

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

GENERAL INFORMATION

Organization:	Lombard Lilac Festival Parade Committee		
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 47th 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 Parade has always been funded by the Village for the enjoyment of the residents and the visitors to the Village as the culmination of Lilac Time.

PROJECT DESCRIPTION

Have you requested grant funding in the past?

Yes No

Is the event open to the general public?

Yes No

Do you intend to apply for a liquor license for this project?

Yes No

Will any revenues from this event be returned to the community?

Yes No

1) Provide the details regarding the event or project including a full description of the project and the anticipated timeline.

Parade kicks-off at 1:30 p.m. and typically lasts 3-4 hours.

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

Grant funds will be used to support all expenses of the Parade; honorariums paid to our parade participants, advertising expenses, and recognition expenses.

3) What modifications to the event or other steps will be taken to increase event attendance over

We are focused on a family oriented and quality Parade and are always actively seeking new Parade participants to maintain the high reputation of the Lilac Parade, thereby attracting additional visitors. We've incorporated use of social media (i.e. Facebook) to increase the amount of possible participants as well as spectators for the Parade without the need to spend more on advertising.

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).

The Parade Committee advertises via a Parade website, social media (Facebook), newspaper ads/interviews. In addition, during Lilac Time, we advertise using flyers, yard signs and banners placed throughout the Village.

FINANCES

- Please include a detailed itemized budget for your entire event on the attached budget form (2 years of past actuals and estimates for upcoming event).
- Attach a copy of the most recently completed agency audit and Federal Form 990. If these documents are not available, please explain why they are not available.

CHECKLIST

- Completed Local Tourism Grant Program Application Form.
- Completed detailed budget form.
- Promotional materials from past events (not applicable to first time events).
- Post event summary from past event (not applicable to first time events).
- Copy of the most recently completed agency audit or explanation of why it is not available.
- Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

Click here to enter text.

CERTIFICATION

The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	Erica Fisette		
Title or office held:	Parade Chairwoman	Date:	12/14/2013

Signature: _____

Estimated value of in-kind contributions (explain)

\$	\$	

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

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

GENERAL INFORMATION

Organization:	Lombard Lilac Festival Parade Committee	Name of event:	Lombard Lilac Festival Parade
Date of event:	5/9/13	Event location:	Main and Wilson
Contact person:	Erica Fisette	Title:	Parade Chairwoman
Business address:	P.O. Box 82	City & Zip:	Lombard 60148
Telephone:	630-918-0163	E-mail address:	lilacparade@yahoo.com efisette@yahoo.com
Estimated attendance:	15,840	Estimated hotel stays:	0
Method for estimating attendance:	1.5 mile route, 1 person/foot along the route, both sides		

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

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 **December 15, 2013** 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.

	2010 Actual	2011 Budget	2011 Actual	2012 Budget	2012 Actual	2013 Budget
Income						
Donation	\$ 260.00	\$ 260.00	\$ -	\$ -	\$ 150.00	\$ -
Interest Inc	\$ 5.86	\$ 5.00	\$ 1.28	\$ 5.00	\$ 7.01	\$ 5.00
Other Inc'		\$ 30,000.00	-	\$ 25,000.00		\$ 25,000.00
Village Grant						
Sponsorship	\$ 400.00			\$ -	\$ 0	\$ -
Carry-Over		\$ 4,397.00		\$ 8,946.00		\$ 10,454.00
Revenue	\$ 665.86	\$ 30,265.00	\$ 1.28	\$ 25,005.00	\$ 157.01	\$ 25,005.00
Total Revenue	\$	\$ 34,662.00	\$ 1.28	\$ 33,951.00	\$ 157.01	\$ 35,459.00
Expenses						
Annual Fee	\$ 25.00	\$ 25.00	\$ 15.00	\$ 25.00	\$ 25.00	\$ 35.00
Administration	\$	\$ 200.00	\$	\$ 200.00	\$ 350.00	\$ 200.00
Auto	\$ 2,120.00	\$ 2,400.00	\$ 900.00	\$ 2,400.00	\$ 1,000.00	\$ 2,000.00
Banners	\$ 1,123.00	\$ 1,800.00	\$ 2,247.00	\$ 1,800.00	\$ 1,140.00	\$ 1,800.00
Deluxe Checks	\$ 55.50	\$ -	\$ -	\$ -	\$ -	\$ -
Flowers	\$ 158.95	\$ 150.00	\$ 139.85	\$ 150.00	\$ 165.87	\$ 150.00
Food	\$ 1,385.04	\$ 1,775.00	\$ 1,620.56	\$ 2,025.00	\$ 1,669.88	\$ 1,995.00
Honorarium	\$ 17,912.50	\$ 23,000.00	\$ 15,475.00	\$ 23,000.00	\$ 16,850.00	\$ 22,000.00
Insurance	\$ 818.00	\$ 1,000.00	\$ 818.00	\$ 1,000.00	\$ 818.00	\$ 1,000.00
Judges	\$ 450.00	\$ 600.00	\$ 450.00	\$ -	\$ -	\$ -
Office Expense	\$ 274.89	\$ 300.00	\$ 167.25	\$ 300.00	\$ 234.99	\$ 300.00
Plaque and Ribbons	\$ 330.00	\$ 700.00	\$ 330.00	\$ 350.00	\$ 264.00	\$ 350.00
Postage	\$ 161.88	\$ 250.00	\$ 107.31	\$ 250.00	\$ 121.15	\$ 250.00
Printing and Reproduction	\$ 100.85	\$ 800.00	\$ 148.90	\$ 800.00	\$ 108.45	\$ 800.00
Publicity	\$ 600.00	\$ 1,500.00	\$ 600.00	\$ 1,500.00	\$ 600.00	\$ 1,500.00
Utilities	\$ 252.20	\$ 340.00	\$ 238.11	\$ 340.00	\$ 396.64	\$ 340
Website	\$ 200.00	\$ 450.00	\$ 41.75	\$ 200.00	\$ 79.89	\$ 200
Total Expenses	\$ 25,967.81	\$ 35,300.00	\$ 23,300.00	\$ 34,340.00	\$ 23,823.87	\$ 32,920.00
Total Carry-Over	\$ 4,396.70	\$	\$ 8,946.00	\$	\$ 10,454.00	\$

2013 Actuals 2014 Budget

\$200.00
\$ 4.18

\$204.18
\$4.18

\$ 25.00

\$ 1,000.00
\$ 787.00
\$ 66.00
\$ 140.62
\$ 1,078.81
\$ 16,175.00
\$ 830.00
\$ 200.00
\$200.00
\$ 90.00
\$ 77.76
\$ 1,106.36
\$ 600.00
\$ 553.04
\$ 119.88
\$ 23,049.47

COPY

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

2011

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lombard Lilac Festival Parade Comm		D Employer identification number 36-2844746
	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 82		Room/suite
	City or town, state or country, and ZIP + 4 ⁺ Lombard IL 60148		E Telephone number 630-627-6759
			F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 25,157**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	25,150
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	7
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25,157	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	160
	14 Occupancy, rent, utilities, and maintenance	14	247
	15 Printing, publications, postage, and shipping	15	230
	16 Other expenses (describe in Schedule O)	16	23,188
17 Total expenses. Add lines 10 through 16	17	23,825	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,332
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10,372
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	11,704

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions: <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39a			
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			
c	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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed: <input type="text" value="IL"/>		
42a	The organization's books are in care of <input type="text" value="Robert Ruffie"/> Telephone no. <input type="text" value="630-627-6759"/> <input type="text" value="386 North Vista Avenue"/>		
	Located at <input type="text" value="Lombard"/> <input type="text" value="IL"/> ZIP+4 <input type="text" value="60148"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/>	Yes	No
42b			X
	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.? If "Yes," enter the name of the foreign country: <input type="text"/>		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value=".43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="text"/>		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b			

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

Table with 2 columns: Yes, No. Row 46: Yes (blank), No (X)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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

Table with 2 columns: Yes, No. Row 47: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 48: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 49a: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 49b: Yes (blank), No (blank)

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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and 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. Row 1: 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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1: 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Robert Ruffie, Date, Treasurer

Paid Preparer Use Only: Preparer's name John J Adam, Preparer's signature John J Adam, Date, Check self-employed, PTIN P00179239, Firm's name Forum Tax & Accounting Services, LLC, Firm's EIN 38-3649533, Firm's address 1900 S Highland Ste 100 Lombard, IL 60148-4988, Phone no. 630-873-8520

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. See separate instructions.

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 11, 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.)
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 X 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 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...
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III-Functionally integrated d Type III-Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

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

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					25,150	25,150
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					25,150	25,150
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						25,150

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4					25,150	25,150
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 IV.)						
11 Total support. Add lines 7 through 10						25,150
12 Gross receipts from related activities, etc. (see instructions)					12	7
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 2011 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. 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—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 ▶ <input type="checkbox"/>		
b 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. 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. 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—2010. 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

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

 Open to Public
 Inspection

Lombard Lilac Festival Parade Comm

Employer identification number

36-2844746
Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Advertising and Promotion	\$ 600
Office	\$ 235
Information Technology	\$ 80
Insurance	\$ 818
Auto	\$ 1,000
Banners	\$ 1,140
Flowers	\$ 166
Food	\$ 1,670
Honorarium	\$ 17,200
Licenses	\$ 15
Plaques and ribbons	\$ 264
Total	\$ 23,188

LILAC Lombard Lilac Festival Parade Comm
36-2844746
FYE: 6/30/2012

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Total	\$ 25,150
	\$ 25,150

Schedule A, Part II, Line 12

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ 7
Total	\$ 7

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.

Net Asset / Fund Balance at Beginning of Year 10,372

Revenue:

Contributions	<u>25,150</u>	
Program service revenue	<u> </u>	
Investment income	<u>7</u>	
Capital gain / loss	<u> </u>	
Special events:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u> </u>	
Total revenue		<u>25,157</u>

Expenses:

Program services	<u> </u>	
Management and general	<u> </u>	
Fundraising	<u> </u>	
Total expenses		<u>23,825</u>
Excess / (deficit)		<u>1,332</u>

Other changes Net Asset / Fund Balance at End of Year 11,704

Reconciliation of Revenue:

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

Reconciliation of Expenses:

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

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>10,372</u>	<u>11,704</u>	
Liabilities	<u> </u>	<u> </u>	
Net assets	<u>10,372</u>	<u>11,704</u>	<u>1,332</u>

Miscellaneous Information:

Amended return
Return / extended due date 11/15/12
Failure to file penalty