

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:	5/16/2021	Event location:	Main St & Wilson
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/ nicolesittiglilacparade@ 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:

Helping cover expenses for presenting a family orientated quality parade on behalf of the Village of Lombard.

ORGANIZATION

Number of years that the organization has been in existence:	54
Number of years that the project or event has been in existence:	60+
Number of years the project has been supported by Village of Lombard funds:	60+
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 parade committee has been in existence for over 50 years and is made up of one hundred percent of volunteers. Some of our volunteers have been a part of this organization for over 15 years. Our entire mission is to present a family orientated and quality 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 54th 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 solely exists 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 seated politicians. We are also 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. We do not anticipate receiving any for 2021 due to the pandemic. We will continue hosting our fundraising events once the mitigation allows for us to host them.

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:

2020 Granted \$18,000 but cancelled due to Pandemic/ 2019 \$18,000/ 2018 \$18,000/ 2017 \$18,000/ 2016 \$18,000/

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

The parade kicks off from Main ST and Wilson at 1:30pm, runs north on Main St to Maple and 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 are used to support all expenses of the parade, honorariums paid to the 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 focus on presenting a family orientated 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 the use of social media (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 welcoming our 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 St and Wilson north to Maple, the 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 once a month beginning 9 months in advance of parade day. Parade application are due 1 month prior to the event. Parade line up is finalized 2 weeks prior o the parade. The day after the parade we have a debriefing meeting to discuss what went well or things that we may need to improve on. Additional meetings will 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?

Business along the parade route (Main St.) most likely receive more customers than any other Sunday of the year. (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 toward quality family entertainment. Anticipated audience is over 16000.

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 set up. We encourage local businesses to sponsor parade units. The parade has worked and will continue to work with the community organizations (Boys/Girls Scouts, Schools, 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 website, social media (Facebook and 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.

7) Funding for the Local Tourism Grant Program for 2021 is constrained. The Committee anticipates the possibility of reduced funding over prior year grant awards. What have you done to reduce the amount of funds your organization is requesting under this grant? If you do not receive the full funding you requested for 2021, how will your organization adjust? What modifications can/will you make to your budget or event if full grant funding is not made available?

We will look at reducing the honorariums to parade participants, which ultimately may risk having some of our regulars decline to join, due to the costs for them to participate. (Travel expenses, busses, etc.). We were not able to host our fundraising events due to the pandemic, so the only other thing we can do is also cut down advertising and use our social media outlets and yard signs.

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:	1/24/2021

Signature: Nicole Sittig

Income	2019 Budget	2019 Actual	2020 Budget	2020 Actual	2021 Budget	2021 Actual
Donations-Business & Personal	\$ 600.00	\$ 600.00	\$ 600.00		\$ -	\$ -
Easter Egg Hunt Fundraiser	\$ 1,500.00	\$ 1,509.00	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -
Cheesecake Fundraiser	\$ 900.00	\$ 1,022.00	\$ 1,000.00	\$ 1,099.00	\$ 1,000.00	\$ -
Spring Wine Walk Fundraiser	\$3,000.00	\$2,767.72	\$ 3,500.00		\$ 3,500.00	
Fall Haunted Wine Walk Fundraiser	\$3,000.00	\$3,666.85	\$ 3,500.00		\$ 3,500.00	
Interest Income	\$5.00	\$8.25	\$8.00	\$1.97	\$2.00	
Other Income- Local Tourism Grant	\$18,000.00	\$18,000.00	\$18,000.00	\$ -	\$18,000.00	
Sponsorships	\$8,500.00	\$6,650.00	\$6,000.00	\$827.31	\$ -	\$ -
Application fees	\$300.00	\$750.00	\$300.00	\$ -	\$300.00	
Carry over from previous year		\$2,019.73		\$3,211.09		\$2,703.70
Revenue	\$ 35,805.00	\$ 36,993.55	\$ 34,408.00	\$ 5,139.37	\$ 27,802.00	\$ 2,703.70

Expenses	2019 Budget	2019 Actual	2020 Budget	2020 Actual	2021 Budget	2021 Actual
Annual Fee	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
Administration- Tax Prep	\$550.00	\$550.00	\$550.00	\$400.00	\$400.00	\$400.00
Auto	\$1,100.00	\$1,100.00	\$1,100.00	0	\$1,100.00	
Banners & Signs	\$2,300.00	\$1,554.00	\$2,300.00	0	\$2,300.00	
Marshal Shirts	\$500.00	\$1,141.00	\$500.00	0	\$500.00	
Deluxe Checks		\$71.00				\$71.00
Egg Hunt Expenses (eggs;candy)	\$25.00	0	\$25.00	0	\$150.00	0
Wine Walk Expenses-Spring	\$3,000.00	\$2,832.78	\$3,000.00	0	\$3,000.00	0
Wine Walk Expenses-Fall	\$3,000.00	\$3,368.15	\$3,000.00	0	\$3,000.00	
Flowers	\$200.00	\$188.00	\$200.00	0	\$400.00	
Food	\$2,300.00	\$1,016.06	\$2,300.00	0	\$2,300.00	
Honorarium	\$22,000.00	\$18,000.00	\$22,000.00	0	\$18,000.00	
Insurance	\$963.00	\$963.00	\$1,000.00	\$988.00	\$1,000.00	
Judges	\$200.00	0	\$400.00			
Office Expense	\$200.00	0	\$200.00	0	\$200.00	

Plaque and Ribbons	\$200.00	\$200.00	\$200.00	\$200.00	0	\$200.00	0	\$200.00	
Postage	\$50.00	0	\$50.00	0	0	\$50.00	0	\$50.00	
Printing and Reproduction	\$1,000.00	0	\$1,000.00	0	\$0	\$1,000.00	\$0	\$1,000.00	
Publicity	\$1,200.00	\$1,398.00	\$1,200.00	\$1,398.00	\$597.25	\$1,200.00	\$597.25	\$1,000.00	
Utilities	\$200.00	\$179	\$300.00	\$179	\$263.28	\$300.00	\$263.28	\$300.00	
Website	\$735.00	\$1,206.07	\$300.00	\$1,206.07	\$172.14	\$300.00	\$172.14	\$250.00	
Total Expenses	\$39,738.00	\$33,782.46	\$39,640.00	\$33,782.46	\$2,435.67	\$39,640.00	\$2,435.67	\$35,165.00	\$486.00
Total carry over to next year		\$3,211.09		\$3,211.09	\$2,703.70		\$2,703.70		\$2,217.70

In-Kind Estimates	2019 Budget	2019 Actual	2020 Budget	2020 Actual	2021 Budget	2021 Actual
National University of Health Scie.		\$300.00		0		
Lombard Commons		\$150.00		0		
Lombard Pharmacy		\$150.00		0		
First United Methodist Church		\$100.00		0		
Glenbard East		\$300.00		0		
Park District		\$96.00		0		
Lombardian		\$400.00				
Comcast						
Illinois Center for Broadcasting		\$400.00		0		
Wine Walk - Tasting Wine (distributors)		\$1,000.00				
Facebook Boost Ad				\$45		
Miller's Ale House		\$502.00				
Famous Raffle Prizes		\$250.00				
Lombard Roller Rink		\$90.00		\$70.00		
Fringe		\$100.00		\$100.00		
Ellyn Murphy		\$120.00		\$120.00		
Lombard Commons Park		\$108		\$108		
York Radio Club		\$200.00				
McDonald's - water		\$50				
Walgreen's - water		\$50				
Park District - Showmobile		\$150.00				
Noon Whistle Brewing Gift Basket		\$50.00				

The Salon By Instyle				\$227.31			
Candy donated by committee members				\$190.00			
Zanies				\$160.00			
Improv				\$150.00			
Enchanted Castle				\$43.00			
Drury Lane				\$100.00			
In-Kind total				\$5,436.31		\$ 443.00	

Village Costs							
Barricades		\$1,509.00		\$1,509		\$1,509.00	\$1,509
Police OT & Supplies			\$	13,284.44		\$ 13,284.44	
Public Works OT & Supplies			\$	3,027.08		\$ 3,027.08	
Village total cost			\$	14,793.44		\$ 17,820.52	
Total Cost Estimate			\$	54,012.21		\$ 20,699.19	
Volunteer Hours - Estimates							
Wine Walk - 12 people for 5 hours			60 hours			60 hours	
Easter Egg Hunt 8 people for 3 hours			24 hours			24 hours	
Parade Day 80 people for 7 hours			560 hours			560 hours	
Committee Meeting hours			360 hours			360 hours	
Parade Chair			100 hours			100 hours	
Secretary			15 hours			15 hours	
Treasurer			20 hours			20 hours	
Parade Secretary			100 hours			100 hours	
Marshall			50 hours			50 hours	
Other members			200 hours			200 hours	

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. 1545-0047

2019



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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lombard Lilac Festival Parade Comm		D Employer identification number 36-2844746
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 82		E Telephone number 630-627-6759
	City or town, state or province, country, and ZIP or foreign postal code Lombard IL 60148		F Group Exemption Number

G Accounting Method: 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)() (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **10,813**

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	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																								10,806			
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																								7			
	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																								10,813				
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																								575			
	14	Occupancy, rent, utilities, and maintenance																								477			
	15	Printing, publications, postage, and shipping																								26			
	16	Other expenses (describe in Schedule O)																								12,337			
17	Total expenses. Add lines 10 through 16																								13,415				
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																								-2,602			
	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)																								23,158			
	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																								20,556			

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	23,158	22	20,556
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	23,158	25	20,556
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)	23,158	27	20,556

Part III

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

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

What is the organization's primary exempt purpose?

Plan, organize and execute an annual community parade.

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

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

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

Part IV

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nicole Sittig Chairperson	2.00	0	0	0
Wayne Holler Parade Marshall	1.00	0	0	0
Ellyn Murphy Parade Secretary	2.00	0	0	0
Velta Kopacek Recording Secretary	0.33	0	0	0
Debbie Jett Treasurer	0.40	0	0	0

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

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
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
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)?
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
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
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?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a 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), 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
40c 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
41 List the states with which a copy of this return is filed IL
42a The organization's books are in care of Debbie Jett Telephone no. 630-438-7922
137 E. Madison
Located at Villa Park IL ZIP + 4 60181
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
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
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
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
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
44c Did the organization receive any payments for indoor tanning services during the year?
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)?
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

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
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 Date
 Signature of officer **Nicole Sittig** Chairperson
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Benjamin Sevcik, CPA PFS CFP	Benjamin Sevcik, CPA PFS CFP	09/17/20		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

2019



Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Lombard Lilac Festival Parade Comm

Employer identification number

36-2844746

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,828	29,104	40,924	38,477	10,806	154,139
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	10,806	154,139
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						154,139

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	34,828	29,104	40,924	38,477	10,806	154,139
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						154,139
12 Gross receipts from related activities, etc. (see instructions)					12	20
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 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Amount, %. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, %. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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.		

Section B. Type I Supporting Organizations

	Yes	No
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.		

Section C. Type II Supporting Organizations

	Yes	No
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).		

Section D. All Type III Supporting Organizations

	Yes	No
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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.)

Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

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	
License & Permits	\$ 22
Membership Fees	\$ 295
Parade Expenses	\$ 3,136
Fund Raiser Expense	\$ 4,234
Honorarium	\$ 4,650
Total	\$ 12,337

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

36-2844746

Lombard Lilac Festival Parade Comm

Net Asset / Fund Balance at Beginning of Year		<u>23,158</u>
Revenue		
Contributions	<u>10,806</u>	
Program service revenue		
Investment income	<u>7</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue	<u>10,813</u>	
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses	<u>13,415</u>	
Excess / (deficit)		<u>-2,602</u>
Changes		
Net Asset / Fund Balance at End of Year		<u>20,556</u>

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	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>23,158</u>	<u>20,556</u>	
Liabilities			
Net assets	<u>23,158</u>	<u>20,556</u>	<u>-2,602</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/16/20
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2019, or fiscal year beginning 7/01 2019, and ending 6/30 2020

2019

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

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

**Nicole Sittig
Chairperson**

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 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	10,813
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	

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 2019 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 2019 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 2019 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 ▶ **09/15/20**

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 2019 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 ▶ **09/15/20**

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** (2019)

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 07/01/2019

& Ending 06/30/2020

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

LEGAL NAME Lombard Lilac Festival Parade Comm	Year-end amounts	
MAIL ADDRESS PO Box 82	A) ASSETS	A) \$ 20,556
CITY, STATE Lombard IL	B) LIABILITIES	B) \$ 0
ZIP CODE 60148	C) NET ASSETS	C) \$ 20,556
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100%	D) \$ 10,806
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0%	E) \$ 0
F) OTHER REVENUES	0%	F) \$ 7
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 10,813
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$
M) MANAGEMENT AND GENERAL EXPENSE	100%	M) \$ 13,415
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 13,415
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?		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: West Suburban Bank, 711 S. Meyers Rd., Lombard, IL 60148		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Jett 630-438-7922		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

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

Illinois Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

36-2844746

Lombard Lilac Festival Parade Comm

Amount you are paying (IL-990T) _____

Apportionment

Total sales everywhere	_____	
Total Illinois sales	0	
Apportionment factor	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	<u>15</u>
Return / extended due date	<u>12/31/20</u>

Miscellaneous Information

Amended return	
IL-990T due date /extended date	<u>11/16/20</u>

VILLAGE OF LOMBARD
LOCAL TOURISM GRANT – POST EVENT SUMMARY - 2019

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 Parade
Date of event:	5/19/2019	Event location:	Main St./ Wilson
Contact person:	Nicole Sittig	Title:	Chairperson
Business address:	P O Box 82	City & Zip:	Lombard, IL 60148
Telephone:	630-273-1857	E-mail address:	nicolesittiglilacparade@yahoo.com
Estimated attendance:	16000	Estimated hotel stays:	5-10
Method for estimating attendance:	Previous years’ numbers and out of town participants.		

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

Facebook, Twitter, Lombardian, Daily Herald, Lombard Message boards. Attached News Paper Ad.

- 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?

Due to the weathers threat for the area, Lombard Village Officials, Fire Marshal and Police Chief made the decision to cancel the parade for the safety of all. This was the first time ever that the parade was cancelled, and we learned that we were able to clear the streets in 45 minutes. What we have also learned from this years’ decision, is that we the committee need to try and work with local schools and other businesses for an emergency plan for shelter. This would help to protect our participants and our community of any weather threats or emergency before or during our event.

- 3) How did the actual outcomes of the program or event compare to your original expectations? How did the event compare to the proposal and concept as initially presented to the Village?

Due to the weather threats for the area the Lilac Parade was cancelled. We the committee made the decision to pay those participants who showed up and checked in with one of our volunteers.

- 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.

Due to the weather threats for the area the Lilac Parade was cancelled. We the committee made the decision to pay those participants who showed up and checked in with one of our volunteers. The decision was made to pay the honorariums to help support their organizations, and to help keep a positive impact in lieu of the cancelled event.

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

We the committee host fundraising events throughout the year to help offset the cost of running this annual event for the Lombard Community. We have two wine walk and shop events, an adult flashlight Easter egg hunt, and Cheesecake sales.

SUBMISSION INSTRUCTIONS

Please submit the completed form **within 90 days of the event completion** 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.