## VILLAGE OF LOMBARD LOCAL TOURISM GRANT PROGRAM APPLICATION FORM

## **GENERAL INFORMATION**

Organization:	Lombard Lilac Festival Parade C	ommittee	
Name of event:	Lombard Lilac Festival Parade		
Date of event:	5/18/14	Event location:	Main and Wilson
Contact person:	Erica Fisette	Title:	Parade Chairwoman
Business address:	P.O. Box 82	City & Zip	Lombard 60148
Telephone:	630-918-0163	Email:	lilacparade@yahoo.com
_			efisette@yahoo.com

## PROJECT OVERVIEW

Total cost of the project:	\$25,000
Cost of city services requested in this application (if any):	\$
Total funding requested in this application:	\$25,000
Percent of total project cost being requested:	100%
Anticipated attendance:	15,840
Anticipated number of overnight hotel stays:	0

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

Hotel/Motel Tax Grant is being requested to help support the annual Lombard Lilac Festival Parade on May 18, 2014 with a theme of "Oh the Places You Will Go". This Parade has earned Local, State and National recognition for outstanding family entertainment. This annual parade brings a large number of visitors and business to our Lilac Village.

#### **ORGANIZATION**

Number of years that the organization has been in existence:	47
Number of years that the project or event has been in existence:	47+
Number of years the project has been supported by Village of Lombard funds:	47+
How many years does the organization anticipate it will request grant funding?	On-going

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

The Lombard Lilac Festival Parade Committee is 100% volunteer organization whose mission is to organize and present a community and family oriented Parade. The Parade showcases Lombard's civic organizations and the beauty of the Lilac Village. This Parade Committee has been incorporated since 1967 and will be presenting its 47<sup>th</sup> Parade in 2014.

Click here to enter text.	
3) What is the organization's plan to make the project self-sustaining?	
There are currently no plans to make this project self-sustaining. The Parthe Village for the enjoyment of the residents and the visitors to the Villa Time.	· · · · · · · · · · · · · · · · · · ·
PROJECT DESCRIPTION	
Have you requested grant funding in the past?	X Yes
Is the event open to the general public?	X Yes D No
Do you intend to apply for a liquor license for this project?	☐ Yes X No
Will any revenues from this event be returned to the community?	☐ Yes X No
<ol> <li>Provide the details regarding the event or project including a full descripant anticipated timeline.</li> <li>Parade kicks-off at 1:30 p.m. and typically lasts 3-4 hours.</li> </ol>	iption of the project and the
2) If your application is accepted, how will the tourism grant funds be use	d?
Grant funds will be used to support all expenses of the Parade; honorarise participants, advertising expenses, and recognition expenses.	ums paid to our parade
3) What modifications to the event or other steps will be taken to increase	event attendance over
We are focused on a family oriented and quality Parade and are always a participants to maintain the high reputation of the Lilac Parade, thereby We've incorporated use of social media (i.e. Facebook) to increase the arwell as spectators for the Parade without the need to spend more on adv	attracting additional visitors. nount of possible participants as

previous years (not applicable to first time events)?

# **LOCATION**

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

Kicks off at Main and Wilson; heads north on Main St. to Maple and east on Maple to Craig Place. Due to the number of Parade units, the Committee has always organized event set-up areas with local schools and businesses.

## **MILESTONES AND TIMETABLES**

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

The Parade Committee meets once a month beginning 9 months in advance of Parade Day. Parade applications are due 1 month prior to the event. Parade line-up is finalized 2 weeks prior to the Parade.

## **IMPACT**

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

This will be a challenge as the event is only 1 afternoon.

Village of Lombard.

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

Businesses along the Parade route (Main St.) most likely receive more customers than any other Sunday of the year (i.e. Dairy Queen, Gianario's, Senor Jalapeno's, Seven Eleven, etc.) Our draw to the Parade is due mostly in part to the family and/or friends of the Village residents.

audience?

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

The Parade is open to the general public and is geared towards quality, family fun entertainment. Anticipated attendance is over 15,000.

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

The Parade Committee receives the service of the local schools and businesses for the use of their property for Parade unit setup. We encourage local businesses to sponsor Parade units. The Parade has worked and will continue to work with community organizations (i.e. Jaycee's, Boy Scouts/Girl Scouts, schools and churches) to provide Parade Day support.

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

years of past ac   Attach a copy of	a detailed itemized budget for youtuals and estimates for upcoming		
	of the most recently completed ag not available, please explain why	event). ency audit and Fed	leral Form 990. If these
☐ Completed deta ☐ Promotional management of the model of the model. ☐ Copy of the model of the	al Tourism Grant Program Appli niled budget form. Interials from past events (not app mary from past event (not applica ist recently completed agency aud st recent Federal Form 990 for the	licable to first time able to first time ev lit or explanation o	ents). f why it is not available.
Additional Notes, Com	ments or Explanations:		<del></del>
are true and correct, the under this grant will be	es that to the best of his or her kn application has been duly author used for the purposes described i	ized by the organiz	
Tarrage	Erica Fisette		
Name: Title or office held:	Parade Chairwoman	Date:	12/14/2013

# LOCAL TOURISM GRANT PROGRAM <u>DETAILED BUDGET</u>

Event: Lombard Lilac Festival Parade

\_\_Date: \_\_\_\_\_\_12/09/2013

Organization: L	ombard Lilac Festival Pa	arade	<del></del>
INCOME: Include an itemized li			
gate receipts, food/beverage sales,			
ITEMIZED REVENUES	ACTUAL	ACTUAL	ANTICIPATED
Lombard Tourism Grant	See attached	See attached	See attached
	document	document	document
	_		
Total Income	\$	\$	\$
<b>EXPENSES:</b> Include an itemized	list of all actual and esti	mated project expenses	(advertising, supplies,
labor, rentals, insurance, materials,	entertainment, other ex	penses)	
ITEMIZED EXPENSES	ACTUAL	ACTUAL	ANTICIPATED
	See attached	See attached	See attached
	document	document	document
			٠.

<u>IN-KIND CONTRIBUTIONS</u>: 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)

Total Expenses \$

ACTUAL \$0.00   ACTUAL \$0.00   ANTICH	

\$

Estimated value of in-kind contributions (explain)

\$ \$	,

## VILLAGE OF LOMBARD LOCAL TOURISM GRANT – POST EVENT SUMMARY

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant's ability to receive future grant funds.

GENERAL INFORMATION

Organization:	Lombard Lil	ac Festival	Name of event:	Lombard Lilac Festival Parade				
	Parade Com	mittee						
Date of event:	5/9/13		Event location:	Main and Wilson				
Contact person:	Erica Fisette		Title:	Parade Chairwoman				
Business address:	P.O. Box 82		City & Zip:	Lombard 60148				
Telephone: 630-918-016		3	E-mail address:	lilacparade@yahoo.com				
				efisette@yahoo.com				
Estimated attendance:	stimated attendance: 15,840			Estimated hotel stays: 0				
Method for estimating	attendance:	1.5 mile route, 1	person/foot along t	he route, both sides				

1) Please summarize the advertising and marketing placed to promote the event. Please attach examples

Utilized website, Facebook, local newspaper ads, the Pride newsletter, Village of Lombard website and public flyers, Culver's electronic board, school and church electronic boards. Like us on Facebook at Lombard Lilac Festival Parade or visit our website at LombardLilacParade.com

of event marketing pieces and advertisements.

2) Provide a general assessment of the event. What were the successes of the event? Are there any

The Parade was a great success due to the variety and quality of the units in the Parade. No major concerns.

concerns or recommendations of changes for future events?

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

All expectations were met.

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

We do not have any plans to self-fund the event.

## SUBMISSION INSTRUCTIONS

Please submit completed form and associated application documents on or before <u>December 15, 2013</u> to Nicole Aranas, Assistant Village Manger, by e-mailing <u>aranasn@villageoflombard.org</u> or by using the submit buttonbelow.

\*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 <a href="mailto:aranasn@villageoflombard.org">aranasn@villageoflombard.org</a> to confirm.

	20.	2010 Actual	201	2011 Budget	20	2011 Actual	20:	2012 Budget	201	2012 Actual	20.	2013 Budget
Income												
Donation	❖	260.00	\$	260.00	Ş	•	÷	ı	÷	150.00	S	•
Interest Inc	↔	5.86	❖	5.00	❖	1.28	ጭ	5.00	ᡐ	7.01	↔	2.00
Other Inc			\$	30,000.00	Ś	•	٠. ج	25,000.00			⟨>	25,000.00
Sponsorship Various Sponsors	↔	400.00					<b>₹</b>	•		0	<b>ب</b>	ı
Carry-Over			❖	4,397.00			s	8,946.00			↔	10,454.00
Revenue	↔	665.86	❖	30,265.00	₩.	1.28	Ś	25,005.00	s	157.01	s	25,005.00
Total Revenue			₩	34,662.00	<b>⋄</b>	1.28	₩.	33,951.00	\$	157.01	S	35,459.00
Expenses						, mar						
Annual Fee	❖	25.00	↔	25.00	❖	15.00	\$	25.00	ᢌ	25.00	ᡐ	35.00
Administration			<b>₹</b> }	200.00			<b>ب</b>	200.00	\$	350.00	ς,	200.00
Auto	❖	2,120.00	❖	2,400.00	❖	900.00	ş	2,400.00	↔	1,000.00	÷	2,000.00
Banners	❖	1,123.00	ς,	1,800.00	↔	2,247.00	<del>ረ</del> ጉ	1,800.00	<b>ب</b>	1,140.00	↔	1,800.00
Deluxe Checks	❖	55.50	÷	ı	\$	1			ς,	ı	<b>\$</b>	•
Flowers	❖	158.95	ς,	150.00	❖	139.85	ᡐ	150.00	\$	165.87	\$	150.00
Food	❖	1,385.04	ፉ	1,775.00	\$	1,620.56	ᡐ	2,025.00	\$	1,669.88	⊹	1,995.00
Honorarium	\$	17,912.50	\$	23,000.00	\$	15,475.00	Ś	23,000.00	<b>\$</b> 1	16,850.00	ζ.	22,000.00
Insurance	❖	818.00	❖	1,000.00	ς,	818.00	ᠰ	1,000.00	↔	818.00	↔	1,000.00
Judges	❖	450.00	\$	600.00	Ś	450.00	s	ı	ş		\$	ŧ
Office Expense	❖	274.89	↔	300.00	ς>	167.25	₩.	300.00	Ş	234.99	<b>\$</b>	300.00
Plaque and Ribbons	❖	330.00	❖	700.00	ş	330.00	Ś	350.00	ᡐ	264.00	<b>₹</b>	350.00
Postage	❖	161.88	<b>\$</b>	250.00	ş	107.31	٠Ş-	250.00	❖	121.15	Ş	250.00
Printing and Reproduction	❖	100.85	ς,	800.00	ᡐ	148.90	<b>₹</b> }	800.00	ᡐ	108.45	↔	800.00
Publicity	ᡐ	600.00	↔	1,500.00	Ş	00.009	S	1,500.00	Ş	00.009	ς,	1,500.00
Utilities	❖	252.20	↔	340.00	ς>	238.11	٠Ş	340.00	<b>ئ</b>	396.64		\$340
Website	↔	200.00	❖	450.00	↔	41.75	<b>₹</b> }	200.00	ᡐ	79.89		\$200
Total Expenses	Ŷ	25,967.81	Ş	35,300.00	S	23,300.00	Ś	34,340.00	\$ 2	23,823.87	S	32,920.00
Total Carry-Over	❖	4,396.70			Ś	8,946.00			\$ 1	\$ 10,454.00		

# 2013 Actuals 2014 Budget

\$200.00 ÷ \$204.18 \$4.18

25.00

\$ 1,000.00 \$ 787.00 \$ 16.00 \$ 1,078.81 \$ 16,175.00 \$ 200.00 \$ 200.00 \$ 77.76 \$ 1,106.36 \$ 600.00 \$ 553.04 \$ 553.04

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities; and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

Ă	For th	e 2011 calen	dar year, or tax year beginning $07/01/11$ , and ending $06/3$	0/12		
В	Check if	applicable:	C. Name of organization		D Employer id	lentification number
	Address	change				
	Name ch	ange	Lombard Lilac Festival Parade Comm		36-28	44746
	Initial ret	uin'	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone n	
	Terminat	ted:	PO Box 82		630-6	27-6759
	Amendei	d return:	City or lown, state or country, and ZIP + 4°	*	F Group Exer	nption
		on pending	Lombard IL 60148		Number	<u> </u>
G	Accou	nting Method:	X Cash Accrual Other (specify) ▶	<del></del>	► X if the orga	
1.		te: N/			ed to attach Sched	A company of the comp
J			heck only one) — X 501(c)(3) 501(c)( ) √ (Insert no.) 4947(a)(1) or		990, 990-EZ, or 9	
K			e organization is not a section 509(a)(3) supporting organization or a section			
			000. A Form 990-EZ or Form 990 return is not required though Form 990-N (	postcard) may be	required (see insti	ructions). But if
			oses to file a return, be sure to file a complete return.			
Ŀ			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			25,157
	art I	Reven	nue, Expenses, and Changes in Net Assets or Fund Balanc	es (see the instr	uctions for Part	[·)
	i		if the organization used Schedule O to respond to any question in the			
	1	Contributions,	giffs, grants, and similar amounts received	والرسامية المسائمة مانز للرسائية والأرطاق كال	1	25,150
	2		rvice revenue including government fees and contracts			
	3		dues and assessments			7
	4		incomes,,,,,,,, .		4	
	5a		int from sale of assets other than inventory			
Revenue	b		r other basis and sales expenses 5b			
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	7 " 1	fundraising events			
	a		ne from gaming (attach Schedule G if greater than			
	1	\$15,000)	. Brahaman Baganan Bag			
œ	b			ributions		
			sing events reported on line 1) (attach Schedule G if the			
			Strange transfer and the second secon			
	C			C_1.		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra		64	
		ine bc)	of inventory, less returns and allowances 7a	**********	6d	
	7a	Gross sales				
	b	Less: cost o	f goods sold 7b		7c	
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8	Other reven	ue (describe in Schedule O)	.,	9	25,157
	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			24 4 7 24 4 7
	11		similar amounts paid (list in Schedule O) d to or for members	the state of the s	امتدا	
			d to or for members her compensation, and employee benefits.	*********	*	
808	13	Drofeccions	fees and other payments to independent contractors	ejeje e je diga se edje e se e gje e se e	13	160
9	14	Decupancy	rent utilities and maintenance.		14	247
Expenses	15	Printing nur	rent, utilities, and maintenance		15	230
	16	Other expen	ises (describe in Schedule O)	a aje ajelik a ki ajelik ajelikili e istore. 	16	23,188
	17		ises. Add lines 10 through 16			23,825
	18	Fyness or In	deficit) for the year (Subtract line 17 from line 9)	<u>, e , , c e , t , e e , 5 ° e e (n e , 1 × e + , 1 + 5 ° e</u>		1,332
ets	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree to	vith	***	
Net Assets	""		figure reported on prior year's return)		19	10,372
et A	20	Other chann	les in net assets or fund balances (explain in Schedule O)	524 4 5 4,4 144 5 7 7 8 8 14 4 5 5 4 4 7 4 8 7 4 4 7 4 7 4 7 4 7 4 7 4 7 4		
Ž	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		21	11,704

Form 990-EZ (2011) Lombard Lilac Festival Parade	Comm	36-28	44746		·····			Page 2
Part II Balance Sheets. (see the instructions for Part II.)	. ,							
Check if the organization used Schedule O to respond to an	y question in	1				. X:55. } <u></u>	<del>(12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - </del>	
		(A) B	eginning of year			(B)	End of year	
22. Cash, savings, and investments:	og en nynn fogen e y modyg gill.	ļ.,	10,3		22		11,	704
23 Land and buildings		<u> </u>	7:	0	23			
24 Other assets (describe in Schedule O)	ATT STATE OF STATE OF S			0	24	-	4 4	77.0.4
25 Total assets	Grand State of Contract	<u></u>	10,3		25	<u> </u>		704
26 Total liabilities (describe in Schedule O)	جيه إلى فرط الإخراج وعرابة وعرابة			0	26	ļ	4.4	704
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		<u> </u>	10,3	8.1.Z	27	<u></u>	-	704
Part III Statement of Program Service Accomplishments (s	the second of the second			ΠÌ	ے ذ		cpenses	
Check if the organization used Schedule O to respond to an	y question in	tnis Part	IIIx				for section and 501(c)(4	as:
What is the organization's primary exempt purpose?							and so r(c)(	
Plan, organize and execute an annual community parade  Describe the organization's program service accomplishments for each of its three leads to the organization of the complishments of the complishment of the complishments of the complishment of the complishme	- Carat Alaman	- Manuari					) trusts; opti	
as measured by expenses. In a clear and concise manner, describe the services pro-						r others		Ottal
persons benefited, and other relevant information for each program title.	Skined' (tie tieit	íner ól			10	Outers	નું.	
28 Plan, organize and execute an annual community parade						ſ		
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31 Other program services (describe in Schedule O)								
31 Other program services (describe in Schedule O).  (Grants S ) If this amount includes foreign grants, ch				iή	31a			
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LILAC				
Form	990-EZ(2011) Lombard Lilac Festival Parade Comm 36-2844746	· · · · · · · · · · · · · · · · · · ·	F	Page 3
P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
-	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	<u> </u>	163	110
33	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed	1		
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		X
35a		1	1	
V 11	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1.	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions:			
b	Did the organization file Form 1120-POL for this year?	37b	, na	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L. Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
· á	Initiation fees and capital contributions included on line 9			
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 ►			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	ا ا		17
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	(8:0000	X
Ģ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
.Q	reimbursed by the organization			
	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter			
e	transaction? If *Yes,* complete Form 8886-T	40e	32303000	X
41	List the states with which a copy of this return is filed.	700		
42a		-62	7-6	759
10011	386 North Vista Avenue	, 68 T 655	myn	
	Located at ► Lombard IL ZIP+4 ► 601	48		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	> c # g. +* # >	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	4	· • • (* ) • (* ) • (* )	
	and enter the amount of tax-exempt interest received or accrued during the tax year   43		V	Nt
44	Profession and a state of the s		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	200002		X
1.	completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		<u>41.</u>
b		44b	\$50,000 E	X
	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	446 44c	`	X
C.	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<b>***</b>	
ų.	explanation in Schedule O	44d		-distillan.

45a

45b

X

Form 990-EZ (see instructions)

45b

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 (201	1) Lon	bard Lilac F	estival Parade	e Comm 3	6-28447	746			F	age 4
				in political campaign activit						Yes	No.
Par	50 an	11(c)(3) org id 52, and	panizations and section complete the tables for	Schedule C, Part I s and section 4947(a 4947(a)(1) nonexempt lines 50 and 51.	charitable trusts	must answe	er ques	tions 47-49b			<u>. ~</u>
· · ·	Cl	neck if the	organization used Scho	edule O to respond to ar	ny question in th	is Part VI	و درايا دود ادي	<u> </u>	<u>427424</u>		<u> </u>
				or have a section 501(h) ele				í		Yes	No
. 3	year? If "Yes	," complete	Schedule C, Part II	विकोत् क्ष करियो क्षानीन अस्त्रीकालीका अस्ति अस्ति के विकास	erderi ergapegikerikanyenga	g glovery does a supply of a	* * *******	an enganta	47		X
48 I	is the organi	zation a sch	ool as described in sectio	n 170(b)(1)(A)(ii)? If "Yes;"	complete Schedul	e E	Sections.	ing so knows as a sub-	48 49a		X
b 1	f "Yes." was	the related	organization a section 52	mpt non-charitable related (	oi Gai inzadoji i	et especie arteare		kila siise ariolalassa kilassaksisi	49b		21.
50 (	Complete thi	s table for th	ne organization's five high	est compensated employee							·
. •	employees) v	who each re	ceived more than \$100,00	00 of compensation from the	e organization. If t	here is none,	enter "N	lone."			
		(a) Ña	me and address of each employe paid more than \$100,000	e	(b) Title and average hours per week devoted to position	(c) Reporta compensal (Forms W-2/109	bře ion 3-MISC) de	(d) Health benefits, ontributions to employee enefit plans, and deferred compensation	(e) Esti other		mount o
None	ransaganas rankana	ontongrofering de		के बेरिक्स के बर्जा के बर्जा के बेरिक्स के के बाद के के किया है के किया के किया के किया के किया के किया के किय							
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1-3 1-3 £ 1-3 1			हे के हैं जानी है में देखीं का का कार्य में की है हुन हैं के क्षेत्र में कहा	क्षा के के किस के की के कार का का का किस के की का का कर के की का का कर के की का का कर की की का का कर की की की 							
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51 (	Complete this	s table for th	e organization's five highe	00 est compensated independ f there is none, enter "None	ent contractors wh	o each receiv	ed more	e than			
	(a) Name a	nd address of e	uch Independent contractor pald r	nore than \$100,000	(b) 1	Type of service		(c) Con	pensati	on:	
None		ekonomon pik sekuller	eden e allegado de la	and a south of his indice a second of soil who is a size of a							
جريد کافراند ما ا		हेत्राहर र <sub>ि</sub> त्तरहं ठ्याले ।	in amhar i s am a mar ann an a a amhar a a a	Ge kazhreus de parez a desa generale eta eta eta eta eta eta eta eta eta et	ş. • •.						
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		******	त्म को कृष के प्रोहरू के लाक वास्त्र के प्रोहरू के मुद्देश के अपने के को के स्व	The state of the s	• • •					i	
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	e de transfer de la company de		The Control of the Co	h receiving over \$100,000	Silaja atikjasi <del>minimini dali</del>	3743					<del></del>
			sts must attach a complet	All section 501(c)(3) organized Schedule A	cations and 4947(c	- * *		<b>▶</b> 🕱	Yes	П.	No.
Under o	enalties of per	iury. I declare	that I have examined this re	itum, including accompanying officer) is based on all informat	schedules and state	ments, and to t	ne best o rledge.			-	-
***											
Sign	Şi	grature of office	Ruffie		Trea	Date Surer					
Here	<u> </u>	pe or print nam	· · · · · · · · · · · · · · · · · · ·		1164	DOT CT					<del></del> ,
	Print/Typ	e preparer's na	туе	Preparer's signature			Date	Check if	PTIN		
Paid		J Adam		John J Adam				self-employed	P001	7923	9
Prepai		imei 🎙		Accounting Se	rvices, I	LC.	Éjm		364		
Use O			1900 S Highl Lombard, IL	60148-4988			Pho	ne no. 630 - 8	73-	852	20
May the	e IRS discus	s this return	with the preparer shown	above? See instructions		21444		<b>&gt;</b>	Yes		No
								Fâr	m 990	-EZ	(2011)

## SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lombard Lilac Festival Parade Comm

Employer Identification number 36-2844746

<b>⊗P</b>	art I	Reas	on for Public Charity	Status (All organizations	s must c	omplete	this p	art.) S	ee ins	tructio	ns.			
The	orga	nization is no	t a private foundation becau	se it is: (For lines 1 through 11,	check on	y one bo	x.)							
4		A church, co	nvention of churches, or as	sociation of churches described	l in sectio	n 170(b)(	1)(A)(i).							
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital serv	ice organization described in se	ection 170	(b)(1)(A)	(iii).							
4				of in conjunction with a hospital				o)(1)(A)(	iii). Eni	ter the h	ospital'	s nam	÷.	
		city, and stat	an e					10 MW 12				*	•	
5	m			of a college or university owner	d or operal	ed by a c	ovemm	ental un	it descr	ibed in	er ferrade	a pikan wa	e a se se se se	Marita Marita
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				ontrols, either alone or together									Yes	No`
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		(III) A 35% C	ontrolled entity of a person	described in (i) or (ii) above?	ويعاطاهره جاكاهم كالمات كأنما	********		*******	544 5 6 <b>5</b> 7	ويونهمه	ملافاهما	[11g(iii)		<u> </u>
<u>n</u>	200			he supported organization(s).	1.29.00	C Tarr		n 144 <sup>3</sup>		1				
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify rization in		Is the tion in col.		(vii) Amo supp		
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				(see instructions))		T		port?	<del></del>	S.?				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Page 2

Schedule A (Form 990 or 990-EZ) 2011 Lombard Lilac Festival Parade Comm 36-2844746

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.)

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 fornished by a governmental unit to the organization without change.  4. Total. Add lines 1 through 3.  5. The portion of total contributions by seath person (other than a second of the part of total contributions by seath person (other than a supported organization) industed on line 1 thoil exceeded 2% of the amount show on the 11, column (f).  5. Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) (e) 2011 (f) Total  Calendar year (or fiscal year beginning in) ▶  (a) 2008 (c) 2008 (d) 2010 (e) 2011 (f) (e) 2011 (f) (f) 2011 (f) 2011 (f) (f) 2011 (f) 2011 (f		tion A. Public Support				ter et al.		
membranish fees received. (Do not include agricultural feet include any "unusual grants")  25,150  25,	Cale	ndar year (or fiscal year beginning in) 🕨 👚	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 25, 150 25, 1  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 11, doubrun (f) 1, 25, 1  5 Public support. Subtract the 5 from line 4 25, 1  5 Public support. Subtract the 5 from line 4 3 25, 150 25, 1  5 Public support. Subtract the 5 from line 4 3 25, 150 25, 1  5 Public support. Subtract the 5 from line 4 3 25, 1  6 Gross Incorne from Interest, dividends, prest, organization  organization, check this box and stop bere.  5 Politic support. Add these 7 through 10 25, 13  6 Gross receipts from related activities, etc. (see instructions).  10 Coross receipts from related activities, etc. (see instructions).  11 Total support. Add these 7 through 10 25, 13  12 First five years, if the Form 990 is for the organization in first, second, third, fountin, or fifth tax year as a section 501(c)(3) organization, check this box and stop bere.  12 Explicit is proport percentage from 2010 Schedule A Part II, line is 14  13 1/3% support test—2011. 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 qualifies as a publicly supported organization.  14 10 10 10 10 10	Ä	membership fees received. (Do not					25,150	25,150
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						
4 Total. Add lines 1 through 3 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)  8 Public support. Subtact has 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 25, 15 (e) 25,	3	furnished by a governmental unit to the						
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)  8 Public support Subtract line 5 from line 4  8 Cection B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2008 (d) 2010 (e) 2011 (f) Total  8 Gross income from interest, dividends, payments received on securities loans, reins, royalises and income from similar societies.  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 IV.)  12 Gross receipts from related activities, etc. (see instructions)  15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3)  15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  16 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  17 Amount from one of Public Support Percentage  18 33 1/3% support test—2011. 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  18 33 1/3% support test—2011. 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 IV how the organization meets the "facts-and-circumstances" test, Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-c	4	Total. Add lines 1 through 3					25,150	25,150
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7 Amounts from line 4 8 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from unrolated 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 IV.)  11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16 33 1/3% support test—2011. 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  17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization part or 10%-facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Expl								
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Gross receipts from related activities, etc. (see instructions)  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  Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2010 Schedule A, Part II, line 14  15  Public support percentage from 2010 Schedule A, Part II, line 14  33 1/3% support test—2011. 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 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  10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	10	loss from the sale of capital assets (Explain in Part IV.)						
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(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	-					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(ກ Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(6)					
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 fumished by a governmental unit to the organization without charge			2			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			ı			
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.)						
	tion B. Total Support	2-10002	#x 0000	(3,0000	7.13.0040	13.004	25 7-1-2
9	idar year (or fiscal year beginning in) ▶ Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources	·					
₽.	royalties and income from similar sources			:			
-	Unrelated business taxable income (less section 511 taxes) from businesses						
•	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
ë.	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
č 11:	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11,						
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Part IV	Supplemental Information Part II, line 17a or 17b; instructions).					
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4 *4004*25,1256*4	. zésztva kopi pádálja kölöfőv szovagyál ébe	মন্ত্ৰত ১৯ মান্ত্ৰন্তি হঁকেলু মূলত মুক্তর গুড়া বস্	અમનુ કે વસ્તું હતું, હતું કુ તે તે જે જે જે છે. જે તે	कि में बहुत कर के के लेखा के जिस के किए के हैं है, के के के स्टान्टर के क	arang palabi pada dalah padagia malabi rasa dala aran 1911 a	22222334424
्रेन - वर्गकारायान्त्रं कृत्युवान वर्गका	emanera আনুষ্ঠ শ্ৰেক্সপুত্ৰৰ প্ৰকৃতিক সংখ্যাসমূহ কর	क दंबुकदुर्द <mark>हुं के सं</mark> क्षित कर अक्षेत्र ह्यांकृत के कृतिक रात्रिक	gilisan kana kanafar nikalar silar	পুৰক্ষাৰ বেশ্বৰ বুলি চুলি চুৰ্বাৰু ক্ষেত্ৰ কৰা কুই	न्तुत्रकातकात्रकात्रकात्रकात्रकात्रकात्रकात्	*********
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• • • • • • • • • • • • • • • • • • • •	on en	र नहीं कुछ रहे के सम्बद्ध कर ने किस के अने हैं है असे 	મુખલે ફાયલાફાર્લેક સામે ફેર્યુંગ વાર્લ્ય ફોર્યોને સમય	हर कहाँ र रहक के संस्कृत र कर्ति हर है व से सम	siperion a province garden for the our residence	Paragalysia
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## 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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer Identification number 36-2844746 Lombard Lilac Festival Parade Comm Form 990-EZ, Part I, Line 16 - Other Expenses 600 235 Information Technology 80 818 1,000 Auto 1,140 166 Flowers Food 1,670 17,200 15 Licenses Plaques and ribbons 264 23,188 Total

Schedule A, Part II, Line 12       Amount         Lash Investments       \$         7
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# Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning 07/01/11 , and ending 06/30/12

36-2844746

## Lombard Lilac Festival Parade Comm

	nce at Beginning of Year		10,372
Revenue			
Contributions		25,150	
Program service rev	renue	<u> </u>	
Investment income		<u> </u>	
Capital gain / loss			
Special events:			
Gross revenue			
Direct expenses	·		
Net income	·	······································	
Other income			
Total revenue			<u>25,157</u>
Expenses			······································
Program services			
Management and ge	eneral		
Fundralsing			
Total expenses	•		23,825
Excess / (d	eficit)	<del></del>	1,332
Other chang	es.		
Net Ass	et / Fund Balance at End of	i Year	11,704
	iliation of Revenue		Reconciliation of Expenses
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