

**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:	5/17/2020	Event location:	Main St & Wilson to Pale & Craig Pl.
Contact person:	Nicole Sittig	Title:	Chairperson
Business address:	PO Box 82	City & Zip	Lombard, IL 60148
Telephone:	630-415-2079/630-273-1857	Email:	lilacparade@yahoo.com/ nicolesittigilacparade@ yahoo.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:	\$\$18,000
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:

**ORGANIZATION**

Number of years that the organization has been in existence:	53
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 annual parade since 1967. One hundred percent of the members are volunteers. Many of our members have been a 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, and Lilacia Park. This will be our 66th parade and the 53rd 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?

There is no plan at this time to make the Parade self-sustaining, as it is presented on behalf of the Village of Lombard, and it's the final event of 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. Continuing in 2020 we are hosting three fundraisers; Adult only Easter Egg Hunt, Spring Wine Walk held in the beginning of Lilac Time, and our Haunted Wine Walk 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:

2019 \$18,000/ 2018 \$18,000/ 2017 \$18,000/ 2016 \$18,000/ 2015 \$23,000

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 Pl. 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 presenting a family oriented and quality Parade. We 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, Twitter) 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.

### **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 to Maple, then east to Craig Pl. 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 one 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 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 (Main St.) most likely receive more customers than any other Sunday of the year(i.e. Dairy Queen, Gianorio's, Senior 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 the costs for such services be reimbursed to the Village or are requested to 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. Boys/Girls 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 Parade website, social media (Facebook, Twitter), 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:

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**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:	Chairperson	Date:	12/8/2019

Signature: Nicole Sittig

	2017 Budget	2017 Actual	2018 Budget
<b>Income</b>			
Donation-Business & personal	\$ 150.00	\$ 320.00	\$ 300.00
Restaurant Fundraisers			
Egg Hunt Fundraiser	\$ 2,300.00	\$ 1,388.00	\$ 1,500.00
Cheesecake Fundraiser			
Parade Wine Walk Fundraiser	\$ 6,000.00	\$ 2,240.00	\$ 6,000.00
Interest Income	\$ 4.00	\$ 5.80	\$ 5.00
Other Income	\$ 18,000.00	\$ 15,300.00	\$ 18,000.00
Sponsorship	\$ 6,200.00	\$ 7,526.00	\$ 7,500.00
Application Fees	\$ 350.00	\$ 250.00	\$ 300.00
<b>Carry-Over (from previous year)</b>	<b>\$ 3,593.71</b>	<b>\$ 3,593.71</b>	<b>\$ 4,772.73</b>
<b>Revenue</b>	<b>\$ 33,004.00</b>	<b>\$ 27,029.80</b>	<b>\$ 33,605.00</b>
<b>Total Revenue</b>	<b>\$ 36,597.71</b>	<b>\$ 30,623.51</b>	<b>\$ 38,377.73</b>
<b>Expenses</b>			
Annual Fee	\$ 15.00	\$ 15.00	\$ 15.00
Administration	\$ 550.00	\$ 550.00	\$ 550.00
CC Administration	\$ 100.00	\$ -	
Auto	\$ 1,100.00	\$ 1,225.00	\$ 1,100.00
Banners & Signs	\$ 1,500.00	\$ 2,232.00	\$ 2,300.00
Marshal Shirts	\$ 500.00	\$ -	\$ 500.00
Deluxe Checks		\$ 71.00	
Egg Hunt Expenses (eggs;candy)	\$ 50.00	\$ 5.00	\$ 25.00
Wine Walk Expenses (licenses, give away bottle, in	\$ 2,000.00	\$ 1,908.00	\$ 3,000.00
Flowers	\$ 200.00	\$ 175.00	\$ 200.00
Food	\$ 1,500.00	\$ 2,330.02	\$ 2,200.00
Honorarium	\$ 23,400.00	\$ 14,845.00	\$ 22,000.00
Insurance	\$ 890.00	\$ 881.00	\$ 890.00
Judges	\$ 200.00	\$ -	\$ 200.00
Office Expense	\$ 200.00	\$ 64.00	\$ 200.00
Plaque and Ribbons	\$ 350.00	\$ 126.00	\$ 200.00
Postage	\$ 25.00	\$ 61.70	\$ 50.00
Printing and Reproduction	\$ 1,000.00	\$ -	\$ 1,000.00
Publicity	\$ 1,200.00	\$ 954.90	\$ 1,200.00
Utilities	\$ 300.00	\$ 263.28	\$ 300.00
Website	\$ 300.00	\$ 143.88	\$ 428.00
<b>Total Expenses</b>	<b>\$ 35,380.00</b>	<b>\$ 25,850.78</b>	<b>\$ 36,358.00</b>
<b>Total Carry-Over To Next Year</b>	<b>\$ 1,217.71</b>	<b>\$ 4,772.73</b>	<b>\$ 2,019.73</b>
<b>"IN-KIND" Estimates</b>			

National University of Health Sciences	\$	300.00
Ziedler Properties	\$	-
Lombard Commons	\$	150.00
Lombard Pharmacy	\$	150.00
First United Methodist Church	\$	100.00
Glenbard East	\$	300.00
Xeikon	\$	300.00
Park District	\$	96.00
Lombardian	\$	400.00
Comcast		
Illinois Center for Broadcasting	\$	400.00
Wine Walk Printing - LTC	\$	17.50
Wine Walk Printing -Xeikon	\$	40.00
Wine Walk - Glasses (Apple Concrete Coring)	\$	200.00
Wine Walk - Bricks - Food	\$	-
Wine Walk - Sweet Street - Food	\$	-
Wine Walk - Balloons (Vino Cellar)	\$	-
Wine Walk - Tasting Wine (distributors)	\$	1,000.00
Facebook Boost Ad	\$	15.00
Miller's Ale House	\$	502.00
Famous Liquor gift card	\$	50.00
Famous Liquor Bulls tickets	-	
Famous Raffle Prizes	\$	400.00
Lombard Roller Rink	\$	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
York Radio Club	\$	200.00
McDonald's - water	\$	50.00
Walgreen's - water	\$	50.00
Park District - Showmobile	\$	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	
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			
Babcocks Food Fall Wine Walk			
Candy donated by committee members			
Zanies			
Improv			
Enchanted Castle			
Drury Lane			
Costco GC			
<b>IN-KIND Total</b>	\$ 6,316.00	\$ 7,127.00	\$ 7,127.00
<b>Village Costs</b>			
Barricades		\$ 1,509.00	Did not have 2
Police OT & Supplies		\$ 13,284.44	
Public Works OT & Supplies		\$ 3,027.08	
	\$ 17,820.00	\$ 17,820.52	\$ 17,820.52
<b>Total Cost - Estimate</b>	\$ 59,516.00	\$ 50,798.30	\$ 61,305.52
<b>Volunteer Hours - Estimates</b>			
Wine Walk - 12 people for 5 hours		60 hours	
Easter Egg Hunt 8 people for 3 hours		24 hours	
Parade Day 80 people for 7 hours		560 hours	
Committee Meeting hours ~15 people 2hrs meeting, 10 meetings		300 hours	
Parade Chair		100 hours	
Secretary		15 hours	
Treasurer		20 hours	
Parade Secretary		100 hours	
Marshall		50 hours	
Other members		200 hours	



**LOCAL TOURISM GRANT PROGRAM  
DETAILED BUDGET**

Event: Lombard Lilac Parade Date: December 8, 2019

Organization: Lombard Lilac Festival Parade Committee

**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	\$	\$	\$
See attached document			
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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
	\$	\$	\$
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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)	\$	\$	

	2017 Budget	2017 Actual	2018 Budget	2018 Actual	2019 Budget	2019 Actual	2020 Budget	2020 Actual
<b>Income</b>								
Donation-Business & personal	\$ 150.00	\$ 320.00	\$ 300.00	\$ 950	\$ 600	\$ 600	\$ 600	
Restaurant Fundraisers								
Egg Hunt Fundraiser	\$ 2,300.00	\$ 1,388.00	\$ 1,500.00	\$ 1,464.00	\$ 1,500.00	\$ 1,509.00	\$ 1,509.00	
Cheesecake Fundraiser	\$ 6,000.00	\$ 2,240.00	\$ 6,000.00	\$ 3,678.00	\$ 900.00	\$ 1,022.00	\$ 1,000.00	
Parade Wine Walk Fundraiser	\$ 4.00	\$ 5.80	\$ 5.00	\$ 5.17	\$ 5.00	\$ 8.25	\$ 8.00	
Interest Income	\$ 18,000.00	\$ 15,300.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	\$ 18,000.00	
Other Income	\$ 6,200.00	\$ 7,526.00	\$ 7,500.00	\$ 9,095.00	\$ 8,500.00	\$ 6,650.00	\$ 6,000.00	
Sponsorship	\$ 350.00	\$ 250.00	\$ 300.00		\$ 300.00	\$ 750.00	\$ 300	
Application Fees								
<b>Carry-Over (from previous year)</b>	<b>\$ 3,593.71</b>	<b>\$ 3,593.71</b>	<b>\$ 4,772.73</b>	<b>\$ 14,499.77</b>	<b>\$ 14,499.77</b>	<b>\$ 13,265.43</b>	<b>\$ 14,000.00</b>	
<b>Revenue</b>	<b>\$ 33,004.00</b>	<b>\$ 27,029.80</b>	<b>\$ 33,605.00</b>	<b>\$ 33,191.67</b>	<b>\$ 35,805.00</b>	<b>\$ 31,907.40</b>	<b>\$ 47,417.00</b>	
<b>Total Revenue</b>	<b>\$ 36,597.71</b>	<b>\$ 30,623.51</b>	<b>\$ 38,377.73</b>	<b>\$ 47,691.44</b>	<b>\$ 50,304.77</b>	<b>\$ 45,172.83</b>	<b>\$ 61,417.00</b>	
<b>Expenses</b>								
Annual Fee	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
Administration	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00	\$ 550.00
CC Administration	\$ 100.00	\$ -						
Auto	\$ 1,100.00	\$ 1,225.00	\$ 1,100.00	\$ 1,095.00	\$ 1,100.00	\$ 1,100.00	\$ 1,100.00	\$ 1,100.00
Banners & Signs	\$ 1,500.00	\$ 2,232.00	\$ 2,300.00	\$ 2,402.00	\$ 2,300.00	\$ 1,554.00	\$ 2,300	\$ 2,300
Marshal Shirts	\$ 500.00	\$ -	\$ 500.00		\$ 500.00	\$ 1,141	\$ 500	\$ 500
Deluxe Checks		\$ 71.00				\$ 71.00	\$ 71.00	\$ 71.00
Egg Hunt Expenses (eggs;candy)	\$ 50.00	\$ 5.00	\$ 25.00		\$ 25.00		\$ 25	\$ 25
Wine Walk Expenses (licenses, give away bottle, insurance)	\$ 2,000.00	\$ 1,908.00	\$ 3,000.00	\$ 5,856.99	\$ 6,000.00	\$ 6,200.93	\$ 6,000	\$ 6,000
Flowers	\$ 200.00	\$ 175.00	\$ 200.00	\$ 175.00	\$ 200.00	\$ 188.00	\$ 200	\$ 200
Food	\$ 1,500.00	\$ 2,330.02	\$ 2,200.00	\$ 2,330.02	\$ 2,300.00		\$ 2,300	\$ 2,300
Honorarium	\$ 23,400.00	\$ 14,845.00	\$ 22,000.00	\$ 18,695.00	\$ 22,000.00	\$ 18,000.00	\$ 22,000	\$ 22,000
Insurance	\$ 890.00	\$ 881.00	\$ 890.00	\$ 881.00	\$ 963.00	\$ 963.00	\$ 963	\$ 963
Judges	\$ 200.00	\$ -	\$ 200.00		\$ 200.00		\$ 400	\$ 400
Office Expense	\$ 200.00	\$ 64.00	\$ 200.00	\$ 70.00	\$ 200.00		\$ 300	\$ 300
Plaque and Ribbons	\$ 350.00	\$ 126.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200	\$ 200

Postage	\$ 25.00	\$ 61.70	\$ 50.00	\$ 127.00	\$ 50.00	\$ 50
Printing and Reproduction	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$1,000
Publicity	\$ 1,200.00	\$ 954.90	\$ 1,200.00	\$ 898.00	\$ 1,200.00	\$1,200
Utilities	\$ 300.00	\$ 263.28	\$ 300.00	\$ 396.00	\$ 300.00	\$400
Website	\$ 300.00	\$ 143.88	\$ 428.00	\$ 735.00	\$ 735.00	\$800
<b>Total Expenses</b>	<b>\$ 35,380.00</b>	<b>\$ 25,850.78</b>	<b>\$ 36,358.00</b>	<b>\$ 34,426.01</b>	<b>\$ 39,838.00</b>	<b>\$ 40,374.00</b>
<b>Total Carry-Over To Next Year</b>	<b>\$ 1,217.71</b>	<b>\$ 4,772.73</b>	<b>\$ 2,019.73</b>	<b>\$ 13,265.43</b>	<b>\$ 10,466.77</b>	<b>\$ 21,043.00</b>
<b>"IN-KIND" Estimates</b>						
National University of Health Sciences	\$ 300.00			\$ 300.00		\$300
Ziedler Properties	\$ -					
Lombard Commons	\$ 150.00			\$ 150.00		\$150
Lombard Pharmacy	\$ 150.00			\$ 150.00		\$150
First United Methodist Church	\$ 100.00			\$ 100.00		\$100
Glenbard East	\$ 300.00			\$ 300.00		\$300
Xeikon	\$ 300.00			\$ 300.00		
Park District	\$ 96.00			\$ 96.00		\$96.00
Lombardian	\$ 400.00			\$ 400.00		\$400
Comcast						
Illinois Center for Broadcasting	\$ 400.00			\$ 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		\$1,000.00
Facebook Boost Ad	\$ 15.00			\$ 15.00		\$45.00
Miller's Ale House	\$ 502.00			\$ 502.00		\$502.00
Famous Liquor gift card	\$ 50.00			\$ -		

Famous Liquor Bulls tickets									
Famous Raffle Prizes	\$	400.00			\$	400.00			\$250
Lombard Roller Rink	\$	65.00			\$	65.00			\$70
Fringe	\$	85.00			\$	-			\$100
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			\$	-		\$120	\$120
BowWow Playground	\$	-			\$	-			
Patio 2-gift cards	\$	25.00			\$	-			
Gianorio's	\$	25.00			\$	-			
Laura Sasinka	\$	194.00			\$	-		\$45	
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		\$50	\$50
Walgreen's - water	\$	50.00			\$	50.00		\$50	\$50
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			\$	-		\$50	\$50
Clasha (2 Gift Bags)	\$	50.00			\$	-			
The Salon By Instyle	\$	150.00			\$	-			
Clarion Inn (2-1 night stay)	\$	254.00			\$	254.00		\$335	\$335
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	
Candy donated by committee members						\$190	
Zanies						\$160	
Improv						\$150	
Enchanted Castle						\$43	
Drury Lane						\$100	
Costco GC						\$25	
<b>IN-KIND Total</b>		\$	6,316.00	\$	7,127.00	\$	5,365.00
<b>Village Costs</b>							
Barricades		\$	1,509.00	Did not have	\$	1,509.00	Did not have
Police OT & Supplies		\$	13,284.44		\$	13,284.44	\$1,509.00
Public Works OT & Supplies		\$	3,027.08		\$	3,027.08	\$13,284.44
		\$	17,820.00	\$	17,820.52	\$	17,820.52
<b>Total Cost - Estimate</b>		\$	59,516.00	\$	61,305.52	\$	57,611.53
<b>Volunteer Hours - Estimates</b>							
Wine Walk - 12 people for 5 hours			60 hours			60 hours	60 hours
Easter Egg Hunt 8 people for 3 hours			24 hours			24 hours	24 hours
Parade Day 80 people for 7 hours			560 hours			560 hours	560 hours
Committee Meeting hours ~15 people 2hrs meeting, 10 meet			300 hours			300 hours	300 hours
Parade Chair			100 hours			100 hours	100 hours
Secretary			15 hours			15 hours	15 hours
Treasurer			20 hours			20 hours	20 hours
Parade Secretary			100 hours			100 hours	100 hours
Marshall			50 hours			50 hours	50 hours
Other members			200 hours			200 hours	200 hours

**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:	5/17/2020	Event location:	Main and Wilson to Maple and Craig Pl.
Contact person:	Nicole Sittig	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/ nicolesittiglilacparade@yahoo.com
Estimated attendance:	15000	Estimated hotel stays:	5
Method for estimating attendance:	1.5 mile route, 1 person/foot along 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 in 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?  
 3) How did the actual outcomes of the program or event compare to your original expectations?

The 2019 Parade was cancelled due to the potential of threatening weather. We have learned from this experience that it will take us approximately 45 minutes to clear the streets of participants and spectators. We are also planning to work with local schools, churches, and businesses for an emergency shelter plan along the parade route.

- 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 2019 Parade was cancelled due to the potential for threatening weather. The committee decided to honor the honorariums for the units that checked in on Parade Day. The Parade came in under budget due to the cancellation, some spending was done on infrastructure (t-shirts and signs) this year.

Some of the proceeds from the sponsorships and fundraisers were used to create new banners and magnets, as well as for the expenses incurred in the fundraising events.

**SUBMISSION INSTRUCTIONS**

First-time applicants - Please submit completed form and associated application documents on or before **December 9, 2019** to Nicole Aranas, Assistant Village Manger, by e-mailing [aranasn@villageoflombard.org](mailto:aranasn@villageoflombard.org) or submitting to 255 E. Wilson Avenue, Lombard, IL 60148.

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)

**2018**

Open to Public Inspection

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

<b>B</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	<b>C</b> Name of organization <b>Lombard Lilac Festival Parade Comm</b>		<b>D</b> Employer identification number <b>36-2844746</b>
	Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number <b>630-627-6759</b>
	Room/suite <b>PO Box 82</b>		<b>F</b> Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code <b>Lombard IL 60148</b>		

**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(b)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 6b, 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 38,485**

## 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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																		
Revenue	1	Contributions, gifts, grants, and similar amounts received															38,477																														
	2	Program service revenue including government fees and contracts																																													
	3	Membership dues and assessments																																													
	4	Investment income																																													
	5a	Gross amount from sale of assets other than inventory																																													
	b	Less: cost or other basis and sales expenses																																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																													
	6	Gaming and fundraising events:																																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																													
	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)																																													
c	Less: direct expenses from gaming and fundraising events																																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																														
7a	Gross sales of inventory, less returns and allowances																																														
b	Less: cost of goods sold																																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																														
8	Other revenue (describe in Schedule O)																																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																													
	11	Benefits paid to or for members																																													
	12	Salaries, other compensation, and employee benefits																																													
	13	Professional fees and other payments to independent contractors																																													
	14	Occupancy, rent, utilities, and maintenance																																													
	15	Printing, publications, postage, and shipping																																													
	16	Other expenses (describe in Schedule O)																																													
17	Total expenses. Add lines 10 through 16																																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																													
	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)																																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																													

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)



**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 .....	15,550	22	23,159
23 Land and buildings .....	0	23	
24 Other assets (describe in Schedule O) .....	0	24	
25 Total assets .....	15,550	25	23,159
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) .....	15,550	27	23,159

**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.

Line	Description	Grants \$	If this amount includes foreign grants, check here <input type="checkbox"/>	Label
28	Plan, organize and execute an annual community parade.			28a
29				29a
30				30a
31	Other program services (describe in Schedule O)			31a
32	Total program service expenses (add lines 28a through 31a)			32

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

**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

**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		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b 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	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		X
40c	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		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		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	
	Located at	137 E. Madison	
	Located at	IL	ZIP + 4 60181
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 United States? 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		X

**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		X
48		X
49a		X
49b		

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

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

b If "Yes," was the related organization a section 527 organization?

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: **Chairperson**   
 Type or print name and title

Paid Preparer Use Only   
 Print/Type preparer's name: **Benjamin Sevcik, CPA PFS CFP**   
 Preparer's signature: **Benjamin Sevcik, CPA PFS CFP**   
 Date: **08/26/19**   
 Check  if self-employed   
 PTIN: **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

**2018**

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](http://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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		34,828	29,104	40,924	38,477	143,333
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	38,477	143,333
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						143,333

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4		34,828	29,104	40,924	38,477	143,333
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						143,333
12 Gross receipts from related activities, etc. (see instructions)					12	13
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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2018. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2018.** 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—2017.** 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, status, and control.

Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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.

- a 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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? Provide details in Part VI.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		



**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 III** 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 2018 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-2018	(III) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Employer identification number

**Lombard Lilac Festival Parade Comm**

**36-2844746**

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

Description	Amount
<b>Expenses</b>	
	\$ 963
<b>Fund Raiser Expense</b>	\$ 6,489
<b>Banners</b>	\$ 1,242
<b>Flowers</b>	\$ 188
<b>Food</b>	\$ 1,228
<b>Honorarium</b>	\$ 13,775
<b>license &amp; Permits</b>	\$ 75
<b>Membership Fees</b>	\$ 295
<b>Parade Expenses</b>	\$ 3,622
<b>Plaques and Ribbons</b>	\$ 164
<b>Printing and Reproduction</b>	\$ 669
<b>Total</b>	\$ 28,710

### Federal Statements

#### Schedule A, Part II, Line 1(e)

Description	Amount
Total	\$ 38,477
	\$ 38,477

#### Schedule A, Part II, Line 12 - Current year

Description	Amount
Total	\$ 8
	\$ 8

### Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**36-2844746**

#### Lombard Lilac Festival Parade Comm

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>15,550</u>
<b>Revenue</b>		
Contributions	<u>38,477</u>	
Program service revenue		
Investment income	<u>8</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income		
<b>Total revenue</b>	<u>38,485</u>	
<b>Expenses</b>		
Program services		
Management and general		
Fundraising		
<b>Total expenses</b>	<u>30,876</u>	
<b>Excess / (deficit)</b>		<u>7,609</u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>23,159</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>_____</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>_____</u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>15,550</u>	<u>23,159</u>	
Liabilities			
<b>Net assets</b>	<u>15,550</u>	<u>23,159</u>	<u>7,609</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 11/15/19

Failure to file penalty \_\_\_\_\_

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19.

**2018**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Employer identification number  
**36-2844746**

Name and title of officer  
**Lombard Lilac Festival Parade Comm**

**Nicole Sittig  
Chairperson**

#### 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 one 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	<b>38,485</b>
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, line 3c)	5b	

#### 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 2018 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 2018 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 2018 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 ▶ **08/26/19**

#### Certification and Authentication

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

**36026912345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ **Benjamin Sevcik, CPA PFS CFP** Date ▶ **08/26/19**

**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** (2018)

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

Form AG990-IL  
Revised 1/19

For Office Use Only

PMT # \_\_\_\_\_  
AMT \_\_\_\_\_  
INIT \_\_\_\_\_

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

CO # **01033325**

Report for the Fiscal Period:

Beginning 07/01/2018

& Ending 06/30/2019

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 <b>Lombard Lilac Festival Parade Comm</b></p> <p>MAIL ADDRESS <b>PO Box 82</b></p> <p>CITY, STATE <b>Lombard IL</b></p> <p>ZIP CODE <b>60148</b></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;">23,159</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;">23,159</td> </tr> </table>	A) ASSETS	A) \$	23,159	B) LIABILITIES	B) \$	0	C) NET ASSETS	C) \$	23,159							
A) ASSETS	A) \$	23,159															
B) LIABILITIES	B) \$	0															
C) NET ASSETS	C) \$	23,159															
<p><b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b></p> <p>D) PUBLIC SUPPORT, CONTRIBUTIONS &amp; PROGRAM SERVICE REV. (GROSS AMTS.)</p> <p>E) GOVERNMENT GRANTS &amp; MEMBERSHIP DUES</p> <p>F) OTHER REVENUES</p> <p>G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, &amp; F)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>D) \$ 38,477</td> </tr> <tr> <td>0%</td> <td>E) \$ 0</td> </tr> <tr> <td>0%</td> <td>F) \$ 8</td> </tr> <tr> <td>100%</td> <td>G) \$ 38,485</td> </tr> </tbody> </table>	PERCENTAGE	AMOUNT	100%	D) \$ 38,477	0%	E) \$ 0	0%	F) \$ 8	100%	G) \$ 38,485						
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<p><b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b></p> <p>H) OPERATING CHARITABLE PROGRAM EXPENSE</p> <p>I) EDUCATION PROGRAM SERVICE EXPENSE</p> <p>J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H &amp; 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 &amp; K)</p> <p>M) MANAGEMENT AND GENERAL EXPENSE</p> <p>N) FUNDRAISING EXPENSE</p> <p>O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, &amp; N)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>%</td> <td>H) \$</td> </tr> <tr> <td>%</td> <td>I) \$</td> </tr> <tr> <td>%</td> <td>J) \$</td> </tr> <tr> <td>%</td> <td>K) \$</td> </tr> <tr> <td>%</td> <td>L) \$</td> </tr> <tr> <td>100%</td> <td>M) \$ 30,876</td> </tr> <tr> <td>%</td> <td>N) \$</td> </tr> <tr> <td>100%</td> <td>O) \$ 30,876</td> </tr> </tbody> </table>	%	H) \$	%	I) \$	%	J) \$	%	K) \$	%	L) \$	100%	M) \$ 30,876	%	N) \$	100%	O) \$ 30,876
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<p><b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</p> <p><b>PROFESSIONAL FUNDRAISERS:</b></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><b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b></p> <p>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>100%</td> <td>P) \$</td> </tr> <tr> <td>%</td> <td>Q) \$</td> </tr> <tr> <td>%</td> <td>R) \$</td> </tr> <tr> <td>%</td> <td>S) \$</td> </tr> </tbody> </table>	100%	P) \$	%	Q) \$	%	R) \$	%	S) \$								
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%	S) \$																
<p><b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b></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><b>V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES</b></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) #																	



**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: <u>Deborah Jett</u> <u>630-438-7922</u>		

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.

<u>Nicole Sittig</u> PRESIDENT or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
<u>Deborah Jett</u> TREASURER or TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
<u>Benjamin Sevcik, CPA PFS CFP</u> PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE

### Illinois Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

36-2844746

Lombard Lilac Festival Parade Comm

Amount you are paying (IL-990T)

**Apportionment**

Total sales everywhere

Total Illinois sales

Apportionment factor

0  
0.000000%

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

Pass-through withholding payments

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

12/31/19

**Miscellaneous Information**

Amended return

IL-990T due date /extended date

11/15/19