

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

GENERAL INFORMATION

Organization:	Lombard Lilac Festival Parade Committee (Committee)		
Name of event:	Lombard Lilac Festival Parade		
Date of event:	5/17/2015	Event location:	Main & Wilson to Maple & Craig Pl.
Contact person:	Ellyn Murphy / Karen Lopez	Title:	Co-Chairs
Business address:	PO Box 82	City & Zip	Lombard, 60148
Telephone:	630-415-2079 / 630-330-5409	Email:	lilacparade@yahoo.com / ellynmur@msn.com

PROJECT OVERVIEW

Total cost of the project:	\$28,160
Cost of city services requested in this application (if any):	\$
Total funding requested in this application:	\$28,000
Percent of total project cost being requested:	100%
Anticipated attendance:	16,000
Anticipated number of overnight hotel stays:	0

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 2015 is "Live, Love, Lilacs". 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:	47 years
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 our members are volunteers. Many of our members have been part of the committee for more than 5 years, 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, Lilia Park and the Parade. This will be the 61st parade & the 48th that this committee has presented.

2) Please describe the goals and objectives of the organization and how they are supported by this program:

The Committee exists solely to present the annual Lilac 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 are instituting entrance fees for commercial units and politicians, and requesting sponsorships from local businesses to defray the cost of other units.

PROJECT DESCRIPTION

- Have you requested grant funding in the past? Yes No
- 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

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

The Parade kicks off at 1:30 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, advertising expenses, and recognition expenses.

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)?

We are focused on a 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 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 and interesting units to the parade as well as to have returning favorites to entertain the Parade watchers.

LOCATION

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

Kicks off at Main and Wilson; heads north on Main St. to Maple and 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.

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 the Lilac Festival. Although only one afternoon in length, out of town guests may come in early to experience other events and stay until the Parade.

- 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 (Main St.) most likely receive more customers than any other Sunday of the year (i.e. Dairy Queen, Gianario's, Senor Jalapeno's, Seven Eleven, etc.) Our draw to the Parade is due mostly in part to the family and/or friends of the Village residents. The Parade draws visitors from throughout the Chicagoland area and beyond.

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

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

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

The Parade Committee receives the service of the 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 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 business and seated politicians. The Village of Lombard provides police support, Public works provides Port-a-Potties and street sweepers, and Park District provides bleachers. Overall the Lilac Parade is a community endeavor to promote the Village of Lombard.

5) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

The Parade Committee advertises via a Parade website, social media (Facebook), newspaper ads/interviews. 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:

Click here to enter text.

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:	Ellyn Murphy		
Title or office held:	Co-Chairperson	Date:	12/11/2014

Signature: _____

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: _____ Date: _____

Organization: _____

INCOME: Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	ACTUAL	ACTUAL	ANTICIPATED
Lombard Tourism Grant	\$	\$	\$
Total Income	\$	\$	\$

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

ITEMIZED EXPENSES	ACTUAL	ACTUAL	ANTICIPATED
	\$	\$	\$
Total Expenses	\$	\$	\$

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

	ACTUAL	ACTUAL	ANTICIPATED
Estimated value of in-kind contributions (explain)	\$	\$	

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 Festival Parade Committee	Name of event:	Lombard Lilac Festival Parade
Date of event:	5/17/2015	Event location:	Main and Wilson
Contact person:	Ellyn Murphy / Karen Lopez	Title:	Co-Chairs
Business address:	PO Box. 82	City & Zip:	Lombard 60148
Telephone:	630-415-2079/ 630-330-5409	E-mail address:	lilacparade@yahoo.com ellynmur@msn.com
Estimated attendance:	16,000	Estimated hotel stays:	
Method for estimating attendance:	1.5 mile route, 1 person/foot along the route, both sides		

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

Click here to enter text.

- 2) Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?

Click here to enter text.

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

Click here to enter text.

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

SUBMISSION INSTRUCTIONS

Please submit completed form and associated application documents on or before **December 19, 2014** 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.

Lilac Festival Parade Committee

Fiscal Year 2015

July 1, 2014 - June 30, 2015

2015 Budget

Income

Donation		\$	500.00
Interest Inc		\$	3.00
Other Inc	Village Grant	\$	28,000.00
Sponsorship	Various Sponsors	\$	600.00
Application Fees		\$	750.00
Carry-Over (from previous year)		\$	(85.77)
Revenue		\$	29,853.00
Total Revenue		\$	29,767.23

Expenses

Annual Fee		\$	35.00
Administration		\$	725.00
Auto		\$	1,150.00
Banners		\$	900.00
Marshal Shirts		\$	1,200.00
Deluxe Checks		\$	-
Flowers		\$	190.00
Food		\$	1,500.00
Honorarium		\$	18,450.00
Insurance		\$	830.00
Judges		\$	200.00
Office Expense		\$	200.00
Plaque and Ribbons		\$	150.00
Postage		\$	175.00
Printing and Reproduction		\$	700.00
Publicity		\$	600.00
Utilities		\$	565.00
Website		\$	150.00
Total Expenses		\$	27,720.00

Total Carry-Over \$ 2,047.23

\$ 15.00
4-12-14

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)

OMB No. 1545-1150

2013

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.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Lombard Lilac Festival Parade Comm

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 82

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

Lombard IL 60148

Room/suite

D Employer identification number

36-2844746

E Telephone number

630-627-6759

F Group Exemption

Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check 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) — 501(c)(3) 501(c)(**4**) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association 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

▶ \$ **12,532**

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

		1	12,526
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	12,526
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	6
	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	12,532	
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	125
	14 Occupancy, rent, utilities, and maintenance	14	315
	15 Printing, publications, postage, and shipping	15	224
	16 Other expenses (describe in Schedule O)	16	21,575
	17 Total expenses. Add lines 10 through 16	17	22,239
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,707
	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	13,467
	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	3,760

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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
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		
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed		IL
42a	The organization's books are in care of		Erica Fisetto
	Located at		629 E St. Charles Rd.
	Located at		Lombard IL ZIP + 4 60148
42b	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)? If "Yes," enter the name of the foreign country:		X
42c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		X
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		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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)		X

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 Yes No
46

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

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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

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

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

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 and 4947(a)(1) nonexempt charitable trusts 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 Date
 Signature of officer: **Erica Fisette** Chairman
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name John J Adam	Preparer's signature John J Adam	Date 10/29/14	Check <input type="checkbox"/> if self-employed	PTIN P00179239
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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2013

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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	\$	600
Office	\$	100
Information Technology	\$	454
Insurance	\$	830
Banners	\$	616
Flowers	\$	173
Food	\$	827
Honorarium	\$	16,775
Plaques & Ribbons	\$	150
Rental Expense	\$	1,050
Total	\$	21,575

Two Year Comparison Report

Form **990T** **2012 & 2013**

For calendar year 2013, or tax year beginning **07/01/13**, ending **06/30/14**

Name **Lombard Lilac Festival Parade Comm** Taxpayer Identification Number **36-2844746**

		2012	2013	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes		38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990T

Tax Return History

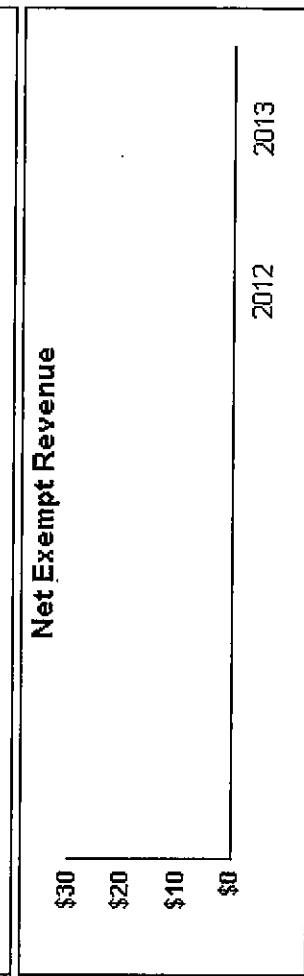
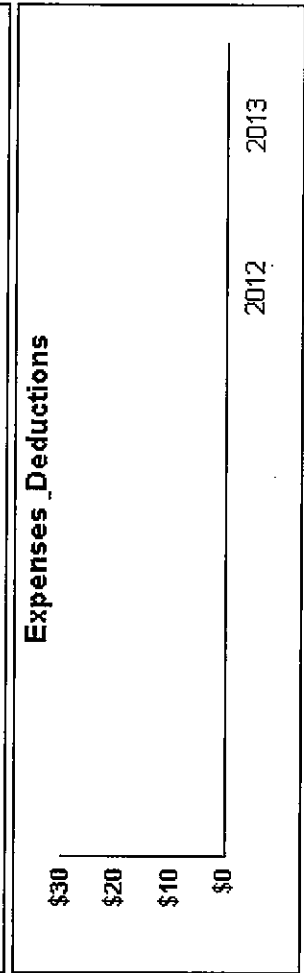
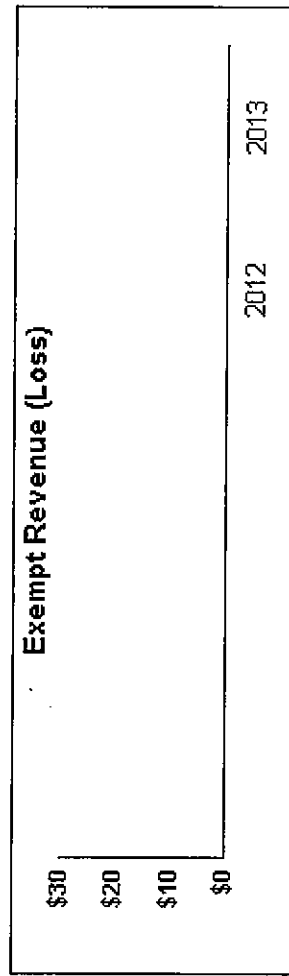
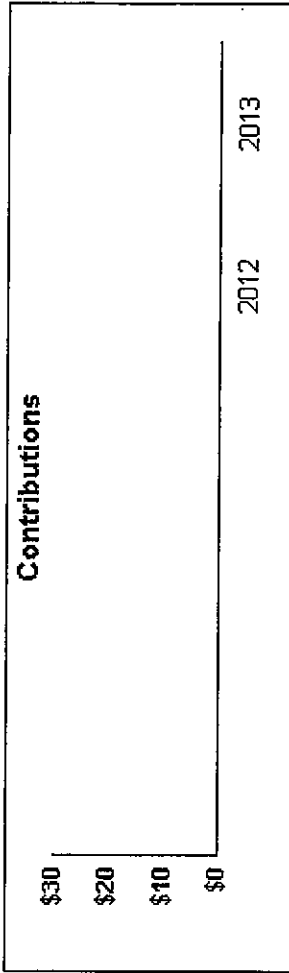
2013

Name

Lombard Lilac Festival Parade Comm

Employer Identification Number
36-2844746

	2009	2010	2011	2012	2013	2014
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						



Form 990T

Tax Return History

2013

Name

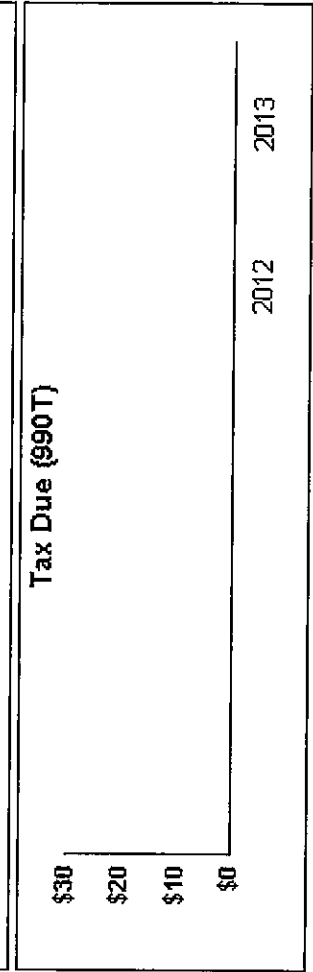
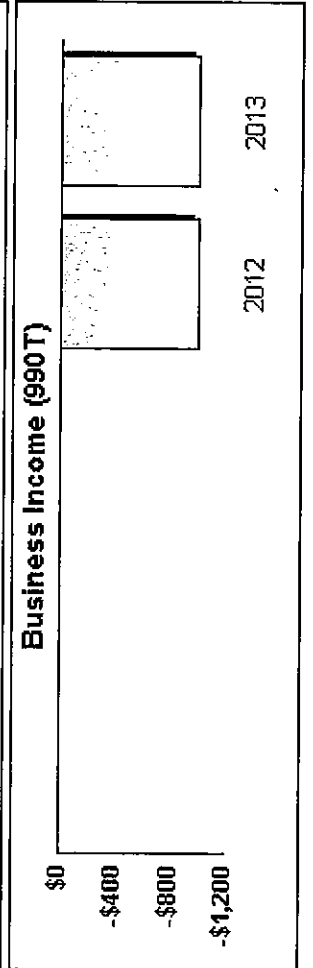
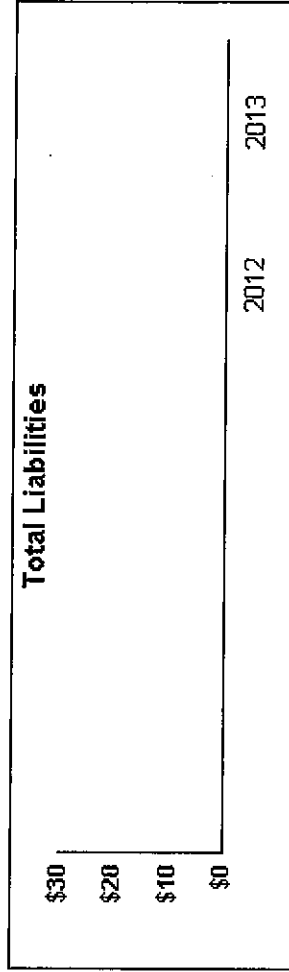
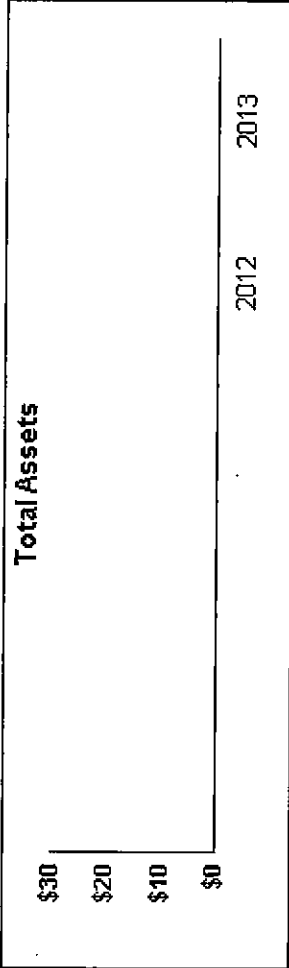
Lombard Lilac Festival Parade Comm

Employer Identification Number

36-2844746

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-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



Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning **07/01/13**, and ending **06/30/14****36-2844746****Lombard Lilac Festival Parade Comm**Net Asset / Fund Balance at Beginning of Year 13,467

Revenue

Contributions	<u>12,526</u>	
Program service revenue		
Investment income	<u>6</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue		<u>12,532</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>22,239</u>
Excess / (deficit)		<u>-9,707</u>

Changes

Net Asset / Fund Balance at End of Year 3,760

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

	Beginning	Ending	Differences
Assets	<u>13,467</u>	<u>3,760</u>	
Liabilities			
Net assets	<u>13,467</u>	<u>3,760</u>	<u>-9,707</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>11/17/14</u>
Failure to file penalty	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014

▶ Do not send to the IRS. Keep for your records.

2013▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.Department of the Treasury
Internal Revenue Service
Name of exempt organization**Lombard Lilac Festival Parade Comm**

Employer identification number

36-2844746

Name and title of officer

**Erica Fisette
Chairman****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	12,532
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Forum Tax & Accounting Services, LL** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **10/27/14****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36026960515

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **John J Adam**Date ▶ **10/27/14****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 3/05

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 07/01/2013

& Ending 06/30/2014

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

MO DAY YR

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	Lombard Lilac Festival Parade Comm PO Box 82 Lombard IL 60148	Year-end amounts	
		A) ASSETS	A) \$ 3,760
		B) LIABILITIES	B) \$ 0
		C) NET ASSETS	C) \$ 3,760
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		100 %	D) \$ 12,526
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		0 %	E) \$ 0
F) OTHER REVENUES		0 %	F) \$ 6
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	G) \$ 12,532
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		100 %	H) \$ 22,239
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		100 %	J) \$ 22,239
J*) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		100 %	L) \$ 22,239
M) MANAGEMENT AND GENERAL EXPENSE		%	M) \$
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100%	O) \$ 22,239
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
T) NAME, TITLE:			T) \$
U) NAME, TITLE:			U) \$
V) NAME, TITLE:			V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION:			W) #
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			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: _____		

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.

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.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
John J Adam	SIGNATURE	DATE
PREPARER (PRINT NAME)	SIGNATURE	DATE

Illinois Return Summary

For calendar year 2013, or tax year beginning **07/01/13** , and ending **06/30/14**

36-2844746

Lombard Lilac Festival Parade Comm

Amount you are paying (IL-990T)

Apportionment

Total sales everywhere

Total Illinois sales

Apportionment factor

%

Net income or loss

Investment credits

Net replacement tax

Income tax credits

Net income tax

Credit from prior year overpayment

Total estimated payments

Form IL-505-B extension payment

Gambling withholding

Total payments

Overpayment

Amount to credit forward

Refund

Tax due before penalty and interest

Late payment interest

Failure to pay penalty

Failure to file penalty

Total amount due

Next Year's Estimates

1st quarter

2nd quarter

3rd quarter

4th quarter

Total

Charitable Registration

Filing fee

Return / extended due date

15

12/31/14

Miscellaneous Information

Amended return

IL-990T due date /extended date

11/17/14