sunday of the year (i.e. Dairy Queen, Gianorio's, Senor Jalapeno's, Seven Eleven, etc.).

3) Who is the target audience for your event or project? What is your anticipated attendance?

The Parade is open to the public and is geared towards quality family fun and entertainment. Anticipated attendance is over 16,000.

- 4) Please identify and detail the estimated cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, barricades, etc.). For each cost, confirm whether you are requesting the costs for such services will be reimbursed to the Village or will be covered under this grant.

Overall the Lilac Parade is a community endeavor to promote the Village of Lombard. The Parade committee receives the service of local schools and businesses for the use of their property for Parade unit setup. We encourage local businesses to sponsor Parade units. The Parade has worked and will continue to work with the community organizations (i.e. Jaycee's, Boy Scouts/ Girl Scouts, schools and churches) to provide Parade Day support. We have implemented a participation fee for commercial businesses and seated politicians. The Village of Lombard provides police support, Public works provides Port-a-Potties and street sweepers, and Park District provides bleachers and the Show Mobile. Details of the village support and in-kind donations are in the Finance section. Village services are shown as part of the total cost of the parade but funding for them is not part of this grant request.

- 5) Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).
- 6) 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).

The Parade committee advertises via a Parade website, social media (Facebook), and newspaper ads/interviews. We have placement in the Lilac Time brochure published by the Park District and in the Lombard Pride. In addition, during Lilac Time, we advertise using flyers, yard signs and banners placed throughout the Village.

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:

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 Sittig		
Title or office held:	Chair	Date:	12/2/2018

Signature: _____ Nicole Sittig _____

**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 Lilac Parade Committee	Name of event:	Lombard Lilac Parade
Date of event:	5/20/2018	Event location:	Main & Wilson to Maple & Craig Pl.
Contact person:	Ellyn Murphy	Title:	Chairperson
Business address:	PO Box 82	City & Zip:	Lombard, IL 60148
Telephone:	630-415-2079/ 630-273-1857	E-mail address:	lilacparade@yahoo.com/ ellynmur@msn.com
Estimated attendance:	15000	Estimated hotel stays:	5
Method for estimating attendance:	1.5 mile route, 1 person/foot along the route, both sides, adjusted for empty space		

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

The Lilac Parade was promoted through Facebook postings as well as other “Lombard” pages, website LombardLilacParade.com. There were articles in the Lombardian and the Lilac Time brochure, and we also used yard signs.

- 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?

The Parade was a big success. There were no major problems, just some gaps in the parade. Everyone had a good time and enjoyed themselves.

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

The Parade met and exceeded all of the organization’s expectations.

- 4) Summarize how the program performed from a budgetary standpoint and describe how the program and any proceeds from the event were supportive of the organization, other local groups, initiatives or the community at large.

The parade came in under budget (6 units cancelled due to weather), some spending was done on infrastructure (t-shirts and signs) this year. The business community was very supportive this year, sponsorships were up both dollar amount and quantity. Proceeds from the sponsorships and fundraisers were used to pay honorariums and create banners for the parade, as well as for expenses incurred in the fundraising events.

SUBMISSION INSTRUCTIONS

First-time applicants - Please submit completed form and associated application documents on or before **December 3, 2018** to Nicole Aranas, Assistant Village Manger, by e-mailing 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 to confirm.

	2017 Actual	2018 Budget	2018 Actual	2019 Budget				
Income								
Donation-Business & personal	\$ 320.00	\$ 300.00	\$ 950	\$ 600				
Restaurant Fundraisers								
Egg Hunt Fundraiser	\$ 1,388.00	\$ 1,500.00	\$ 1,464.00	\$ 1,500.00				
Parade Wine Walk Fundraiser	\$ 2,240.00	\$ 6,000.00	\$ 3,678.00	\$ 6,000.00				
Interest Income	\$ 5.80	\$ 5.00	\$ 5.17	\$ 5.00				
Other Income	\$ 15,300.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00				
Sponsorship	\$ 7,526.00	\$ 7,500.00	\$ 9,095.00	\$ 8,500.00				
Application Fees	\$ 250.00	\$ 300.00		\$ 300.00				
Carry-Over (from previous year)	\$ 3,593.71	\$ 4,772.73	\$ 14,499.77	\$ 14,499.77				
Revenue	\$ 27,029.80	\$ 33,605.00	\$ 33,191.67	\$ 34,905.00				
Total Revenue	\$ 30,623.51	\$ 38,377.73	\$ 47,691.44	\$ 49,404.77				
Expenses								
Annual Fee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00				
Administration	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00				
CC Administration	\$ -							
Auto	\$ 1,225.00	\$ 1,100.00	\$ 1,095.00	\$ 1,100.00				
Banners & Signs	\$ 2,232.00	\$ 2,300.00	\$ 2,402.00	\$ 2,300.00				
Marshal Shirts	\$ -	\$ 500.00		\$ 500.00				
Deluxe Checks	\$ 71.00							
Egg Hunt Expenses (eggs;candy)	\$ 5.00	\$ 25.00		\$ 25.00				
Wine Walk Expenses (licenses, give away bottle, in:	\$ 1,908.00	\$ 3,000.00	\$ 5,856.99	\$ 6,000.00				
Flowers	\$ 175.00	\$ 200.00	\$ 175.00	\$ 200.00				
Food	\$ 2,330.02	\$ 2,200.00	\$ 2,330.02	\$ 2,300.00				
Honorarium	\$ 14,845.00	\$ 22,000.00	\$ 18,695.00	\$ 22,000.00				
Insurance	\$ 881.00	\$ 890.00	\$ 881.00	\$ 963.00				
Judges	\$ -	\$ 200.00		\$ 200.00				
Office Expense	\$ 64.00	\$ 200.00	\$ 70.00	\$ 200.00				
Plaque and Ribbons	\$ 126.00	\$ 200.00	\$ 200.00	\$ 200.00				
Postage	\$ 61.70	\$ 50.00	\$ 127.00	\$ 50.00				
Printing and Reproduction	\$ -	\$ 1,000.00		\$ 1,000.00				

Publicity	\$ 954.90	\$ 1,200.00	\$ 898.00	\$ 1,200.00
Utilities	\$ 263.28	\$ 300.00	\$ 396.00	\$ 300.00
Website	\$ 143.88	\$ 428.00	\$ 735.00	\$ 735.00
Total Expenses	\$ 25,850.78	\$ 36,358.00	\$ 34,426.01	\$ 39,838.00
Total Carry-Over To Next Year	\$ 4,772.73	\$ 2,019.73	\$ 13,265.43	\$ 9,566.77
"IN-KIND" Estimates				
National University of Health Sciences	\$ 300.00		\$ 300.00	
Ziedler Properties	\$ -			
Lombard Commons	\$ 150.00		\$ 150.00	
Lombard Pharmacy	\$ 150.00		\$ 150.00	
First United Methodist Church	\$ 100.00		\$ 100.00	
Glenbard East	\$ 300.00		\$ 300.00	
Xeikon	\$ 300.00		\$ 300.00	
Park District	\$ 96.00		\$ 96.00	
Lombardian	\$ 400.00		\$ 400.00	
Comcast				
Illinois Center for Broadcasting	\$ 400.00		\$ 400.00	
Wine Walk Printing - LTC	\$ 17.50		\$ 25.00	
Wine Walk Printing -Xeikon	\$ 40.00			
Wine Walk - Glasses (Apple Concrete Coring)	\$ 200.00		\$ 200.00	
Wine Walk - Bricks - Food	\$ -		\$ 75.00	
Wine Walk - Sweet Street - Food	\$ -		\$ -	
Wine Walk - Balloons (Vino Cellar)	\$ -		\$ -	
Wine Walk - Tasting Wine (distributors)	\$ 1,000.00		\$ 1,000.00	
Facebook Boost Ad	\$ 15.00		\$ 15.00	
Miller's Ale House	\$ 502.00		\$ 502.00	
Famous Liquor gift card	\$ 50.00		\$ -	
Famous Liquor Bulls tickets	\$ -		\$ -	
Famous Raffle Prizes	\$ 400.00		\$ 400.00	

Lombard Roller Rink	\$ 65.00	\$ 65.00					
Fringe	\$ 85.00	\$ -					
Potted Petals Gift Card	\$ 20.00	\$ -					
Vino Cellar	\$ 50.00	\$ -					
Pure Ambience Salon	\$ -	\$ -					
Hair Experts gift card	\$ 40.00	\$ -					
MooYah	\$ -	\$ -					
Dairy Queen Gift Cert	\$ 90.00	\$ -					
Ellyn Murphy	\$ 40.00	\$ -					
BowWow Playground	\$ -	\$ -					
Patio 2-gift cards	\$ 25.00	\$ -					
Gianorio's	\$ 25.00	\$ -					
Laura Sasinka	\$ 194.00	\$ -					
Jane Lesch	\$ 100.00	\$ -					
Ferrara Pan Candy	\$ -	\$ -					
Lombard Pharmacy Gift Card	\$ 50.00	\$ -					
Lombard Commons Park	\$ 108.00	\$ 108.00					
York Radio Club	\$ 200.00	\$ 200.00					
McDonald's - water	\$ 50.00	\$ 50.00					
Walgreen's - water	\$ 50.00	\$ 50.00					
Park District - Showmobile	\$ 150.00	\$ 150.00					
Lilac Spa & Nail (3 cards @\$14)	\$ 42.00	\$ -					
Sky Center Martial Arts Pizza Party	\$ 99.00	\$ -					
Dominicks Pizza Gift Pizza Box	\$ 60.00	\$ -					
Noon Whistle Brewing Gift Basket	\$ 50.00	\$ -					
Clasha (2 Gift Bags)	\$ 50.00	\$ -					
The Salon By Instyle	\$ 150.00	\$ -					
Clarion Inn (2-1 night stay)	\$ 254.00	\$ 254.00					
Gift Basket & 4 cases butterfinger cups	\$ 80.00	\$ -					
Gianorio's Gift certificate	\$ 22.00	\$ -					
Living Waters Artistry (3 Gift Certificates)	\$ 360.00	\$ -					
West Suburban Swim (3 Gift Certificates)	\$ 97.50	\$ -					
Sweet Street	\$ 100.00	\$ -					
Dominicks Pizza Food Fall Wine Walk		\$ 75.00					

Babcocks Food Fall Wine Walk							\$		\$	75.00
IN-KIND Total								\$ 7,127.00	\$ 7,127.00	\$ 5,365.00
Village Costs										
Barricades		\$ 1,509.00	Did not have 2						\$ 1,509.00	
Police OT & Supplies		\$ 13,284.44							\$ 13,284.44	
Public Works OT & Supplies		\$ 3,027.08							\$ 3,027.08	
		\$ 17,820.52						\$ 17,820.52	\$ 17,820.52	
Total Cost - Estimate		\$ 50,798.30						\$ 61,305.52	\$ 57,611.53	
Volunteer Hours - Estimates										
Wine Walk - 12 people for 5 hours		60 hours							60 hours	
Easter Egg Hunt 8 people for 3 hours		24 hours							24 hours	
Parade Day 80 people for 7 hours		560 hours							560 hours	
Committee Meeting hours ~15 people 2hrs meetin		300 hours							300 hours	
Parade Chair		100 hours							100 hours	
Secretary		15 hours							15 hours	
Treasurer		20 hours							20 hours	
Parade Secretary		100 hours							100 hours	
Marshall		50 hours							50 hours	
Other members		200 hours							200 hours	



Project Transaction Report

G/L Date Range 01/01/18 - 08/30/18
 Include Sub Ledger Detail
 Sorted By Project - G/L Account - Date

G/L Date		Journal	Sub	Journal	Sub	Journal	Sub	Journal	Sub	Revenue	Debit Amount	Credit Amount	Actual Balance	Net Change
		Type	Ledger	Description	Type	Ledger	Description	Type	Ledger			Year-to-Date		
HM.LPAR BRICD RENT - Hotel/Motel Grant Program, Lilac Parade Barricade Rental (5)														
240.270.112.75720 - Rentals														
05/31/2018														
<i>Invoice Number</i>	2018-00001989	JE	AP	A/P Invoice Entry	Accounts Payable	<i>Invoice Date</i>	<i>Payment Type</i>	<i>Payment Number</i>				<i>Amount</i>	<i>Dist. Amount</i>	
1802246	Barricade Lites Inc			Barricade Rental for Lilac Parade	05/23/2018	Check	17001					1,810.45	1,810.45	
Total												\$1,810.45	\$1,810.45	
240.270.112.75720 Total												\$0.00	\$1,810.45	
HM.LPAR BRICD RENT Total												\$0.00	\$1,810.45	
HM.LPAR COM - Hotel/Motel Grant Program, Lilac Parade Committee (5)														
240.130.540.73110 - Operating Supplies														
04/24/2018														
<i>Invoice Number</i>	2018-00001462	JE	AP	A/P Invoice Entry	Accounts Payable	<i>Invoice Date</i>	<i>Payment Type</i>	<i>Payment Number</i>				<i>Amount</i>	<i>Dist. Amount</i>	
PC #1 - 4/27/18	Village of Lombard - Petty Cash			Replenish Petty Cash	04/24/2018	Check	16750					375.10	32.33	
Total												\$375.10	\$32.33	
240.130.540.73110 Total												\$0.00	\$32.33	
HM.LPAR PD OT - Hotel/Motel Grant Program, Lilac Parade PD Overtime (5)														
240.210.112.71140 - Overtime Wages														
06/01/2018														
<i>Invoice Number</i>	2018-00002182	JE	AP	A/P Invoice Entry	Accounts Payable	<i>Invoice Date</i>	<i>Payment Type</i>	<i>Payment Number</i>				<i>Amount</i>	<i>Dist. Amount</i>	
052018LFP-1	Lilac Parade Committee			LTG Reimbursement for Honorarium	06/13/2018	Check	17104					16,545.00	16,545.00	
Total												\$16,545.00	\$16,545.00	
240.130.545.75770 Total												\$0.00	\$16,577.33	
HM.LPAR COM Total												\$0.00	\$16,577.33	
HM.LPAR PD OT - Hotel/Motel Grant Program, Lilac Parade PD Overtime (5)														
240.210.112.71140 - Overtime Wages														
06/01/2018														
<i>Payroll Batch</i>	2018-00001892	JE	HR	Payroll Post BW Bi-Weekly	Payroll Post	<i>Batch Number</i>	<i>Employee Name</i>					<i>Gross Pay</i>	<i>Dist. Amount</i>	
BW				06/01/18	Barron, Nicholas R	06/01/18						4,015.02	296.33	
Total												\$0.00	\$11,780.89	
240.210.112.71140 Total												\$0.00	\$11,780.89	
HM.LPAR COM Total												\$0.00	\$11,780.89	



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G/L Date	Journal	Sub Ledger	Description	Source/Reference	Revenue	Debit Amount	Credit Amount	Actual Balance	Net Change
06/01/2018	2018-00001892	JE	Payroll Post BW Bi-Weekly 06/01/18	Payroll Post		11,780.89		11,780.89	
			Batch Number				Gross Pay	Dist. Amount	
BW		06/01/18	Bakken, Christopher P				4,015.02	296.33	
BW		06/01/18	Balsitis, Thomas F				4,363.65	296.33	
BW		06/01/18	Barstow, Lynn M				1,915.02	93.90	
BW		06/01/18	Bendicksen, Matthew H				4,049.88	191.74	
BW		06/01/18	Btchel, Bradley D				4,659.98	296.33	
BW		06/01/18	Brack, Charles D				4,102.17	191.74	
BW		06/01/18	Breytspraak, Alan J				3,851.17	69.73	
BW		06/01/18	Brown, James				4,015.02	296.33	
BW		06/01/18	Camuy, Manuel O				4,154.47	296.33	
BW		06/01/18	Chudzinski, Michael J				5,924.18	221.96	
BW		06/01/18	Chudzinski, Jason				5,042.00	313.59	
BW		06/01/18	Collins, William S				5,168.30	381.45	
BW		06/01/18	Coy, Paulino S				4,590.25	296.33	
BW		06/01/18	Eriksen, Neil M				4,015.02	296.33	
BW		06/01/18	Evoiy, Terrence P				4,491.11	156.67	
BW		06/01/18	Frieling, Scott D				3,788.42	69.73	
BW		06/01/18	Gouty, Leslie M				2,396.53	44.11	
BW		06/01/18	Gouty, Eric R				4,433.39	296.33	
BW		06/01/18	Grege, Joseph R				5,459.31	660.23	
BW		06/01/18	Herbst, Eric C				4,015.02	296.33	
BW		06/01/18	Jean, Scott P				4,200.95	296.33	
BW		06/01/18	Klecka, Scott D				3,788.42	69.73	
BW		06/01/18	Klunk, Garrett M				4,189.34	69.73	
BW		06/01/18	Kohl, James M				4,605.82	323.10	
BW		06/01/18	Rojas, Paula C				4,776.19	69.73	
BW		06/01/18	Latronica, John P JR				3,858.14	139.45	
BW		06/01/18	Lawson, Angela N				5,165.48	296.33	
BW		06/01/18	Malatia, John A				4,962.74	87.32	
BW		06/01/18	Mardniak, Daniel R				4,154.47	296.33	
BW		06/01/18	Markas, Anthony J				3,788.42	69.73	
BW		06/01/18	Mc Elroy, Thomas				4,015.02	296.33	
BW		06/01/18	Menolascino, Joseph A				4,491.11	78.33	
BW		06/01/18	Ranallo, Benny				5,176.52	332.92	
BW		06/01/18	Rodriguez, Agustin				2,263.48	244.38	
BW		06/01/18	Rojas, Alex				4,892.40	191.74	
BW		06/01/18	Roman, Vicente				4,555.39	139.45	
BW		06/01/18	Schrepferman, James A				4,137.05	69.73	
BW		06/01/18	Siegler, Andrew J				4,039.43	69.73	
BW		06/01/18	Sohr, Gregory P				4,886.62	191.74	



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G/L Date	Journal	Sub Ledger	Description	Source/Reference	Revenue	Debit Amount	Credit Amount	Actual Balance	Net Change
BW 06/01/18			Statkus, Joseph M				5,246.85	296.33	
BW 06/01/18			Thiede, David A				1,801.63	85.30	
BW 06/01/18			Stern, Andrew J				4,205.03	268.41	
BW 06/01/18			Rome, Korbin C				3,964.56	255.62	
BW 06/01/18			Galk, Joshua T				1,790.45	132.15	
BW 06/01/18			Franken, Timothy R				4,028.90	114.57	
BW 06/01/18			Bastian, Brian J				3,298.53	243.45	
BW 06/01/18			Boros, Evan M				3,861.81	243.45	
BW 06/01/18			Postal, Ryan A				3,363.24	232.10	
BW 06/01/18			Herrera, Daniel				3,372.35	150.19	
BW 06/01/18			Pries, Mark R				3,062.88	150.19	
BW 06/01/18			Bruce, Adam H.				3,144.79	232.10	
BW 06/01/18			Boccassini, Andrew J.				3,290.42	232.10	
BW 06/01/18			Martino, Alexander D				2,823.11	51.96	
BW 06/01/18			Vazquez, Michael				3,156.52	142.89	
BW 06/01/18			Barylowicz, Aleksander				2,849.55	49.49	
BW 06/01/18			Shemsiu, Laura				2,985.62	210.31	
			Total				\$226,658.16	\$11,780.89	
06/15/2018	2018-00002100	JE	HR	Payroll Post		1,217.40		12,998.29	
		Batch Number		Employee Name			Gross Pay	Dist. Amount	
BW		06/15/18		Nevara, Paul R			5,996.07	363.61	
BW		06/15/18		Cozzi, John			4,654.64	313.59	
BW		06/15/18		Eakins, Sherie R			4,507.07	313.59	
BW		06/15/18		Klecka, Scott D			4,328.79	226.61	
				Total			\$19,486.57	\$1,217.40	
				240.210.112.71140 Total		\$12,998.29	\$0.00	\$12,998.29	
				HM.LPAR PD OT Total		\$12,998.29	\$0.00	\$12,998.29	
				Year-to-Date				\$0.00	
HM.LPAR PW OT - Hotel/Motel Grant Program, Lilac Parade PW Overtime (5)									
240.270.112.71140 - Overtime Wages									
06/01/2018	2018-00001892	JE	HR	Payroll Post		2,668.00		2,668.00	
		Batch Number		Employee Name			Gross Pay	Dist. Amount	
BW		06/01/18		La Montagna, Robert M			3,591.12	567.02	
BW		06/01/18		Harvey, William A			3,335.11	283.51	
BW		06/01/18		Smith, Robert T			2,433.93	205.90	
BW		06/01/18		Hernandez, Primitivo A			2,772.17	222.37	
BW		06/01/18		Rozborski, Adam M			2,549.80	216.20	



Project Transaction Report

G/L Date Range 01/01/18 - 08/30/18
 Include Sub Ledger Detail
 Sorted By Project - G/L Account - Date

G/L Date	Journal	Sub Ledger	Journal Type	Description	Source/Reference	Revenue	Debit Amount	Credit Amount	Actual Balance	Net Change
BW	06/01/18	McGown, Adam J						2,866.33	494.16	
BW	06/01/18	Henderson, Cory J						2,739.22	171.93	
BW	06/01/18	Martinez, Alex G						2,166.39	185.69	
BW	06/01/18	Walker, Derrick S						2,034.42	321.22	
								Total	\$24,488.49	\$2,668.00
					240.270.112.71140 Total		\$2,668.00	\$0.00	\$2,668.00	
					HM.LPAR PW OT Total		\$2,668.00	\$0.00	\$2,668.00	

HM.LPAR PW SUP - Hotel/Motel Grant Program, Lilac Parade Supplies PW (5)

240.270.112.73110 - Operating Supplies
 05/31/2018

Invoice Number	Vendor	JE	AP Description	A/P Invoice Entry Description	Accounts Payable Invoice Date	Payment Type	Payment Number	Amount	Dist Amount	Year-to-Date
01415008	McCann Industries Inc		Hardwood Lath		05/19/2018	EFT	10101	193.28	193.28	\$0.00
								Total	\$193.28	\$193.28
					240.270.112.73110 Total			\$193.28	\$0.00	\$193.28
					HM.LPAR PW SUP Total			\$193.28	\$0.00	\$193.28

Grand Totals \$34,247.35 \$0.00

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **07/01/17**, and ending **06/30/18**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lombard Lilac Festival Parade Comm		D Employer identification number 36-2844746
	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 82		E Telephone number 630-627-6759
	City or town, state or province, country, and ZIP or foreign postal code Lombard IL 60148		F Group Exemption Number
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: N/A			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 40,929			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	40,924
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	5
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,929	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	570
	14 Occupancy, rent, utilities, and maintenance	14	825
	15 Printing, publications, postage, and shipping	15	2,182
	16 Other expenses (describe in Schedule O)	16	33,779
17 Total expenses. Add lines 10 through 16	17	37,356	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,573	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,977
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,550

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	11,977	22	15,550
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	11,977	25	15,550
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,977	27	15,550

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

Plan, organize and execute an annual community parade

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Plan, organize and execute an annual community parade

(Grants \$) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nicole Sittig Chairperson	0.00	0	0	0
Wayne Holler Parade Marshall	0.00	0	0	0
Jane Lesch Parade Secretary	0.00	0	0	0
Velta Kopacek Recording Secretary	0.00	0	0	0
Debbie Jett Treasurer	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	IL	
42a	The organization's books are in care of	Debbie Jett	Telephone no. 630-438-7922
	137 E. Madison		
	Located at	Villa Park	IL ZIP + 4 60181
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 **Nicole Sittig** Date **10/11/18** Chairperson
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Benjamin Sevcik, CPA PFS CFP	Benjamin Sevcik, CPA PFS CFP	08/30/18		P01223442
	Firm's name	Forum Tax & Accounting Services, LLC.		Firm's EIN	38-3649533
	Firm's address	1900 S Highland Ste 100 Lombard, IL 60148-4988		Phone no.	630-873-8541

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Lombard Lilac Festival Parade Comm

Employer identification number

36-2844746

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			34,828	29,104	40,924	104,856
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			34,828	29,104	40,924	104,856
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						104,856

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4			34,828	29,104	40,924	104,856
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						104,856

12 Gross receipts from related activities, etc. (see instructions) **12** 5

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00%

- 16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.

Table with 3 columns: Question, Yes, No. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? Row 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017: Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Lombard Lilac Festival Parade Comm

Employer identification number

36-2844746

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Advertising and Promotion	\$ 898
Office	\$ 2,259
Insurance	\$ 1,206
Food	\$ 1,403
Honorarium	\$ 20,420
Miscellaneous Fees	\$ 267
Licenses & Permits	\$ 50
Annual Report	\$ 25
Awards	\$ 144
Flowers	\$ 175
Banners	\$ 1,336
Membership Fees	\$ 335
Parade Expenses	\$ 5,191
Postage & Delivery	\$ 70
Total	\$ 33,779

Form **990T**

Tax Return History

2017

Name

Lombard Lilac Festival Parade Comm

Employer Identification Number
36-2844746

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Exempt Revenue (Loss)

\$30	
\$20	
\$10	
\$0	

2011

Net Exempt Revenue

\$30	
\$20	
\$10	
\$0	

2011

Contributions

\$30	
\$20	
\$10	
\$0	

2011

Expenses Deductions

\$30	
\$20	
\$10	
\$0	

2011

Form **990T**

Tax Return History

2017

Name

Lombard Lilac Festival Parade Comm

Employer Identification Number
36-2844746

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

	2011
Total Assets	
\$30	
\$20	
\$10	
\$0	

	2011
Total Liabilities	
\$30	
\$20	
\$10	
\$0	

	2011
Business Income (990T)	
\$0	
-\$400	
-\$800	
-\$1,200	

	2011
Tax Due (990T)	
\$30	
\$20	
\$10	
\$0	

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 3/05

For Office Use Only

PMT # _____

 AMT _____

 INIT _____

Attorney General **LISA MADIGAN** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

CO # **01033325**

Report for the Fiscal Period:

Beginning 07/01/2017

& Ending 06/30/2018

Check all Items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # **36-2844746**

MO DAY YR

Are contributions to the organization tax deductible? Yes No

Date Organization was created: **05/12/1967**

<p>LEGAL NAME Lombard Lilac Festival Parade Comm MAIL ADDRESS PO Box 82 CITY, STATE Lombard IL ZIP CODE 60148</p>	<p>Year-end amounts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A) ASSETS</td> <td>A) \$</td> <td style="text-align: right;">15,550</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$</td> <td style="text-align: right;">15,550</td> </tr> </table>	A) ASSETS	A) \$	15,550	B) LIABILITIES	B) \$	0	C) NET ASSETS	C) \$	15,550							
A) ASSETS	A) \$	15,550															
B) LIABILITIES	B) \$	0															
C) NET ASSETS	C) \$	15,550															
<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100 %</td> <td>D) \$ 40,924</td> </tr> <tr> <td style="text-align: center;">0 %</td> <td>E) \$ 0</td> </tr> <tr> <td style="text-align: center;">0 %</td> <td>F) \$ 5</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>G) \$ 40,929</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	100 %	D) \$ 40,924	0 %	E) \$ 0	0 %	F) \$ 5	100%	G) \$ 40,929						
PERCENTAGE	AMOUNT																
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<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J') JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">%</td> <td>H) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>I) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>J) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>K) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>L) \$</td> </tr> <tr> <td style="text-align: center;">100 %</td> <td>M) \$ 37,356</td> </tr> <tr> <td style="text-align: center;">%</td> <td>N) \$</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>O) \$ 37,356</td> </tr> </tbody> </table>	%	H) \$	%	I) \$	%	J) \$	%	K) \$	%	L) \$	100 %	M) \$ 37,356	%	N) \$	100%	O) \$ 37,356
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100%	O) \$ 37,356																
<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign Form IFC: One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100%</td> <td>P) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>R) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>S) \$</td> </tr> </tbody> </table>	100%	P) \$	%	Q) \$	%	R) \$	%	S) \$								
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%	Q) \$																
%	R) \$																
%	S) \$																
<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE:</p> <p>U) NAME, TITLE:</p> <p>V) NAME, TITLE:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>T) \$</td> </tr> <tr> <td>U) \$</td> </tr> <tr> <td>V) \$</td> </tr> </tbody> </table>	T) \$	U) \$	V) \$													
T) \$																	
U) \$																	
V) \$																	
<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION:</p> <p>X) DESCRIPTION:</p> <p>Y) DESCRIPTION:</p>	<p>List on back side of instructions CODE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>W) #</td> </tr> <tr> <td>X) #</td> </tr> <tr> <td>Y) #</td> </tr> </tbody> </table>	W) #	X) #	Y) #													
W) #																	
X) #																	
Y) #																	

Lombard Lilac Festival Parade Comm 36-2844746

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. 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 \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: West Suburban Bank, 711 S. Meyers Rd., Lombard, IL 60148		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Jett		630-438-7922

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

10/11/18
10/13/18

BE SURE TO INCLUDE ALL FEES DUE:	<u>Nicole Sittig</u>	PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	<u>Deborah Jett</u>	TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	<u>Benjamin Sevcik, CPA PFS CFP</u>	PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.				

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-JL

Revised 3/05

For Office Use Only

PMT # _____
 AMT _____
 INIT _____

Attorney General **LISA MADIGAN** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

CO # **01033325**

Report for the Fiscal Period:

Beginning 07/01/2017

& Ending 06/30/2018

MO DAY YR

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

Federal ID # **36-2844746**

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 05/12/1967

<p>LEGAL NAME Lombard Lilac Festival Parade Comm MAIL ADDRESS PO Box 82 CITY, STATE Lombard IL ZIP CODE 60148</p>	<p>Year-end amounts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A) ASSETS</td> <td>A) \$</td> <td style="text-align: right;">15,550</td> </tr> <tr> <td>B) LIABILITIES</td> <td>B) \$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>C) NET ASSETS</td> <td>C) \$</td> <td style="text-align: right;">15,550</td> </tr> </table>	A) ASSETS	A) \$	15,550	B) LIABILITIES	B) \$	0	C) NET ASSETS	C) \$	15,550							
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<p>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS & MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100 %</td> <td>D) \$ 40,924</td> </tr> <tr> <td style="text-align: center;">0 %</td> <td>E) \$ 0</td> </tr> <tr> <td style="text-align: center;">0 %</td> <td>F) \$ 5</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>G) \$ 40,929</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	100 %	D) \$ 40,924	0 %	E) \$ 0	0 %	F) \$ 5	100%	G) \$ 40,929						
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<p>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</p> <p>J¹) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$</p> <p>K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</p> <p>L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">%</td> <td>H) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>I) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>J) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>K) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>L) \$</td> </tr> <tr> <td style="text-align: center;">100 %</td> <td>M) \$ 37,356</td> </tr> <tr> <td style="text-align: center;">%</td> <td>N) \$</td> </tr> <tr> <td style="text-align: center;">100%</td> <td>O) \$ 37,356</td> </tr> </tbody> </table>	%	H) \$	%	I) \$	%	J) \$	%	K) \$	%	L) \$	100 %	M) \$ 37,356	%	N) \$	100%	O) \$ 37,356
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<p>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p>PROFESSIONAL FUNDRAISERS:</p> <p>P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</p> <p>Q) TOTAL FUNDRAISERS FEES AND EXPENSES</p> <p>R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)</p> <p>PROFESSIONAL FUNDRAISING CONSULTANTS:</p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">100%</td> <td>P) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>Q) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>R) \$</td> </tr> <tr> <td style="text-align: center;">%</td> <td>S) \$</td> </tr> </tbody> </table>	100%	P) \$	%	Q) \$	%	R) \$	%	S) \$								
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<p>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</p> <p>T) NAME, TITLE:</p> <p>U) NAME, TITLE:</p> <p>V) NAME, TITLE:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>T) \$</td> </tr> <tr> <td>U) \$</td> </tr> <tr> <td>V) \$</td> </tr> </tbody> </table>	T) \$	U) \$	V) \$													
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<p>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</p> <p>W) DESCRIPTION:</p> <p>X) DESCRIPTION:</p> <p>Y) DESCRIPTION:</p>	<p>List on back side of instructions CODE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>W) #</td> </tr> <tr> <td>X) #</td> </tr> <tr> <td>Y) #</td> </tr> </tbody> </table>	W) #	X) #	Y) #													
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IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. 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 \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>West Suburban Bank, 711 S. Meyers Rd., Lombard, IL 60148</u>		

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Jett 630-438-7922

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS AWARE THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

SIGNATURE

BE SURE TO INCLUDE ALL FEES DUE:
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
2.) FOR FEES DUE SEE INSTRUCTIONS.
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Nicole Sittig
PRESIDENT or TRUSTEE (PRINT NAME)

Nicole Sittig 10/11/18
SIGNATURE DATE

Deborah Jett
TREASURER or TRUSTEE (PRINT NAME)

Deborah Jett 10/13/18
SIGNATURE DATE

Benjamin Sevcik, CPA PFS CFP
PREPARER (PRINT NAME)

BSK 9/10/18
SIGNATURE DATE