

**VILLAGE OF LOMBARD  
LOCAL TOURISM GRANT PROGRAM 2024 APPLICATION FORM**

**GENERAL INFORMATION**

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Lilac Times Arts and Craft Fair		
Date of event:	5/5/2024	Event location:	Downtown Lombard on St. Charles Road between Main & Elizabeth
Contact person:	Rick Galfano	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard, IL 60148
Telephone:	630-627-5040	Email:	rick@lombardchamber.com

**PROJECT OVERVIEW**

Total cost of the project:	\$ 10,000
Cost of city services requested in this application (if any):	\$ 4,500
Total funding requested in this application:	\$ 5,500
Percent of total project cost being requested:	55%
Anticipated attendance:	5,000
Anticipated number of overnight hotel stays:	Unknown

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

150+ artisans and crafters set up along St. Charles Road between Main and Elizabeth. Additionally, there are limited food vendors, sponsors, a complimentary kid zone and entertainment. Barricades, electric hook ups, police presence and fire department inspections are needed for this event. The funding is requested to cover the village services.

**ORGANIZATION**

Number of years that the organization has been in existence:	70
Number of years that the project or event has been in existence:	28
Number of years the project has been supported by Village of Lombard funds:	28
How many years does the organization anticipate it will request grant funding?	Yearly

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

The Lombard Area Chamber of Commerce and Industry is committed to promote positive development of our community and industries to enhance the business climate for its members and to stimulate economic growth' to encourage retail, professional service, industrial, cultural and civic growth within the Lombard area. Over the past 25 years (excluding COVID) this event continues to grow in both popularity and size. Crafters say it's the best run show they are involved with. Each year it brings thousands into our downtown area and Lilacia Park. An excellent committee of dedicated volunteers is credited with helping this event to run smoothly each year.

- 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:

This is one of the chambers main fundraisers. Proceeds benefit several area non-profit organizations and businesses, as well as give us the ability to offer more programs for the Lombard Area Chamber of Commerce members to enhance and grow their business. The community at large benefits from having a number of crafters and vendors come into the downtown area as well as an outdoor event to enjoy. The downtown businesses have an opportunity to draw customers from the event.

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

Being a non-profit organization, the event will always need the cooperation and services of the village of Lombard. This event is continuing to grow and develop and could not be self-sustaining. The Lombard Chamber does not have the budget to put in the extensive time and effort to staff, without grant assistance from the village. Planning for this event begins in October and many staff and volunteer hours are put in from that time through the day of the event.

**PROJECT DESCRIPTION**

- Is the event open to the general public?  Yes  No  
Do you intend to apply for a liquor license for this project?  Yes  No  
Will any revenues from this event be returned to the community?  Yes  No  
Have you requested grant funding in the past?  Yes  No

If yes, provide grant awards for past 5 years:

Previous Lilac Times Arts & Craft Fairs, Farmers Markets and Spooktacular

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

Street to be barricaded by 5am with chalking of the street to begin at that time. 125+ crafters, 5 food vendors and 10+ kid zone sponsors, each with their own weighted tents, tables, chairs are set up in the chalked spaces on St. Charles Road and Park. Staggered set-up times begin at 6:30a. LCPAAA assists with arrival, tear down and traffic control. Event opens at 10am and ends at 4pm. We are receiving quotes from bounce house rental companies for the kids zone. Limited food vendors are located at the intersection of Park & St. Charles Road with spider electric access boxes provided by public works. Police personnel on hand during the day patrol the event and fire department is on call for any emergencies that may arise.

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

To cover the costs of barricades, public works supplies, police, fire and public works overtime.

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)?

Each year is a learning process to take what worked last year and then expand on that, and learn from those opportunities. Given the costs rising faster than the income, we continue to look at strategic marketing for 2024. We are asking our vendors to assist by promoting their participation on their social media, using village electronic boards, Lombardian newspaper and the Chamber Community Guide for marketing. It will also go in the Lombard Park District Lilac Time brochure. After coming out of COVID, we continue to see big increases in attendance each year as people continue to feel more comfortable attending events. We will continue to increase our email marketing campaigns and add to our social media presence, as well.

### **LOCATION**

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

St. Charles Road and Park Ave. between Main and Elizabeth and Park to Michael McGuire

### **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.

As of December 13th, 2023, we have not officially opened registration for vendors. Our marketing materials are designed and ready and we aiming to "officially" open registration on January 15th 2024. Early bird registration will close March 1st 2024. Vendor registration will end on April 19wth 2024. The chamber will map out vendors starting April 26th with final mailing instructions to crafters, food vendors and sponsors when that is complete.

### **IMPACT**

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

We cross promote the Craft Fair with the Park District to draw visitors to the downtown area and Lilacia Park. Having 150+ crafters with a family zone will draw several thousand visitors to the downtown area which will increase revenue for restaurants and retail.

- 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?

Local businesses are highly encouraged to be open that day and will have an opportunity to attract attendees into their stores and restaurants. We plan to share event information by email to other Chambers of Commerce in IL and on a professional Chamber of Commerce Facebook page, as well as the Lilac Time Craft Fair Facebook page.

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

The event targets all ages. There is something for everybody at our event. We normally draw around 4,000 to the event, although the size and number of vendors is hard to get accurate readings.

- 4) Please identify and detail the estimated cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, Fire, barricades, etc.). For each cost, confirm whether the costs for such services be covered by the host organization and reimbursed to the Village or are whether the services are requested to be covered under this grant. Any services not specifically requested below and approved as part of this grant, will be the responsibility of the applicant organization.
- 5) Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).

Requesting \$ 5500 in grant funds, or whatever the amount will be, to cover the cost of village services, police, fire and public works. In 2023 we requested \$ 5000 and this year we would like to factor in inflation over 2024. We have no restrictions on capacity, so we anticipating a very successful event for 2024. LCPAA will assist with traffic control and volunteers will assist with kid zone and garbage control as needed. We depend on local businesses to assist with funding for the family zone as well as the musical entertainment. The Lombard Park District provides the party wagon for table and chairs as well as the mobile stage.

6)

- 7) 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).

We do social media advertising with Facebook, Twitter and Instagram. We will boost on all platforms. We have designated event Facebook page as well as the main Chamber Facebook page. We continue to double our social media presence in 2023. We have postings in major craft publications and online sources (Midwest Art Fairs & FestivalNet.com) Ad in Lombardian newspaper, press releases to the Lombardian, Daily Herald and Suburban Life. Calendar posting on Chicago Tribune and listing in the Lombard Park District Lilac Time brochure.

- 8) Funding for the Local Tourism Grant Program for 2024 is constrained. What have you done to reduce the amount of funds your organization is requesting under this grant? If you do not receive the full funding you requested for 2024, how will your organization adjust? What modifications can/will you make to your budget or event if full grant funding is not made available?

If we do not receive the full funding requested for 2024, we will adjust our sponsorships to assist with village costs.

#### **FINANCES**

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

#### **CHECKLIST**

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

- Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

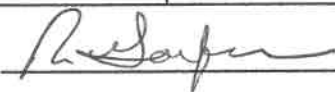
Additional Notes, Comments or Explanations:

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**CERTIFICATION**

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

Name:	Rick Galfano		
Title or office held:	President & CEO	Date:	12/13/2023

Signature: 



Estimated value of in-kind contributions (explain)

\$	\$	



**Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** , 2022, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LOMBARD AREA CHAMBER OF COMMERCE		<b>D</b> Employer identification number 23-7192831
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 6306275040
	10 LILAC LANE		<b>F</b> Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD, IL 60148		

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990).

**I Website:** [www.lombardchamber.com](http://www.lombardchamber.com)

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 160,540.

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	76,633.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	82,026.
	<b>4</b> Investment income . . . . .	<b>4</b>	30.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . . See Line 8 Stmt.	<b>8</b>	1,851.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	160,540.	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	83,833.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,249.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	18,484.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	977.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16 Stmt.	<b>16</b>	74,746.
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	181,289.	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	-20,749.
	<b>19</b> 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) . . . . .	<b>19</b>	27,983.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	7,234.

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	30,388.	22 9,127.
<b>23</b> Land and buildings	0.	23 0.
<b>24</b> Other assets (describe in Schedule O)		24
<b>25</b> Total assets	30,388.	25 9,127.
<b>26</b> Total liabilities (describe in Schedule O)	2,405.	26 1,893.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,983.	27 7,234.

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

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

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

What is the organization's primary exempt purpose? See Part III Stmt

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.

<b>28</b> HELD ITS ANNUAL MEMBER & GUEST DINNER DANCE AND GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL PARTICIPATING MEMBERS		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> HELD MONTHLY NETWORKING BREAKFASTS AND MONTHLY MEMBER LUNCHEONS TO PROMOTE BUSINESS SUPPORT AND MUTUAL COMMERCIAL INFORMATION AND DEVELOPMENTS FOR ALL MEMBERS.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER DIRECTORIES, EMAIL BLASTS & NEW MEMBER GRAND OPENING CEREMONIES		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSIE JAWORSKI CHAIR OF BOARD	5.00	0.	0.	0.
JOHN HUGHES TREASURER	5.00	0.	0.	0.
KRISTINE CERONE PAST CHAIR	2.00	0.	0.	0.
PAM LOMAN VICE CHAIR	2.00	0.	0.	0.
RICK GALFANO PRESIDENT/CEO	40.00	0.	0.	0.
VANESSA MARTINEZ DIRECTOR	0.00	0.	0.	0.
TED BRUST DIRECTOR	0.00	0.	0.	0.
GREG LUDWIG JR DIRECTOR	0.00	0.	0.	0.
BROOKE BINGAMAN DIRECTOR	0.00	0.	0.	0.
SENYA CASTO DIRECTOR	0.00	0.	0.	0.
See Part IV Stmt	40.00	59,250.	0.	0.

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

		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
36			
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?		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
38a			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
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	
39a			
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			
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		X
40e			
41	List the states with which a copy of this return is filed: _____		
42a	The organization's books are in care of: <u>MELISSA BOLTZ - KERIC COSEANO</u> Telephone no. <u>(630) 627-5040</u> Located at: <u>10 LILAC LANE, LOMBARD IL</u> ZIP + 4 <u>60148</u>		
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: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____		X
42c			
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	<input type="checkbox"/>
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		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
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		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 . . . . .

	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		

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

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

49a		
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**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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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

**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: RICK GALFANO, PRESIDENT & CEO Date: 11/15/2023  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: WAYNE E PARSONS Preparer's signature: WAYNE E PARSONS Date: 11/15/2023 Check  if self-employed PTIN: P01445634  
Firm's name: WAYNE E. PARSONS, CPA Firm's EIN  
Firm's address: 931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181 Phone no.: (630) 782-5902

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part IV: List of Officers, Directors, Trustees, and Key Employees**

**Continuation Statement**

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
ANNA WESELAK DIRECTOR	0.00	0.	0.	0.
MELISSA BOLTZ FORMER PRESIDENT & CEO	40.00	59,250.	0.	0.
	40.00	59,250.	0.	0.

**Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 8: Other Revenue**

**Continuation Statement**

Description	Amount
MISCELLANEOUS - NET	1,851.
<b>Total</b>	<b>1,851.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

Description	Amount
CREDIT/COLLECTION EXPENSE	5,585.
CHAMBER MASTER DATA BASE	3,088.
COPIER EXPENSE	2,731.
ADVERTISING	1,740.
MEMBERSHIP DUES & SUBSCRIPTIONS	2,215.
LIABILITY INSURANCE	3,451.
LUNCHEON EXPENSES	6,806.
OFFICE EXPENSES	3,943.
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	252.
Depreciation	0.
OTHER PROGRAM EXPENSES	28,334.
OTHER OPERATING EXPENSES	7,981.
COMPUTER EXPENSE	8,620.
<b>Total</b>	<b>74,746.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part III: Purpose**

**Continuation Statement**

Organization's Primary Exempt Purpose
PROMOTE BUSINESS OPPORTUNITIES IN GREATER LOMBARD COMMUNITY AND AMONG MEMBERS.
PROMOTE INTERACTION AND MUTUAL SUPPORT BETWEEN MEMBERS AND THE COMMUNITY.

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS - NET \$1,851

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$5,585

Description: CHAMBER MASTER DATA BASE \$3,088

Description: COPIER EXPENSE \$2,731

Description: ADVERTISING \$1,740

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$2,215

Description: LIABILITY INSURANCE \$3,451

Description: LUNCHEON EXPENSES \$6,806

Description: OFFICE EXPENSES \$3,943

Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$252

Description: Depreciation \$0

Description: OTHER PROGRAM EXPENSES \$28,334

Description: OTHER OPERATING EXPENSES \$7,981

Description: COMPUTER EXPENSE \$8,620

Pt II, Line 26:

Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$2,187 End of Year: \$732

Description: SALES TAX COLLECTED Beginning of Year: \$218 End of Year: \$0

Description: ACCOUNTS PAYABLE Beginning of Year: \$0 End of Year: \$1,161

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2022**

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(6)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<b>Print or Type</b>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)                  LOMBARD AREA CHAMBER OF COMMERCE</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.                  10 LILAC LANE</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  LOMBARD, IL 60148</p>	<p><b>D</b> Employer identification number 23-7192831</p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
		<p><b>C</b> Book value of all assets at end of year <span style="float: right;">9,127.</span></p>	
<p><b>G</b> Check organization type <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> <p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> <p><b>J</b> Enter the number of attached Schedules A (Form 990-T) <span style="float: right;">0</span></p> <p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation</p> <p><b>L</b> The books are in care of 10 LILAC LANE LOMBARD IL 60148 Telephone number (630) 627-5040</p>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	0.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0.
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	0.
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

For Paperwork Reduction Act Notice, see instructions.



Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	<b>Total credits.</b> Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other <input type="checkbox"/>	6g	
7	<b>Total payments.</b> Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0.
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	0.
11	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b>	11	
		<b>Refunded</b>	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X	X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
6a	Did the organization change its method of accounting? (see instructions)		
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.	X	

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: PRESIDENT & CEO

Print/Type preparer's name: WAYNE E PARSONS Preparer's signature: WAYNE E PARSONS Date: 11/15/2023

Check  if self-employed PTIN: P01445634

Firm's name: WAYNE E. PARSONS, CPA Firm's address: 931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181 Phone no. (630) 782-5902

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**SCHEDULE I  
(Form 1041)**

**Alternative Minimum Tax—Estates and Trusts**

OMB No. 1545-0092

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1041.

Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

Name of estate or trust <b>LOMBARD AREA CHAMBER OF COMMERCE</b>	Employer identification number <b>23-7192831</b>
--	---

**Part I Estate's or Trust's Share of Alternative Minimum Taxable Income**

1	Adjusted total income or (loss) (from Form 1041, line 17). <b>ESBTs</b> , see instructions . . . . .	1	0
2	Interest . . . . .	2	
3	Taxes . . . . .	3	
4	Refund of taxes . . . . .	4	( )
5	Depletion (difference between regular tax and AMT) . . . . .	5	
6	Net operating loss deduction. Enter as a positive amount . . . . .	6	
7	Interest from specified private activity bonds exempt from the regular tax . . . . .	7	
8	Qualified small business stock (see instructions) . . . . .	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	10	
11	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	12	
13	Passive activities (difference between AMT and regular tax income or loss) . . . . .	13	
14	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	14	
15	Circulation costs (difference between regular tax and AMT) . . . . .	15	
16	Long-term contracts (difference between AMT and regular tax income) . . . . .	16	
17	Mining costs (difference between regular tax and AMT) . . . . .	17	
18	Research and experimental costs (difference between regular tax and AMT) . . . . .	18	
19	Income from certain installment sales before January 1, 1987 . . . . .	19	( )
20	Intangible drilling costs preference . . . . .	20	
21	Other adjustments, including income-based related adjustments . . . . .	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) . . . . .	22	( )
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22 . . . . .	23	0
<b>Note:</b> Complete Part II below before going to line 24.			
24	Income distribution deduction from Part II, line 42 . . . . .	24	0
25	Estate tax deduction (from Form 1041, line 19) . . . . .	25	
26	Add lines 24 and 25 . . . . .	26	0
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 . . . . .	27	0

If line 27 is:

- \$26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$26,500, but less than \$194,300, go to line 43.
- \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50.
- **ESBTs**, see instructions.

**Part II Income Distribution Deduction on a Minimum Tax Basis**

28	Adjusted alternative minimum taxable income (see instructions) . . . . .	28	0
29	Adjusted tax-exempt interest (other than amounts included on line 7) . . . . .	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0- . . . . .	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) . . . . .	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) . . . . .	32	
33	Capital gains computed on a minimum tax basis included on line 23 . . . . .	33	( )
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount . . . . .	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0- . . . . .	35	0
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9) . . . . .	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) . . . . .	37	
38	Total distributions. Add lines 36 and 37 . . . . .	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7) . . . . .	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 . . . . .	40	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

BAA

Cat. No. 51517Q

Schedule I (Form 1041) 2022

**Part II Income Distribution Deduction on a Minimum Tax Basis (continued)**

<b>41</b>	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-	<b>41</b>	0
<b>42</b>	Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24.	<b>42</b>	0

**Part III Alternative Minimum Tax**

<b>43</b>	Exemption amount	<b>43</b>	\$26,500
<b>44</b>	Enter the amount from line 27	<b>44</b>	
<b>45</b>	Phase-out of exemption amount	<b>45</b>	\$88,300
<b>46</b>	Subtract line 45 from line 44. If zero or less, enter -0-	<b>46</b>	
<b>47</b>	Multiply line 46 by 25% (0.25)	<b>47</b>	
<b>48</b>	Subtract line 47 from line 43. If zero or less, enter -0-	<b>48</b>	
<b>49</b>	Subtract line 48 from line 44	<b>49</b>	
<b>50</b>	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: <ul style="list-style-type: none"> <li>• \$206,100 or less, multiply line 49 by 26% (0.26).</li> <li>• Over \$206,100, multiply line 49 by 28% (0.28) and subtract \$4,122 from the result</li> </ul>	<b>50</b>	
<b>51</b>	Alternative minimum foreign tax credit (see instructions)	<b>51</b>	
<b>52</b>	Tentative minimum tax. Subtract line 51 from line 50	<b>52</b>	
<b>53</b>	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	<b>53</b>	
<b>54</b>	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c	<b>54</b>	

**Part IV Line 50 Computation Using Maximum Capital Gains Rates**

**Caution:** If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

<b>55</b>	Enter the amount from line 49	<b>55</b>	
<b>56</b>	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	<b>56</b>	
<b>57</b>	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	<b>57</b>	
<b>58</b>	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	<b>58</b>	
<b>59</b>	Enter the smaller of line 55 or line 58	<b>59</b>	
<b>60</b>	Subtract line 59 from line 55	<b>60</b>	
<b>61</b>	If line 60 is \$206,100 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$4,122 from the result	<b>61</b>	
<b>62</b>	Maximum amount subject to the 0% rate	<b>62</b>	\$2,800
<b>63</b>	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	<b>63</b>	
<b>64</b>	Subtract line 63 from line 62. If zero or less, enter -0-	<b>64</b>	
<b>65</b>	Enter the smaller of line 55 or line 56	<b>65</b>	
<b>66</b>	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	<b>66</b>	
<b>67</b>	Subtract line 66 from line 65	<b>67</b>	

**Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)**

<b>68</b>	Maximum amount subject to rates below 20%	<b>68</b>	\$13,700	
<b>69</b>	Enter the amount from line 64	<b>69</b>		
<b>70</b>	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	<b>70</b>		
<b>71</b>	Add line 69 and line 70	<b>71</b>		
<b>72</b>	Subtract line 71 from line 68. If zero or less, enter -0-	<b>72</b>		
<b>73</b>	Enter the smaller of line 67 or line 72	<b>73</b>		
<b>74</b>	Multiply line 73 by 15% (0.15)			<b>74</b>
<b>75</b>	Add lines 66 and 73	<b>75</b>		
<b>If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.</b>				
<b>76</b>	Subtract line 75 from line 65	<b>76</b>		
<b>77</b>	Multiply line 76 by 20% (0.20)			<b>77</b>
<b>If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.</b>				
<b>78</b>	Add lines 60, 75, and 76	<b>78</b>		
<b>79</b>	Subtract line 78 from line 55	<b>79</b>		
<b>80</b>	Multiply line 79 by 25% (0.25)			<b>80</b>
<b>81</b>	Add lines 61, 74, 77, and 80			<b>81</b>
<b>82</b>	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$4,122 from the result			<b>82</b>
<b>83</b>	Enter the smaller of line 81 or line 82 here and on line 50			<b>83</b>

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>LOMBARD AREA CHAMBER OF COMMERCE</b>	EIN or SSN <b>23-7192831</b>
Name and title of officer or person subject to tax <b>RICK GALFANO, PRESIDENT &amp; CEO</b>	

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	
2a Form 990-EZ check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	160,540.
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize WAYNE E. PARSONS, CPA to enter my PIN 

9	5	7	4	0
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11/15/2023

### Part III Certification and Authentication

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

1	5	3	9	5	9	9	5	7	4	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11/15/2023

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>LOMBARD AREA CHAMBER OF COMMERCE</b>	EIN or SSN <b>23-7192831</b>
Name and title of officer or person subject to tax <b>RICK GALFANO, PRESIDENT &amp; CEO</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b _____
6a Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____ 0.
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize WAYNE E. PARSONS, CPA to enter my PIN 

9	5	7	4	0
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

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

1	5	3	9	5	9	9	5	7	4	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11/15/2023

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Additional Information From 2022 Federal Exempt Tax Return**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 2

Amount	Description
9,805.	MONTHLY LUNCHEONS
4,050.	COMMUNITY DIRECTORY
32,601.	LILAC BALL
9,612.	GOLF OUTING
20,565.	LILAC CRAFT FAIR
<b>76,633.</b>	<b>Total</b>

Itemization Statement

**Return of Organization Exempt From Income Tax**

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

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

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

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning** , 2022, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated: <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> LOMBARD AREA CHAMBER OF COMMERCE		<b>D Employer identification number</b> 23-7192831
	Number and street (or P.O. box if mail is not delivered to street address): 10 LILAC LANE	Room/suite:	<b>E Telephone number</b> 6306275040
	City or town, state or province, country, and ZIP or foreign postal code: LOMBARD, IL 60148		<b>F Group Exemption Number</b>

**G Accounting Method:**  Cash  Accrual Other (specify):  
**H Check  if the organization is not required to attach Schedule B (Form 990).**

**I Website:** [www.lombardchamber.com](http://www.lombardchamber.com)

**J Tax-exempt status (check only one)** -  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

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

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.** \$ 160,540.

**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
	2	Program service revenue including government fees and contracts	2 76,633.
	3	Membership dues and assessments	3 82,026.
	4	Investment income	4 30.
	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) See Line 8 Stmt.	8 1,851.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 160,540.	
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 83,833.
	13	Professional fees and other payments to independent contractors	13 3,249.
	14	Occupancy, rent, utilities, and maintenance	14 18,484.
	15	Printing, publications, postage, and shipping	15 977.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16 74,746.
17	<b>Total expenses.</b> Add lines 10 through 16	17 181,289.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 -20,749.
	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 27,983.
	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 7,234.

For Paperwork Reduction Act Notice, see the separate instructions.



**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,388.	9,127.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)		
25 <b>Total assets</b>	30,388.	9,127.
26 <b>Total liabilities</b> (describe in Schedule O)	2,405.	1,893.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27,983.	7,234.

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

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

What is the organization's primary exempt purpose? See Part III Stmt

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 HELD ITS ANNUAL MEMBER & GUEST DINNER DANCE AND GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL PARTICIPATING MEMBERS		28a
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 HELD MONTHLY NETWORKING BREAKFASTS AND MONTHLY MEMBER LUNCHEONS TO PROMOTE BUSINESS SUPPORT AND MUTUAL COMMERCIAL INFORMATION AND DEVELOPMENTS FOR ALL MEMBERS.		29a
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
30 PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER DIRECTORIES, EMAIL BLASTS & NEW MEMBER GRAND OPENING CEREMONIES		30a
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		31a
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 <b>Total program service expenses</b> (add lines 28a through 31a)		32

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

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

(a) Name and title	(b) Average number of hours devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSIE JAWORSKI CHAIR OF BOARD	5.00	0.	0.	0.
JOHN HUGHES TREASURER	5.00	0.	0.	0.
KRISTINE CERONE PAST CHAIR	2.00	0.	0.	0.
PAM LOMAN VICE CHAIR	2.00	0.	0.	0.
RICK GALFANO PRESIDENT/CEO	40.00	0.	0.	0.
VANESSA MARTINEZ DIRECTOR	0.00	0.	0.	0.
TED BRUST DIRECTOR	0.00	0.	0.	0.
GREG LUDWIG JR DIRECTOR	0.00	0.	0.	0.
BROOKE BINGAMAN DIRECTOR	0.00	0.	0.	0.
SENYA CASTO DIRECTOR	0.00	0.	0.	0.
See Part IV Stmt	40.00	59,250.	0.	0.

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

	Yes	No
<b>33</b> 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
<b>34</b> 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
<b>35a</b> 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>b</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		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
<b>b</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		
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8880		X
<b>41</b> List the states with which a copy of this return is filed:		
<b>42a</b> The organization's books are in care of: <u>DEBBIE BOLTZ</u> Telephone no. <u>(630) 627-5040</u> Located at: <u>10 LILAC LANE, BARDON</u> ZIP + 4 <u>60148</u>		
<b>b</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: _____ See the instructions for reporting and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____		X
<b>43</b> Section 4947(a)(4) 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		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		X

	Yes	No
<b>46</b> 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 . . . . .	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

	Yes	No
<b>47</b> 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 . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Pensions, benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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

**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.

<b>Sign Here</b>	Signature of officer RICK [REDACTED], PRESIDENT & CEO	Date 11/15/2023			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WAYNE E PARSONS	Preparer's signature WAYNE E PARSONS	Date 11/15/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01445634
	Firm's name WAYNE E. PARSONS, CPA	Firm's EIN			
	Firm's address 931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181	Phone no. (630) 782-5902			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**  
**Part IV: List of Officers, Directors, Trustees, and Key Employees**

**Continuation Statement**

Name and Title	Average number of hours per week devoted to the organization	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
ANNA WESELAK DIRECTOR	0.00	0.	0.	0.
MELISSA BOLTZ FORMER PRESIDENT & CEO	40.00	59,250.	0.	0.
	40.00	59,250.	0.	0.

**Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 8: Other Revenue**

**Continuation Statement**

Description	Amount
MISCELLANEOUS - NET	1,851.
<b>Total</b>	<b>1,851.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

Description	Amount
CREDIT/COLLECTION EXPENSE	5,585.
CHAMBER MASTER DATA BASE	3,088.
COPIER EXPENSE	2,731.
ADVERTISING	1,740.
MEMBERSHIP DUES & SUBSCRIPTIONS	2,215.
LIABILITY INSURANCE	3,451.
LUNCHEON EXPENSES	6,806.
OFFICE EXPENSES	3,943.
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	252.
Depreciation	0.
OTHER PROGRAM EXPENSES	28,334.
OTHER OPERATING EXPENSES	7,981.
COMPUTER EXPENSE	8,620.
<b>Total</b>	<b>74,746.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part III: Purpose**

**Continuation Statement**

Organization's Primary Exempt Purpose
PROMOTE BUSINESS OPPORTUNITIES IN GREATER
LOMBARD COMMUNITY AND AMONG MEMBERS.
PROMOTE INTERACTION AND MUTUAL SUPPORT
BETWEEN MEMBERS AND THE COMMUNITY.

**SCHEDULE O  
(Form 990)**

**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 Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS - NET \$1,851

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$5,585

Description: CHAMBER MASTER DATA BASE \$3,088

Description: COPIER EXPENSE \$2,731

Description: ADVERTISING \$1,740

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$2,211

Description: LIABILITY INSURANCE \$3,451

Description: LUNCHEON EXPENSES \$6,806

Description: OFFICE EXPENSES \$3,943

Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$252

Description: Depreciation \$0

Description: OTHER PROGRAM EXPENSES \$2,334

Description: OTHER OPERATING EXPENSES \$7,981

Description: COMPUTER EXPENSES \$8,020

Pt II, Line 26:

Description: WITHHELD TAX ALL LIABILITIES Beginning of Year: \$2,187 End of Year: \$732

Description: SALES TAX COLLECTED Beginning of Year: \$218 End of Year: \$0

Description: ACCOUNTS PAYABLE Beginning of Year: \$0 End of Year: \$1,161

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2022**

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) LOMBARD AREA CHAMBER OF COMMERCE	<b>D</b> Employer identification number 23-7192831
<b>B</b> Exempt under section: <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 10 LILAC LANE	<b>E</b> Group exemption number (see instructions)
<b>C</b> Book value of all assets at end of year		City or town, state or province, country, and ZIP or foreign postal code. LOMBARD, IL 60148	<input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type: <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		<input type="checkbox"/> State college/university	
<b>H</b> Check if filing only to: <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 990			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		<input type="checkbox"/>	
<b>J</b> Enter the number of attached Schedules A (Form 990-T)		0	
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation:			
<b>L</b> The books are in care of		10 LILAC LANE LOMBARD IL 60148 Telephone number (630) 627-5040	

<b>Part I Total Unrelated Business Taxable Income</b>			
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	0.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

<b>Part II Tax Computation</b>			
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at trust rates. See instructions on tax computation. Income tax on the amount on Part I, line 11 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0.
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	0.
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 2, whichever applies	7	0.

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	
<b>6a</b> Payments: A 2021 overpayment credited to 2022	<b>6a</b>	
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	0.
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
<b>2</b> During the tax year, did the organization receive a distribution from or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	WAYNE E PARSONS	WAYNE E PARSONS	11/15/2023		P01445634
	Firm's name	Firm's EIN			
	WAYNE E. PARSONS, CPA				
	Firm's address	Phone no.			
	931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181	(630) 782-5902			



**SCHEDULE I  
(Form 1041)**

**Alternative Minimum Tax—Estates and Trusts**

OMB No. 1545-0092

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1041.

Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

Name of estate or trust <b>LOMBARD AREA CHAMBER OF COMMERCE</b>	Employer identification number <b>23-7192831</b>
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**Part I Estate's or Trust's Share of Alternative Minimum Taxable Income**

<b>1</b>	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions . . . . .	<b>1</b>	0
<b>2</b>	Interest . . . . .	<b>2</b>	
<b>3</b>	Taxes . . . . .	<b>3</b>	
<b>4</b>	Refund of taxes . . . . .	<b>4</b>	( )
<b>5</b>	Depletion (difference between regular tax and AMT) . . . . .	<b>5</b>	
<b>6</b>	Net operating loss deduction. Enter as a positive amount . . . . .	<b>6</b>	
<b>7</b>	Interest from specified private activity bonds exempt from the regular tax . . . . .	<b>7</b>	
<b>8</b>	Qualified small business stock (see instructions) . . . . .	<b>8</b>	
<b>9</b>	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	<b>9</b>	
<b>10</b>	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .	<b>10</b>	
<b>11</b>	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	<b>11</b>	
<b>12</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	<b>12</b>	
<b>13</b>	Passive activities (difference between AMT and regular tax income or loss) . . . . .	<b>13</b>	
<b>14</b>	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	<b>14</b>	
<b>15</b>	Circulation costs (difference between regular tax and AMT) . . . . .	<b>15</b>	
<b>16</b>	Long-term contracts (difference between AMT and regular tax income) . . . . .	<b>16</b>	
<b>17</b>	Mining costs (difference between regular tax and AMT) . . . . .	<b>17</b>	
<b>18</b>	Research and experimental costs (difference between regular tax and AMT) . . . . .	<b>18</b>	
<b>19</b>	Income from certain installment sales before January 1, 1987 . . . . .	<b>19</b>	( )
<b>20</b>	Intangible drilling costs preference . . . . .	<b>20</b>	
<b>21</b>	Other adjustments, including income-based related adjustments . . . . .	<b>21</b>	
<b>22</b>	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) . . . . .	<b>22</b>	( )
<b>23</b>	Adjusted alternative minimum taxable income. Combine lines 1 through 22 . . . . .	<b>23</b>	0
<b>Note:</b> Complete Part II below before going to line 24.			
<b>24</b>	Income distribution deduction from Part II, line 42 . . . . .	<b>24</b>	0
<b>25</b>	Estate tax deduction (from Form 1041, line 19) . . . . .	<b>25</b>	
<b>26</b>	Add lines 24 and 25 . . . . .	<b>26</b>	0
<b>27</b>	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 . . . . .	<b>27</b>	0

If line 27 is:

- \$26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$26,500, but less than \$194,300, go to line 43.
- \$194,300 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions.

**Part II Income Distribution Deduction on a Minimum Tax Basis**

<b>28</b>	Adjusted alternative minimum taxable income (see instructions) . . . . .	<b>28</b>	0
<b>29</b>	Adjusted tax-exempt interest (other than amounts included on line 7) . . . . .	<b>29</b>	
<b>30</b>	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0- . . . . .	<b>30</b>	
<b>31</b>	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) . . . . .	<b>31</b>	
<b>32</b>	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) . . . . .	<b>32</b>	
<b>33</b>	Capital gains computed on a minimum tax basis included on line 23 . . . . .	<b>33</b>	( )
<b>34</b>	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount . . . . .	<b>34</b>	
<b>35</b>	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0- . . . . .	<b>35</b>	0
<b>36</b>	Income required to be distributed currently (from Form 1041, Schedule B, line 9) . . . . .	<b>36</b>	
<b>37</b>	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) . . . . .	<b>37</b>	
<b>38</b>	Total distributions. Add lines 36 and 37 . . . . .	<b>38</b>	
<b>39</b>	Tax-exempt income included on line 38 (other than amounts included on line 7) . . . . .	<b>39</b>	
<b>40</b>	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38 . . . . .	<b>40</b>	

<b>Part II Income Distribution Deduction on a Minimum Tax Basis (continued)</b>			
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-		41 0
42	Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24.		42 0
<b>Part III Alternative Minimum Tax</b>			
43	Exemption amount		43 \$26,500
44	Enter the amount from line 27	44	
45	Phase-out of exemption amount	45	\$88,300
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	
47	Multiply line 46 by 25% (0.25)		47
48	Subtract line 47 from line 43. If zero or less, enter -0-		48
49	Subtract line 48 from line 44		49
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: <ul style="list-style-type: none"> <li>• \$206,100 or less, multiply line 49 by 26% (0.26).</li> <li>• Over \$206,100, multiply line 49 by 28% (0.28) and subtract \$4,122 from the result</li> </ul>		50
51	Alternative minimum foreign tax credit (see instructions)		51
52	Tentative minimum tax. Subtract line 51 from line 50		52
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)		53
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		54
<b>Part IV Line 50 Computation Using Maximum Capital Gains Rates</b>			
<b>Caution:</b> If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.			
55	Enter the amount from line 49		55
56	Enter the amount from line 26 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	56	
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57	
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 13 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	58	
59	Enter the smaller of line 55 or line 58		59
60	Subtract line 59 from line 55		60
61	If line 60 is \$206,100 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$4,122 from the result		61
62	Maximum amount subject to the 0% rate	62	\$2,800
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 3 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	63	
64	Subtract line 63 from line 62. If zero or less, enter -0-	64	
65	Enter the smaller of line 55 or line 56	65	
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66	
67	Subtract line 66 from line 65	67	

**Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued)**

<b>68</b>	Maximum amount subject to rates below 20%	<b>68</b>	\$ 13,700
<b>69</b>	Enter the amount from line 64	<b>69</b>	
<b>70</b>	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	<b>70</b>	
<b>71</b>	Add line 69 and line 70	<b>71</b>	
<b>72</b>	Subtract line 71 from line 68. If zero or less, enter -0-	<b>72</b>	
<b>73</b>	Enter the smaller of line 67 or line 72	<b>73</b>	
<b>74</b>	Multiply line 73 by 15% (0.15)	<b>74</b>	
<b>75</b>	Add lines 66 and 73	<b>75</b>	
<b>If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.</b>			
<b>76</b>	Subtract line 75 from line 65	<b>76</b>	
<b>77</b>	Multiply line 76 by 20% (0.20)	<b>77</b>	
<b>If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.</b>			
<b>78</b>	Add lines 60, 75, and 76	<b>78</b>	
<b>79</b>	Subtract line 78 from line 55	<b>79</b>	
<b>80</b>	Multiply line 79 by 25% (0.25)	<b>80</b>	
<b>81</b>	Add lines 61, 74, 77, and 80	<b>81</b>	
<b>82</b>	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract \$4,122 from the result.	<b>82</b>	
<b>83</b>	Enter the smaller of line 81 or line 82 here and on line 50	<b>83</b>	

REV 05/17/23

DO NOT MAIL

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>LOMBARD AREA CHAMBER OF COMMERCE</b>	Taxpayer identification number (TIN) <b>23-7192591</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10 LILAC LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOMBARD IL 60148</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► **MELISSA BOLTZ**
- Telephone No: ► **(630) 627-5040**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension covers.

1 I request an automatic 6-month extension of time until **Nov 15**, 20 **23**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 **22** or  
 ►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to use an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# 2023 Lilac Time Arts & Craft Fair

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Sunday, May 7, 2023  
10am - 4pm

On St Charles Road between  
Main & Elizabeth

Over 150 Vendors  
Live Entertainment,  
Food & Family Zone



LOMBARD AREA  
CHAMBER of COMMERCE & INDUSTRY  
— S I N C E 1 9 5 3 —