

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:	5/21/2017	Event location:	Main & Wilson to Maple & Craig Pl.
Contact person:	Ellyn Murphy	Title:	Chairperson
Business address:	PO Box 82	City & Zip	Lombard, 60148
Telephone:	630-415-2079 / 630-330-5409	Email:	lilacparade@yahoo.com / ellynmur@msn.com

PROJECT OVERVIEW

Total cost of the project:	\$59516
Cost of city services requested in this application (if any):	\$17820
Total funding requested in this application:	\$18000
Percent of total project cost being requested:	56%
Anticipated attendance:	16000
Anticipated number of overnight hotel stays:	0

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

Funds are needed to organize and present the annual Lombard Lilac Parade. The theme for 2017 is "Who Is YOUR Hero". 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:	50
Number of years that the project or event has been in existence:	60+ years
Number of years the project has been supported by Village of Lombard funds:	60+ years
How many years does the organization anticipate it will request grant funding?	Every year there is a Parade.

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

The Committee has been organizing and presenting the Parade since 1967. One hundred percent of our members are volunteers. Many of our members have been part of the committee for more than 5 years, some more than 15 years. Our entire mission is to present the best possible Parade for the enjoyment of the citizens of Lombard and others who come to see the Lilac Village, Lilacia Park and the Parade. This will be the 63rd parade & the 50th that this committee has presented.

- 2) Please describe how the program and any proceeds from the event support the goals and objectives of the organization, other local groups or initiatives, and the community at large:

The Committee exists solely to present the annual Lilac Parade. There are no proceeds from the event and all funds raised and grant monies obtained are used to present the Parade.

- 3) What is the organization's plan to make the project self-sustaining?

At this time there is no plan to make the Parade self-sustaining, as it is presented on behalf of the Village of Lombard, and is the final event in Lilac Time. We have instituted entrance fees for commercial units and politicians, and are requesting sponsorships from local businesses to defray the cost of other units. As of this revision we have received a commitment for one sponsor and are holding "Dine Out" fundraisers at 2 local restaurants. For 2016 we are trialing two additional fundraisers; an Adults only Easter Egg hunt and a Parade Wine Walk to be held at the beginning 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 a full detailed description of the proposed project or event.

The Parade kicks off at 1:30 on Main and Wilson, runs north to Maple then turns east to Craig Place. The entire parade usually runs 3 – 4 hours.

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

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

- 3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

We are focused on a family oriented and quality Parade and are always actively seeking new Parade participants to maintain the high reputation of the Lilac Parade, thereby attracting additional visitors. We've incorporated use of social media (i.e. Facebook) to increase the amount of possible participants as well as spectators for the Parade without the need to spend more on advertising. Each year we attempt to add new and interesting units to the parade as well as to have returning favorites to entertain the Parade watchers.

LOCATION

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

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

MILESTONES AND TIMETABLES

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

The Parade Committee meets once a month beginning 9 months in advance of Parade Day. Parade applications are due 1 month prior to the event. Parade line-up is finalized 2 weeks prior to the Parade. The day after the parade there is a debriefing meeting to discuss what went right or wrong & where we can improve in the future. Additional meetings may be held as necessary.

IMPACT

- 1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

The Parade is the final event of the Lilac Festival. Although only one afternoon in length, out of town guests may come in early to experience other events and stay until the Parade. Many families in town host parties and barbeques on parade day.

- 2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

Businesses along the Parade route (Main St.) most likely receive more customers than any other Sunday of the year (i.e. Dairy Queen, Gianorio's, Senor Jalapeno's, Seven Eleven, etc.) Businesses not on the direct route have also reported increased business on the day of the parade (Jewel, Jimmy Johns, Culver's). Our draw to the Parade is due mostly in part to the family and/or friends of the Village residents. The Parade draws visitors from throughout the Chicagoland area and beyond.

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

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

- 4) Please identify and detail the cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, etc.) and whether such costs will be reimbursed or funded under this grant. Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).

Overall the Lilac Parade is a community endeavor to promote the Village of Lombard. The Parade Committee receives the service of the local schools and businesses for the use of their property for Parade unit setup. We encourage local businesses to sponsor Parade units. The Parade has worked and will continue to work with community organizations (i.e. Jaycee's, Boy Scouts/Girl Scouts, schools and churches) to provide Parade Day support. We have implemented a participation fee for commercial business and seated politicians. The Village of Lombard provides police support, Public works provides Port-a-Potties and street sweepers, and Park District provides bleachers. 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 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. We have placement in the Lilac Time brochure published by the Park District and in the Lombard Pride. In addition, during Lilac Time, we advertise using flyers, yard signs and banners placed throughout the Village.

FINANCES

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

CHECKLIST

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

Additional Notes, Comments or Explanations:

CERTIFICATION

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

Name:	Ellyn Murphy		
Title or office held:	Chairperson	Date:	12/16/2016

Signature: Ellyn Murphy

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

See Separate Attachment – 2017 Grant Budget Estimate

Event: Lombard Lilac Parade Date: _____

Organization: Lombard Lilac Festival Parade Committee

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

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

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

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

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

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

	2015 Actual	2016 Actual	2017 Budget
Income			
Donation-Business & personal	\$ 482.00	\$ 150.00	\$ 150.00
Restaurant Fundraisers	\$ 1,122.32	\$ 336.00	
Egg Hunt Fundraiser		\$ 1,936.00	\$ 2,300.00
Parade Wine Walk Fundraiser		\$ 4,390.00	\$ 6,000.00
Interest Income	\$ 1.98	\$ 4.70	\$ 4.00
Other Income	\$ 23,500.00	\$ 17,000.00	\$ 18,000.00
Sponsorship	\$ 3,700.00	\$ 6,200.00	\$ 6,200.00
Application Fees	\$ 1,000.00	\$ 350.00	\$ 350.00
Carry-Over (from previous year)	#REF!	\$ 3,034.03	\$ 3,593.71
Revenue	\$ 29,806.30	\$ 30,366.70	\$ 33,004.00
Total Revenue	#REF!	\$ 33,400.73	\$ 36,597.71
Expenses			
Annual Fee	\$ 15.00	\$ 15.00	\$ 15.00
Administration	\$ 525.00	\$ 1,385.00	\$ 550.00
CC Administration		\$ 39.85	\$ 100.00
Auto	\$ 1,050.00	\$ 1,075.00	\$ 1,100.00
Banners & Signs	\$ 996.00	\$ 1,502.00	\$ 1,500.00
Marshal Shirts	\$ 1,137.74	\$ 636.62	\$ 500.00
Deluxe Checks		\$ -	
Egg Hunt Expenses (eggs;candy)		\$ 10.00	\$ 50.00
Wine Walk Expenses (licenses, give away bottle, insurance)		\$ 1,673.34	\$ 2,000.00
Flowers	\$ 194.85	\$ 179.65	\$ 200.00
Food	\$ 1,481.68	\$ 1,491.00	\$ 1,500.00
Honorarium	\$ 17,800.00	\$ 19,425.00	\$ 23,400.00
Insurance	\$ 814.00	\$ 890.00	\$ 890.00
Judges		\$ -	\$ 200.00
Office Expense	\$ 15.63	\$ -	\$ 200.00
Plaque and Ribbons	\$ 382.50	\$ 343.00	\$ 350.00
Postage	\$ 108.88	\$ 9.40	\$ 25.00
Printing and Reproduction	\$ -	\$ -	\$ 1,000.00
Publicity	\$ 985.00	\$ 725.00	\$ 1,200.00
Utilities	\$ 263.28	\$ 263.28	\$ 300.00
Website	\$ 143.88	\$ 143.88	\$ 300.00
Total Expenses	\$ 25,913.44	\$ 29,807.02	\$ 35,380.00
Total Carry-Over To Next Year	#REF!	\$ 3,593.71	\$ 1,217.71
"IN-KIND" Estimates			
National University of Health Sciences		\$ 300.00	
Ziedler Properties		\$ -	
Lombard Commons		\$ 150.00	
Lombard Pharmacy		\$ 150.00	

First United Methodist Church		\$ 100.00		
Glenbard East		\$ 300.00		
Xeikon		\$ 300.00		
Park District		\$ 96.00		
Lombardian		\$ 400.00		
Comcast		???		
Illinois Center for Broadcasting		\$ 400.00		
Wine Walk Printing - LTC		\$ 25.00		
Wine Walk Printing -Xeikon		\$ 60.00		
Wine Walk - Glasses (Vino Cellar)		\$ 150.00		
Wine Walk - Bricks - Food		\$ 75.00		
Wine Walk - Sweet Street - Food		\$ 50.00		
Wine Walk - Balloons (Vino Cellar)		\$ 50.00		
Wine Walk - Tasting Wine (distributors)		\$ 1,000.00		
Miller's Ale House		\$ 502.00		
Famous Liquor gift card		\$ 50.00		
Famous Liquor Bulls tickets		\$ 400.00		
Lombard Roller Rink		\$ 65.00		
Fringe		\$ 85.00		
Potted Petals Gift Card		\$ 25.00		
Vino Cellar		\$ 50.00		
Pure Ambience Salon		\$ 50.00		
Hair Experts gift card		\$ 40.00		
MooYah		\$ 56.00		
Dairy Queen Gift Cert		\$ 90.00		
Ellyn Murphy		\$ 40.00		
BowWow Playground		\$ 165.00		
Patio 2-gift cards		\$ 50.00		
Gianorio's		\$ 25.00		
Laura Sasinka		\$ 194.00		
Jane Lesch		\$ 100.00		
Ferrara Pan Candy		\$ 140.00		
Lombard Pharmacy Gift Card		\$ 25.00		
Lombard Commons Park		\$ 108.00		
York Radio Club		\$ 200.00		
McDonald's - water		\$ 50.00		
Walgreen's - water		\$ 50.00		
Park District - Showmobile		\$ 150.00		
IN-KIND Total		\$ 6,316.00	\$ 6,316.00	
Village Costs				
Barricades	\$ 1,509.00	\$ 1,509.00		
Police OT & Supplies	\$ 14,396.61	\$ 13,284.44		
Public Works OT & Supplies	\$ 3,027.08	\$ 3,027.08		
	\$ 18,932.69	\$ 17,820.52	\$ 17,820.00	
Total Cost - Estimate		\$ 53,943.54	\$ 59,516.00	

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Lombard Lilac Festival Parade Comm**

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

PO Box 82

Room/suite

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

Lombard**IL 60148****D** Employer identification number**36-2844746****E** Telephone number**630-627-6759****F** Group ExemptionNumber **▶****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) **▶****I** Website: **▶ N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 34,832****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	34,828
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4
	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	34,832	
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	1,385
	14	Occupancy, rent, utilities, and maintenance	14	263
	15	Printing, publications, postage, and shipping	15	69
	16	Other expenses (describe in Schedule O)	16	14,810
	17	Total expenses. Add lines 10 through 16 ▶	17	16,527
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,305
	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	5,164
	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	23,469

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

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	5,164	22 23,469
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	5,164	25 23,469
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)	5,164	27 23,469

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

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

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

[illegible]

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		
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
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	37a	
b Did the organization file Form 1120-POL for this year?	37b	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	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
41 List the states with which a copy of this return is filed	IL	
42a The organization's books are in care of	Debbie Jett	Telephone no. 630-438-7922
137 E. Madison		
Located at	Villa Park	IL ZIP + 4 60181
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:	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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		X

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

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

49a		X
-----	--	---

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

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here Signature of officer **Ellyn Murphy** Date **Chairperson**

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	09/21/16		P01223442
	Firm's name	Firm's EIN		Firm's address	
	Forum Tax & Accounting Services, LLC.	38-3649533	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)Department of the Treasury
Internal Revenue Service**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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015Open to Public
Inspection

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 (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 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.)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1–9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					34,828	34,828
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	34,828
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.						34,828

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4					34,828	34,828
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						34,828
12 Gross receipts from related activities, etc. (see instructions)					12	4
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 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2015.** 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—2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7	
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).	8	
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 .	9a	
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 .	9b	
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 .	9c	
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.	10a	
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.)	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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. 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	<input type="checkbox"/> 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 2015 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-2015	(III) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2015Open to Public
Inspection

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

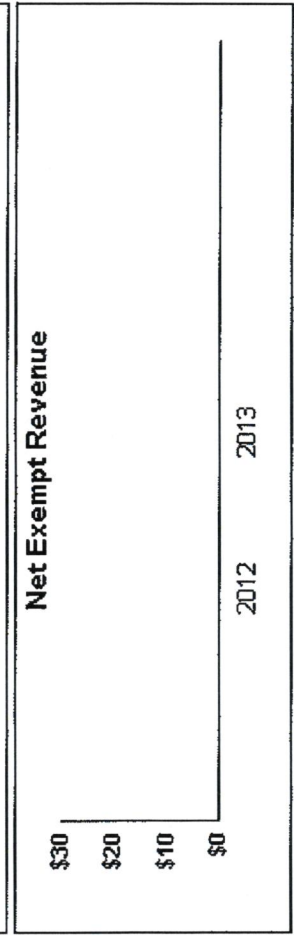
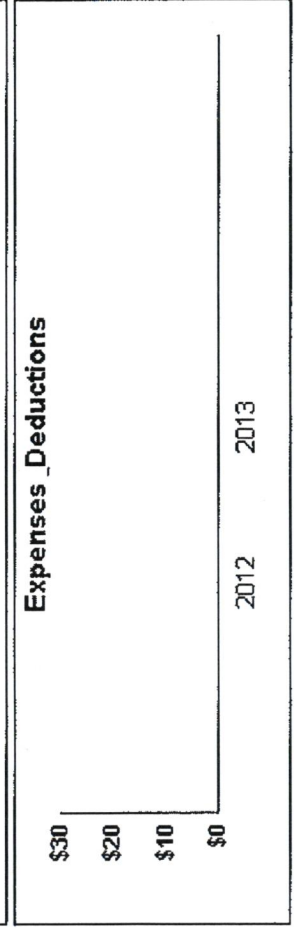
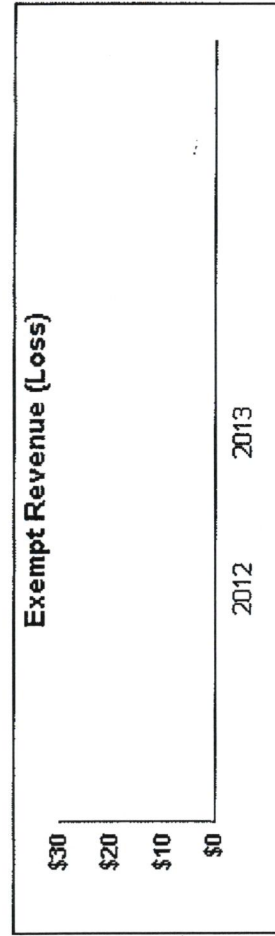
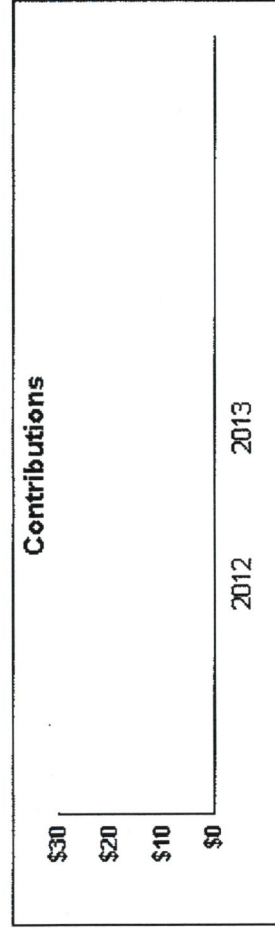
Lombard Lilac Festival Parade Comm

Employer identification number

36-2844746**Form 990-EZ, Part I, Line 16 - Other Expenses****Description****Amount****Expenses****Advertising and Promotion** \$ **725****Office** \$ **351****Information Technology** \$ **96****Insurance** \$ **1,255****Annual Report** \$ **25****Flowers** \$ **180****Food** \$ **2,027****Honorarium** \$ **6,400****Parade Expenses** \$ **2,879****Credit Card Fees** \$ **31****Licenses & Permits** \$ **115****Plaques & Ribbons** \$ **726****Total** \$ **14,810**

Form 990T	Tax Return History	2015	Employer Identification Number 36-2844746
Name Lombard Lilac Festival Parade Comm			

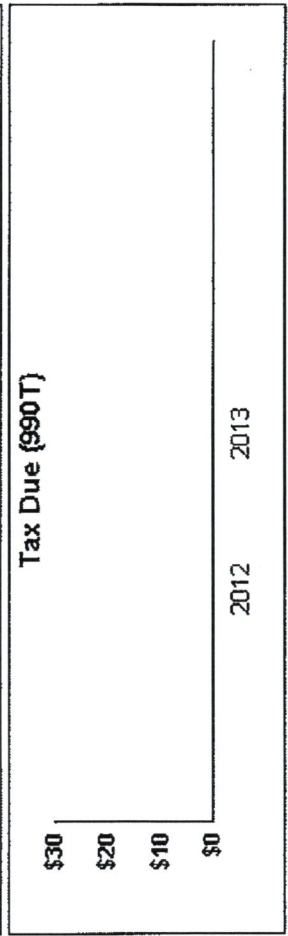
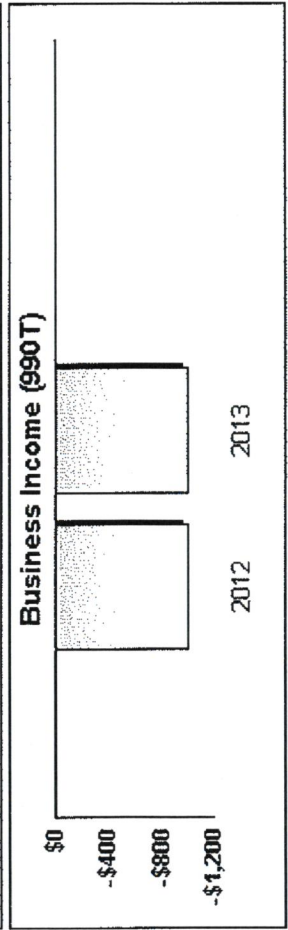
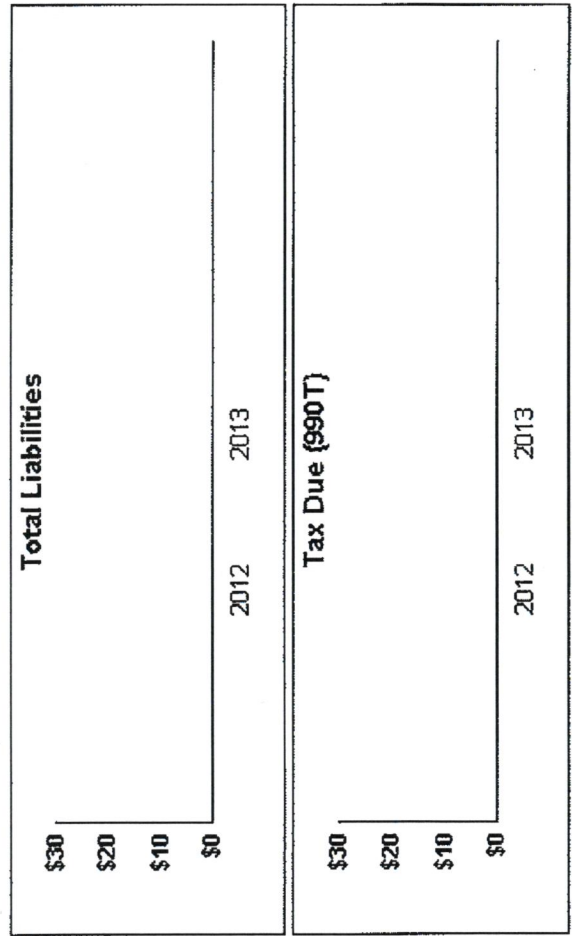
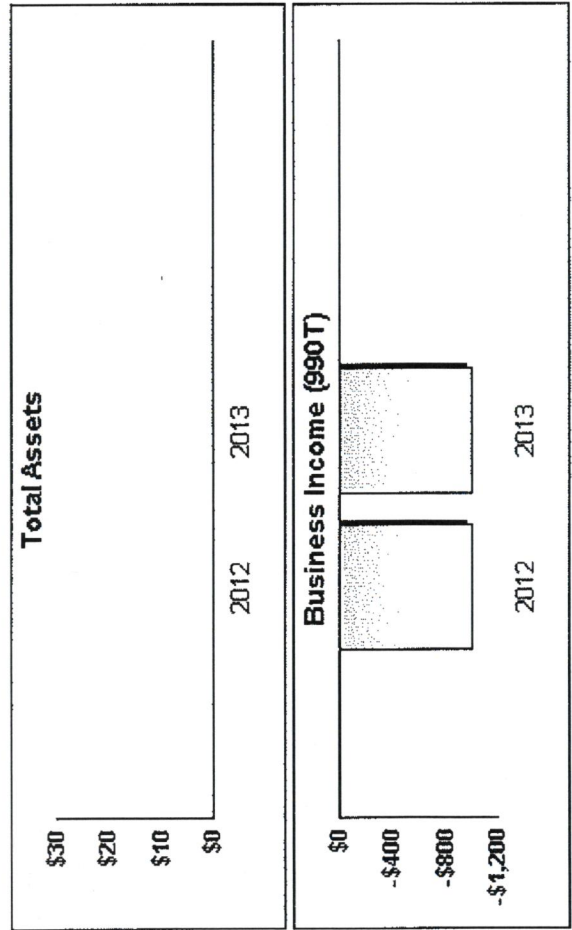
	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History	2015
Name Lombard Lilac Festival Parade Comm		Employer Identification Number 36-2844746

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

9/21/2016 4:59 PM

Schedule A, Part II, Line 1(e)

Description	Amount
Federated Campaigns	\$ 34,828
Total	\$ 34,828

Schedule A, Part II, Line 12

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ 4
Total	\$ 4

Illinois Return SummaryFor calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16****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 _____

Return / extended due date _____

1501/03/17**Miscellaneous Information**

Amended return _____

IL-990T due date /extended date _____

11/15/16

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 3/05

PMT # _____

AMT _____

INIT _____

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

CO # **01033325**

Report for the Fiscal Period:

Beginning **07/01/2015**& Ending **06/30/2016**

MO DAY YR

Federal ID # **36-2844746**Are contributions to the organization tax deductible? ☐ Yes ☐ NoDate Organization was created: **05/12/1967**

MO DAY YR

LEGAL
 NAME **Lombard Lilac Festival Parade Comm**
 MAIL
 ADDRESS **PO Box 82**
 CITY, STATE **Lombard IL**
 ZIP CODE **60148**

Year-end
amounts

A) ASSETS	A) \$	23,469
B) LIABILITIES	B) \$	0
C) NET ASSETS	C) \$	23,469

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
 E) GOVERNMENT GRANTS & MEMBERSHIP DUES
 F) OTHER REVENUES
 G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE	AMOUNT
100%	D) \$ 34,828
0%	E) \$ 0
0%	F) \$ 4
100%	G) \$ 34,832

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE
 I) EDUCATION PROGRAM SERVICE EXPENSE
 J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
 J¹) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$
 K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
 L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
 M) MANAGEMENT AND GENERAL EXPENSE
 N) FUNDRAISING EXPENSE
 O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

%	H) \$
%	I) \$
%	J) \$
%	K) \$
%	L) \$
100%	M) \$ 16,527
%	N) \$
100%	O) \$ 16,527

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
 Q) TOTAL FUNDRAISERS FEES AND EXPENSES
 R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

100%	P) \$
%	Q) \$
%	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

Form AG990-IL, Page 2

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.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Ellyn Murphy

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Deborah Jett

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Benjamin Sevcik, CPA PFS CFP

PREPARER (PRINT NAME)

SIGNATURE

DATE