

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

**GENERAL INFORMATION**

Organization:	Lombard Chamber of Commerce		
Name of event:	Lilac Time Art and Craft Fair		
Date of event:	5/3/2020	Event location:	Downtown Lombard
Contact person:	Yvonne Invergo	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard 60148
Telephone:	630-627-5040	Email:	yvonne@lombardchamber.com

**PROJECT OVERVIEW**

Total cost of the project:	\$8900
Cost of city services requested in this application (if any):	\$4100
Total funding requested in this application:	\$4100
Percent of total project cost being requested:	45%
Anticipated attendance:	3000
Anticipated number of overnight hotel stays:	unknown

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

100+ artisans and crafters set up along St. Charles Rd. between Main St. and Elizabeth Rd. Additionally there are food vendors, sponsors, a free Kid Zone and entertainment. Barricades, Electric hook-ups from Public Works, Police presence during the event and Fire Dept. to inspect weighted tents is needed for this event.

**ORGANIZATION**

Number of years that the organization has been in existence:	67
Number of years that the project or event has been in existence:	25
Number of years the project has been supported by Village of Lombard funds:	25
How many years does the organization anticipate it will request grant funding?	Every year

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 and 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 23 years, this event has grown in both popularity and size. The process is tweaked each year as needed, and is smooth running and organized. Crafters say that it is the best run show that 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 Chamber's main fund raisers. Proceeds benefit several area non-profit organizations, as well as give us the ability to offer more programs for the Lombard Area Chamber of Commerce members. 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 area businesses have an opportunity to draw customers from the event.

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

This event will always need the cooperation and services of the Village of Lombard. We don't believe that this event could be self-sustaining – the Lombard Chamber cannot afford to put in the extensive time and effort of 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, thru 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:

Each year since the beginning of this event, the Village has provided the barricade rental, public works personnel and police and fire overtime

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

Street to be barricaded by 5:00 AM with chalking of the street to begin at that time. 100+ crafters, 5+ food vendors, 5+ independent home party sales and 10+ Kid Zone sponsors, each with their own weighted tents, tables, chairs are set up in the chalked in spaces on St. Charles and Park Ave. Vendor cars line up on N. Park from Grove to Orchard Terrace. Staggered set up times begin at 6:30 AM. LCPAAA assist with arrival & tear down traffic control. Event opens at 10 AM and ends at 4 PM. The Fun Ones are contracted for arcade games and climbing wall for Kid Zone. Food vendors are located at intersection of Park & St Charles Rd. with spider electric access boxes provided by Public Works. Requests for electric from crafters – provided within the tree vaults with access provided by Public Works. Police personnel on hand for during the day patrol of the event, and Fire Dept. 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 Public Works, Fire Dept. and Police Dept.

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)?

This year we are hoping to coordinate with Punky's in possibly having Mimosas and Bloody Marys available. We also will be looking into having 3-4 Food trucks on N. Park, south of Grove St. Additional social media advertising Twitter and Facebook– boosted posts (\$\$) on Facebook. Postings in major craft publications and online sources (Midwest Art Fairs and FestivalNet.com) Full page ad in the Lombardian Newspaper – Press releases in Lombardian, Daily Herald and Suburban Life. Calendar posting on Chicago Tribune, and listing in the Lombard Park District Lilac Time brochure. Paid advertising for online event sites (Midwest Art Fairs, WhoFish, Oaklees Family Guide, MyFairsandFestivals.com). This event increases each year based on word-of-mouth advertising. With the pedestrian underpass, we believe that foot traffic increases between Lilacia Park and the craft fair. Website information will be available on all of the Lilac Time activities in Lombard.

### **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 Rd. and Park Ave. between Main and Elizabeth, Grove and Michael McGuire Dr.

### **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.

Crafter, food and Vendor applications were made available on our website in October, 2019 – mass emailing and FB posting to past crafters, and we will be contacting past crafters and vendors again by email in January 2020. Applications accepted thru the end of April. Mapping and assignment of booths is done mid-April 2020 with final mailing of instructions to crafters, food and vendors at that time.

### **IMPACT**

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

We plan to cross promote both the craft fair and visiting Lilacia Park for visitors. This will be on our website and in all Social Media postings, as a part of the 2 weeks of Lilac Time events.

- 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 will have an opportunity to attract attendees into their stores and restaurants. We plan to share the event information by email to other chambers of commerce in Illinois, and on a professional chamber of commerce Facebook page, as well as the Lilac Time Craft Fair FB page.

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

Our event targets every age and gender, from ages 0 – 100+. There is something for everyone at this event. Entertainment & music, Kid Zone, crafts, food and downtown businesses. We anticipate several thousand, and once again will use a clicker system to estimate the number of attendees at the peak time of the event.

- 4) Please identify and detail the estimated cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, barricades, etc.). For each cost, confirm whether you are requesting the costs for such services will be reimbursed to the Village or will be covered under this grant.

Requesting \$4000 in grant funds or whatever the amount will be to cover the costs of Public Works, Police and Fire. These costs are based on prior years Village costs and yearly increases for this event. LCPAAA will assist with traffic control, another non-profit (TBD) will assist with Kid Zone and another organization (TBD) with garbage control. All will be receiving funds in exchange for their volunteerism

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

We collaborate with the LCPAAA, and 2 other, yet to be identified 501 c3 charitable organizations to help us with our event. In exchange, we donate \$750 to each of those organizations. We also depend upon local businesses to fund the Family Zone for this event as well as the musical entertainment on the stage. The Lombard Park District provides the Party Wagon for tables and chairs, as well as the mobile stage.

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

We do social media advertising Twitter and Facebook– boosted posts (\$\$) on Facebook – We have both a designated event page, as well as the main Chamber page. Postings in major craft publications and online sources (Midwest Art Fairs and FestivalNet.com) Full page ad in the Lombardian Newspaper – Press releases in Lombardian, Daily Herald and Suburban Life. Calendar posting on Chicago Tribune, and listing in the Lombard Park District Lilac Time brochure.

**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.

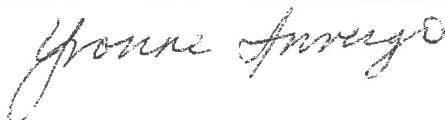
Additional Notes, Comments or Explanations:

Audit – The Lombard Chamber does not do a formal yearly audit. Our taxes are done by an outside agency and our in-house financials are overseen by the Board Treasurer.

**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.

	Yvonne Invergo		
Title or office held:	President & CEO	Date:	11/1/2019



Signature:

**LOCAL TOURISM GRANT PROGRAM  
DETAILED BUDGET**

Event: Lilac Time Art and Craft Fair

Date: May 3, 2020

Organization: Lombard Chamber of Commerce

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

ITEMIZED REVENUES	ACTUAL 2018	ACTUAL 2019	ANTICIPATED
Lombard Tourism Grant	\$4038.31	\$3805.28	\$4100.00
Family Zone Sponsors	\$2500.00	\$3000.00	\$3300.00
Midway Platinum Sponsors	\$2500.00	\$3000.00	\$3000.00
Craft Booth Sales	\$12,125.00	\$12,525.00	\$13,500.00
Home Party Booth Sales	\$2035.00	\$1475.00	\$1550.00
Food Vendors	\$800.00	\$700.00	\$1350.00
Credit Card Fees	\$210.00	\$330.00	\$350.00
Electric Fees	\$100.00	\$150.00	\$225.00
Misc. sponsors	\$0.00	\$150.00	\$0.00
<b>Total Income</b>	<b>\$24,308.81</b>	<b>\$25,135.28</b>	<b>\$27,375.00</b>

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

ITEMIZED EXPENSES	ACTUAL 2018	ACTUAL 2019	ANTICIPATED
Postage	\$79.85	\$147.00	\$150.00
Family Zone Rentals	\$1410.00	\$1509.00	\$1600.00
Music/Entertainment	\$500.00	\$500.00	\$600.00
Community Donation-Refuse	\$750.00	\$750.00	\$750.00
Community Donation-Fam Zone	\$0.00	\$0.00	\$750.00
Community Donation LCPAAA	\$750.00	\$750.00	\$750.00
Advertising/Promotion	\$211.76	\$226.50	\$300.00
Radio Rental	\$52.00	\$52.00	\$75.00
Barricade Rental	\$603.10	\$731.70	\$805.00
Police Dept. overtime	\$2301.28	\$1750.00	\$1823.00
Public Works overtime	\$1134.43	\$982.57	\$1058.00
Fire Dept. overtime		\$341.01	\$414.00
<b>Total Expenses</b>	<b>\$7792.42</b>	<b>\$7739.78</b>	<b>\$9072.27</b>

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

	ACTUAL 2018	ACTUAL 2019	ANTICIPATED
Estimated value of in-kind contributions (explain)	\$4038.81	\$3805.28	\$4100.00
	Tourism Grant	Tourism Grant	Tourism Grant

**VILLAGE OF LOMBARD**

▶ 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

**A** For the 2018 calendar year, or tax year beginning \_\_\_\_\_, 2018, 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 10 LILAC LANE		<b>E</b> Telephone number (630) 627-5040
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD, IL 60148		<b>F</b> Group Exemption Number ▶

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

**I** Website: ▶ [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 . . . . . ▶ \$ 189,979.

**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 . . . . .

<b>Revenue</b>	<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>	23,350.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	75,748.
	<b>4</b> Investment income . . . . .	<b>4</b>	480.
	<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>	89,868.	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	40,748.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	49,120.	
<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>	533.	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	149,231.	
<b>Expenses</b>	<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>	84,958.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	750.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	15,393.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	673.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt. . . . .	<b>16</b>	36,152.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	137,926.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	11,305.
	<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>	47,446.
	<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>	58,751.

**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 . . . . .	49,787.	<b>22</b> 60,880.
<b>23</b> Land and buildings . . . . .	227.	<b>23</b> 76.
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	50,014.	<b>25</b> 60,956.
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	2,568.	<b>26</b> 2,205.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	47,446.	<b>27</b> 58,751.

**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.)

<b>28</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____ _____ (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> <b>Total program service expenses</b> (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) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAM LOHMAN CHAIR OF BOARD	5.00	0.	0.	0.
BARBARA KRUSER VICE CHAIR	5.00	0.	0.	0.
JOE ORSOLINI TREASURER	5.00	0.	0.	0.
SEAN QUIRK PAST CHAIRMAN	0.00	0.	0.	0.
JOANNE MUELLER DIRECTOR	0.00	0.	0.	0.
KEVIN WALKER DIRECTOR	0.00	0.	0.	0.
GREG LUDWIG DIRECTOR	0.00	0.	0.	0.
GARY EISENACH DIRECTOR	0.00	0.	0.	0.
KRISTINE GOOCH DIRECTOR	0.00	0.	0.	0.
CLARKE KUELTO DIRECTOR	0.00	0.	0.	0.
LINDA SUSMILCH DIRECTOR	0.00	0.	0.	0.
YVONNE INVERGO EXECUTIVE DIRECTOR	40.00	51,912.	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 ▶ <u>37a</u>		
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			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
40b			
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>YVONNE INVERGO</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 . . . . . ▶ <u>43</u>		
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		
----	--	--

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

49a		
-----	--	--

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

49b		
-----	--	--

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

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

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: JOE ORSOLINI, TREASURER Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: WAYNE E. PARSONS, CPA Preparer's signature: WAYNE E. PARSONS, CPA Date: 09/04/2019 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 60181-3330 Phone no.: (630) 782-5902

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

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

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

**GENERAL INFORMATION**

Organization:	Lombard Chamber of Commerce	Name of event:	Lilac Time Art and Craft Fair
Date of event:	5/5/2019	Event location:	Downtown Lombard
Contact person:	Yvonne Invergo	Title:	Executive Director
Business address:	10 Lilac Lane	City & Zip:	Lombard 60148
Telephone:	630-627-5040	E-mail address:	yvonne@lombardchamber.com
Estimated attendance:	Over 2000	Estimated hotel stays:	unknown
Method for estimating attendance:	Nearly impossible for an unpaid multiple entry event – this is a guesstimate		

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

Facebook (Boosted), Lombardian, Midwest Art Fairs, FestivalNet.com, WhoFish.com, Oaklees Family Guide, Evensi, printed flyers

The event was very successful! We had great weather which is key to having plenty of shoppers and visitors. Crafters overall were happy with the event and will return next year.

- 2) Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?  
 3) How did the actual outcomes of the program or event compare to your original expectations?

All went as planned with set-up and tear-down. Last year we added radio communication which has made check-in, set-up and tear down so much easier than previous years. There were plenty of volunteers throughout the day, to cover all areas of the event.

- 4) Summarize how the program performed from a budgetary standpoint and describe how the program and any proceeds from the event were supportive of the organization, other local groups, initiatives or the community at large.

Expenses were right on target for this event. We donated \$750 to GEHS Athletic Dept. and \$750 to LCPAAA for their efforts in helping us with various aspects of this event. Once we receive the 501c(3) designation from Lombard Baseball, we will be donating another \$750 to that organization.

We plan to hold this event every year for the foreseeable future. We hope to always have the support of the Village, Public Works and the Police. If Hotel/Motel funds no longer became available, we would try to pay for these necessities out of our profits, since this has proven to be a worthwhile community event.



*Lilac Time*  
*Art and Craft Fair*

**Sunday, May 5, 2019**

**10:00 AM - 4:00 PM**

**Downtown Lombard on St. Charles Rd.  
Between Main St. & Elizabeth Rd.**

*Loads of Crafters and plenty of  
handmade items - Come check out Lombard's  
first outdoor event of the year!*

---

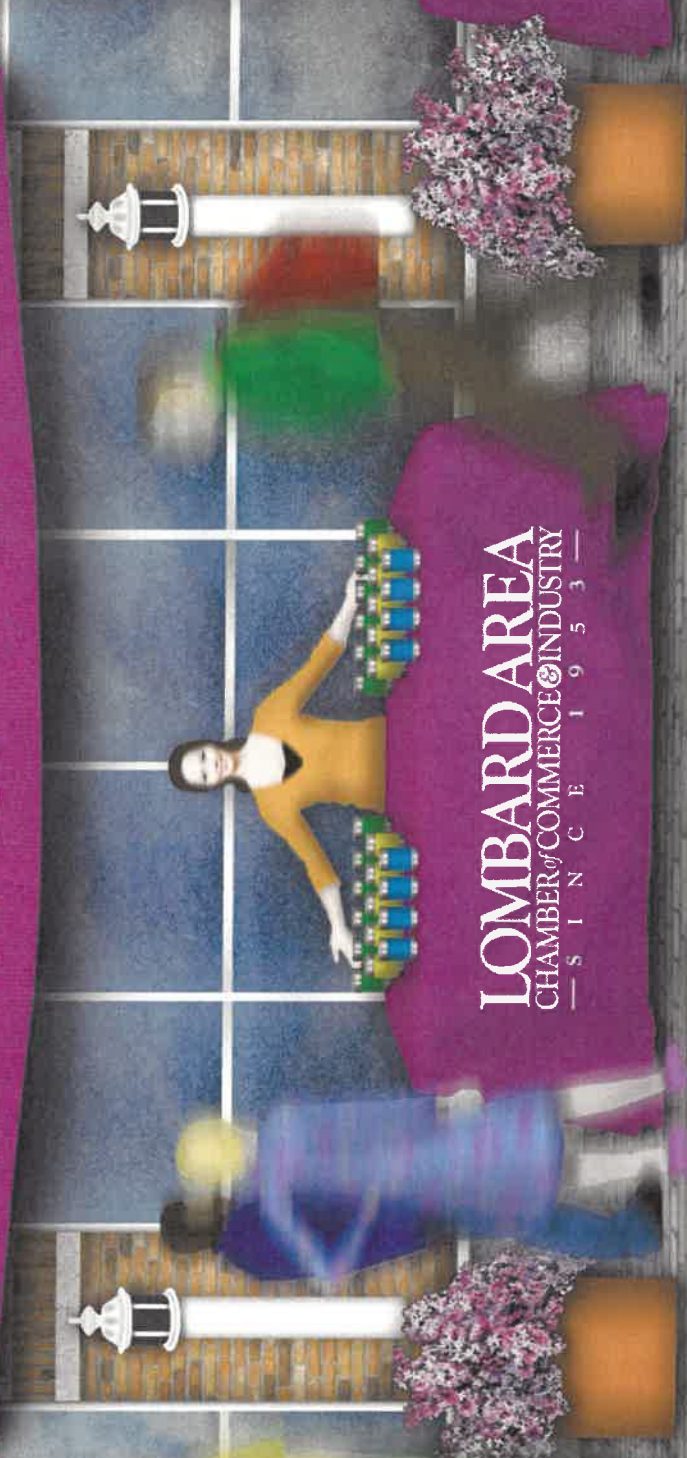
**For more information contact:  
Lombard Chamber of Commerce  
10 Lilac Lane, Lombard, IL 60148  
info@lombardchamber.com  
630-627-5040**



# LOMBARD LILAC TIME ART + CRAFT FAIR

MAY 5  
2019

10:00 AM  
4:00 PM



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

Lombard Chamber of Commerce  
lombardchamber.com  
5040

Located on:  
St. Charles Rd. between Main St. and Elizabeth St.

Poster by: A  
allemm@ya  
630.6

**Thank You to our  
PLATINUM Sponsors**



OUT OF THIS WORLD SERVICE. DOWN TO EARTH PRICE.



FINANCIAL  
SEAN QUIRK



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**Today's FREE Kid Zone made possible by:**

**DC Spinal Wellness & Sports Rehabilitation**

**ChiroOne**

**Elite Remodeling Group**

**Inland Bank & Trust**

**Keller Williams Premier Properties**

**Leaf Home Safety Solutions**

**Lombard Falcons**

**Lombard Lilac Parade Committee**

**Lombard Police Department**

**Passanante's Home Food Service**

**Renewal by Andersen Windows & Doors**

**West Suburban Bank**

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**Event Supporters**

**Bob Goldin State Farm Insurance**

**Culver's of Lombard**

**Purple Prairie Lavender Farm**



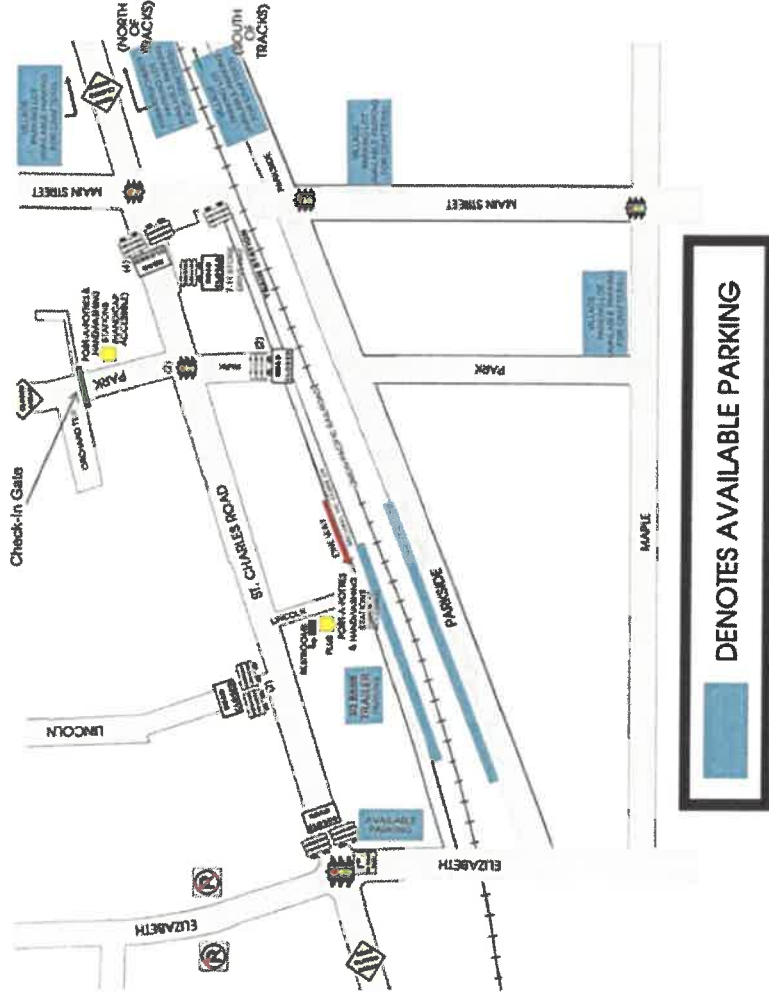


## Lilac Time Art and Craft Fair

May 2

...

The weather forecast for Sunday is 70 degrees and sunny! You will surely want to get out and come into downtown Lombard to spend the day at the craft fair! Wondering where to park? Check out the many available lots - See you Sunday!



## Performance for Your Post

**2,360** People Reached

**65** Reactions, Comments & Shares

**33** Like **12** On Post **21** On Shares

**8** Love **4** On Post **4** On Shares

**8** Comments **4** On Post **4** On Shares

**16** Shares **16** On Post **0** On Shares

**226** Post Clicks

**81** Photo Views **0** Link Clicks **145** Other Clicks

### NEGATIVE FEEDBACK

**1** Hide Post **1** Hide All Posts

**0** Report as Spam **0** Unlike Page

Reported stats may be delayed from what appears on posts

PROMOTERS • ART FAIRS • FESTIVALS • EVENTS

# Midwest Art Fairs Annual Show Guide



**Minnesota  
Wisconsin  
Illinois, Iowa  
South Dakota  
North Dakota**

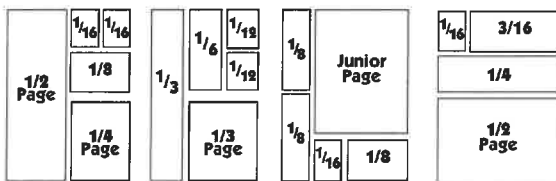
Use this form to list all your show information or enter your show online - click on "list-an-event." Each event counts as one listing. Cost is **\$25**. If you would like to place a logo, graphic or photo above the listing, send an additional **\$25** for a total of **\$50**.

Graphics: include logos, photos or artwork - mail hardcopy or email electronic documents. We will size the artworks to fit the space.

Promote your event in the largest regional guide for art and craft fairs in the Upper Midwest.

Shows entered online are published immediately. Our next *Annual* print edition, published in February will feature shows through the end of the year.

*Midwest Art Fairs* subscribers are professional artist and craft exhibitors, promoters, performers, food vendors, suppliers of products and services. **2,500** copies are distributed by direct mail to subscribers and can be purchased at bookstores, art material and craft suppliers, museums and galleries, gift shops, and other retail outlets.



		WIDTH	HEIGHT
Full	\$575	7"	9 1/2"
2/3	\$400	4 9/16"	9 1/2"
Junior	\$350	5 1/8"	7"
1/2 horizontal	\$285	7"	4 5/8"
1/2 vertical	\$285	3 3/8"	9 1/2"
1/3 square	\$225	4 9/16"	4 5/8"
1/3 vertical	\$225	2 3/16"	9 1/2"
1/4 vertical	\$185	3 3/8"	4 5/8"
1/4 horizontal	\$185	7"	2 3/16"
1/6	\$125	2 3/16"	4 5/8"
3/16	\$115	5 1/8"	2 3/16"
1/8 business card	\$100	3 3/8"	2 3/16"
1/8 vertical	\$100	1 9/16"	4 5/8"
1/12	\$75	2 3/16"	2 3/16"
1/16	\$75	1 9/16"	2 3/16"

Contact us to reserve ad space and for assistance composing your ad.

When you place a display ad in *Midwest Art Fairs* your event listings are free and you will receive a free copy of the print edition.

Design/Graphic Production: \$45 per hour.

Dates of Event May 5, 2019 to May 5, 2019  
(Send a separate form for each weekend.)

Name of Event Lilac Time Art and Craft Fair

Location Historic Downtown Lombard

City/Town Lombard, IL 60148

Hours 10:00 AM to 4:00 PM

Public Admission Price \$ \_\_\_\_\_ or  Free

Deadline for Exhibitor's Entries *(Check one only)*

Deadline date: \_\_\_\_\_  
 No deadline *(first come, first served)*

Conditions for Exhibitors *(Check one only)*

OPEN *(no judging or pre-selection)*  
 Juried *(exhibitors or artwork screened by a panel)*  
 Restricted - limitations in effect: \_\_\_\_\_

Media Restrictions for the Event *(Check OPEN  if all media allowed)*

The following media restrictions apply: \_\_\_\_\_  
Hand-made crafts - no Buy/Sell

Exhibitor's Entry Fee \$ \$125 (\$100 early bird by 2/22/19)

Number of Exhibitors 145 or  First Year

Attendance 2000 est. or  First Year

Sponsoring Organization Lombard Chamber of Commerce  
(Please Print or Type)

Contact Person YvonneInvergo

Mailing Address 10 Lilac Lane

City/State/Zip Lombard, IL 60148

email info@lombardchamber.com

Web http://www.lombardchamber.com

Phone ( 630 ) 627-5040  
Describe Your Event (25 words - continue on reverse side)

~~Over 100 crafters and vendors; Free Kid Zone activities; Food vendors and restaurants with a variety of fare. Local shops open for business and local music and entertainment. This event is a short walk to beautiful Lilacia Park which is an 8.5 acre horticultural showcase featuring over 700 lilacs and over 25,000 tulips.~~

**MIDWEST ART FAIRS**  
W9630 Goat Back Rd  
Pepin, WI 54759  
715-442-2022

info@midwestartfairs.com  
www.midwestartfairs.com