

VILLAGE OF LOMBARD
REQUEST FOR BOARD OF TRUSTEES ACTION
For Inclusion on Board Agenda

Resolution or Ordinance (Blue) _____ *Waiver of First Requested*
 X Recommendations of Boards, Commissions & Committees (Green)
Other Business (Pink)

TO: PRESIDENT AND BOARD OF TRUSTEES

FROM: Scott Niehaus, Village Manager

DATE: September 23, 2022 (B of T) Date: October 6, 2022

TITLE: Local Tourism Grant Recommendation
Lombard Chamber of Commerce – Spooktacular

SUBMITTED BY: Nicole Aranas, Assistant Village Manager

BACKGROUND/POLICY IMPLICATIONS:

Attached please find information regarding a recommendation from the Community Promotion and Tourism Committee for approval of funding to the Lombard Chamber of Commerce towards the 2022 Spooktacular Event. The Committee is recommending approval of a grant of up to \$7,500 through the Local Tourism grant program.

Please place this item on the consent agenda for the October 6, 2022, Board of Trustees meeting.

Review (as necessary):

Village Attorney X _____ Date _____
Finance Director X _____ Date _____
Village Manager X _____ Date _____

NOTE: All materials must be submitted to and approved by the Village Manager's Office by 12:00 noon, Wednesday, prior to the Agenda Distribution.



#220292
(ALL DISTRICTS)

Memorandum

TO: Scott Niehaus
Village Manager

FROM: Nicole P. Aranas
Assistant Village Manager

DATE: September 23, 2022

SUBJECT: Community Promotion & Tourism Committee Recommendation
Lombard Chamber of Commerce - Spooktacular

The following is a recommendation from the Community Promotion & Tourism Committee for funding through the Local Tourism Grant Program for the Lombard Chamber of Commerce in an amount not to exceed \$7,500 for the 2022 Spooktacular event.

Grant Request: \$7,500

The Lombard Chamber of Commerce has requested a grant in the amount of \$7,500 to be used to cover the cost of Public Works, barricades, Police, Fire, and Waste Management expenses.

The Lombard Chamber of Commerce is looking to restart the popular Spooktacular Halloween event. The Chamber has never been involved with the event, but feels that the event will bring more awareness to the downtown Lombard area. The event will give businesses the opportunity to promote themselves through their scavenger hunt. It will be geared towards families and will feature bounce houses, petting zoos, various activities for children, and crafters.

The grant request from the Lombard Junior Women's Club and event budget are attached for your review.

RECOMMENDATION:

The Community Promotion & Tourism Committee recommends a grant in an amount up to \$7,500 to the Lombard Chamber of Commerce to be used towards the 2022 Spooktacular event.

Please place this item on the consent agenda of the October 6, 2022, agenda of the Board of Trustees. If you have any questions, please feel free to contact me. Thank you.

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

GENERAL INFORMATION

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Spooktacular 2022		
Date of event:	10/23/2022	Event location:	Downtown Lombard
Contact person:	Melissa Boltz	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard, IL 60148
Telephone:	630-627-5040	Email:	melissa@lombardchamber.com

PROJECT OVERVIEW

Total cost of the project:	\$10,000.00
Cost of city services requested in this application (if any):	\$5000.00
Total funding requested in this application:	\$7500.00
Percent of total project cost being requested:	75%
Anticipated attendance:	1000
Anticipated number of overnight hotel stays:	0

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

We are requesting funds to restart the popular "Spooktacular" Halloween event. The Chamber has never been involved with the Spooktacular so this is new to the organization, but we feel that this event will bring more awareness to Downtown Lombard. It will also give businesses opportunities to promote themselves with our scavenger hunt. The event will be geared towards families, we are looking at bounce houses, petting zoos, kids activities, and crafters. We are also hoping to have a fire truck and police car out for kids.

ORGANIZATION

Number of years that the organization has been in existence:	68
Number of years that the project or event has been in existence:	New to Chamber
Number of years the project has been supported by Village of Lombard funds:	N/A
How many years does the organization anticipate it will request grant funding?	5

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

The Lombard Area Chamber of Commerce is an organization dedicated to supporting businesses and the community. We advocate for our Chamber members, create partnerships to grow local businesses, and work with local businesses to support the community. We are confident, based on our knowledge and experience, (Craft Fair, Farmers Market) we can bring a very successful event to Downtown Lombard.

- 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:

We are not sure of the 2022 budget as this is the first year the Chamber is hosting the event. We will be partnering with the newly formed DLBA and we are anticipating this being a non-dues revenue generator for the Lombard Chamber. We are using 2022 as a benchmark for future Spooktacular events.

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

In years past, the event was extremely successful in the community. We are looking to revitalize the event and re-introduce it to downtown Lombard. We will be partnering with the DLTC annually, and hope to grow revenue each year to become self-sustaining.

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:

Lilac Times Arts and Crafts Fair, Lombard Farmers Market

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

The event will be completely geared towards families and kids. We are working with downtown businesses to have a scavenger hunt for families to find items within the stores to drive customers into the downtown businesses. A costume contest will direct participants to participants to a local businesses social media to gain brand awareness, we will have bounce houses, trick or treating within the businesses, and a petting zoo. We will also have a craft fair with vendor booths.

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

We are asking for the grant to cover the cost of public works, barricades, police and fire, porta-potties, and garbage (dumpster and toters)

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)?

N/A

LOCATION

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

Downtown Lombard, St. Charles Road between Main and Elizabeth.

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.

We have completed the Village application, we are moving forward with marketing and securing vendors. We have sponsors lined up, and the scavenger hunt is secured and sponsored by the Chamber. We have sponsorships that will be opening up shortly for different aspects of the event, including costume contest sponsor, bounce house sponsor, and vendor spots available.

IMPACT

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

We anticipate this bringing in attendees from neighboring towns, and with the scavenger hunt and other activities planned we will be driving attendees into local businesses. We do not anticipate any hotel stays.

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?

We are anticipating a higher volume of people than normal entering the businesses based on the activities planned, we are also developing a marketing plan that will attract people from outside the local market (boosted social media posts, online advertising)

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

We are targeting families with younger children. We are anticipating 1000 kids.

- 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.

Based on past events, we are anticipating the cost at \$5000.00

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

We will be partners with the Downtown Lombard Business Alliance after it is formed, we have also contacted Citizens Police Academy to participate.

- 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 will be advertising this through e-mail blasts, festival.net, social media, online advertising, and print ad.

- 7) Funding for the Local Tourism Grant Program for 2022 is constrained. The Committee anticipates the possibility of reduced funding over prior year grant awards. 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 2022, how will your organization adjust? What modifications can/will you make to your budget or event if full grant funding is not made available?

We will continue to move forward with the event, we will look at other avenues of funding (higher sponsorships, raffles)

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:	Melissa B Boltz		
Title or office held:	President & CEO	Date:	8/19/2022

Signature: _____

Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, 2020, and ending _____, 20

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	C Name of organization LOMBARD AREA CHAMBER OF COMMERCE		D Employer identification number 23-7192831
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 6306275040
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD, IL 60148		F Group Exemption Number ▶
	(Empty)		

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

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. ▶ \$ 108,642.

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	17,000.
	2	Program service revenue including government fees and contracts	2	21,011.
	3	Membership dues and assessments	3	63,773.
	4	Investment income	4	441.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	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	6,417.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	108,642.	
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	73,940.
	13	Professional fees and other payments to independent contractors	13	2,171.
	14	Occupancy, rent, utilities, and maintenance	14	16,539.
	15	Printing, publications, postage, and shipping	15	405.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	30,656.
17	Total expenses. Add lines 10 through 16	17	123,711.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-15,069.
	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	47,477.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,198.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,606.

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	49,789.	51,446.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)		
25 Total assets	49,789.	51,446.
26 Total liabilities (describe in Schedule O)	2,312.	16,840.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,477.	34,606.

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 GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL MEMBERS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 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"/>	29a
30 PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER ESTABLISHMENT GAMES, AND THE SALE TO MEMBERS OF COVID RELIEF MATERIALS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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
CHRISTINE CERONE CHAIR OF BOARD	5.00	0.	0.	0.
JOE ORSOLINI TREASURER	5.00	0.	0.	0.
PAM LOHMAN PAST CHAIRMAN	2.00	0.	0.	0.
LISA DATO-WILLIAMS DIRECTOR	0.00	0.	0.	0.
RICK GALFANO DIRECTOR	0.00	0.	0.	0.
LINDA SUSMILCH VICE CHAIR	2.00	0.	0.	0.
SEAN QUIRK DIRECTOR	0.00	0.	0.	0.
BIANCA STONE DIRECTOR	0.00	0.	0.	0.
TERRY REMPert DIRECTOR	0.00	0.	0.	0.
JOSIE JAWORSKE DIRECTOR	0.00	0.	0.	0.
ANDY TRIPPI DIRECTOR	0.00	0.	0.	0.
See Part IV Stmt	40.00	59,257.	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		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		X
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		X
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 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		
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 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text"/>		
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 <input type="text"/>		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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

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

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

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 **d**

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: 11/15/2021
 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: 11/15/2021 Check if self-employed FTIN: 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	
MELISSA INFUSINO EXECUTIVE DIRECTOR	40.00	0.	0.	0.	
YVONNE INVERGO FORMER EXEC DIR	0.00	59,257.	0.	0.	
	40.00	59,257.	0.	0.	

Additional information from your 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	6,417.
Total	6,417.

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses**

Continuation Statement

Description	Amount
CREDIT/COLLECTION EXPENSE	2,809.
CHAMBER MASTER DATA BASE	2,241.
COPIER EXPENSE	2,969.
ADVERTISING	1,456.
MEMBERSHIP DUES & SUBSCRIPTIONS	1,314.
LIABILITY INSURANCE	3,037.
LUNCHEON EXPENSES	5,014.
OFFICE EXPENSES	2,742.
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	1,395.
GOLF OUTING EXPENSES	2,998.
Depreciation	0.
OTHER PROGRAM EXPENSES	3,907.
OTHER OPERATING EXPENSES	774.
Total	30,656.

**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
AMONG MEMBERS AND THE COMMUNITY.

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

Explanation Statement

Explanation
THE ORGANIZATION FILED AN EXTENSION REQUEST ON FORM 8888 VIA MAIL ON MAY 17, 2021.

SCHEDULE O
(Form 990 or 990-EZ)

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS \$6,417

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$2,809

Description: CHAMBER MASTER DATA BASE \$2,241

Description: COPIER EXPENSE \$2,969

Description: ADVERTISING \$1,456

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$1,314

Description: LIABILITY INSURANCE \$3,037

Description: LUNCHEON EXPENSES \$5,014

Description: OFFICE EXPENSES \$2,742

Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$1,395

Description: GOLF OUTING EXPENSES \$2,998

Description: Depreciation \$0

Description: OTHER PROGRAM EXPENSES \$3,907

Description: OTHER OPERATING EXPENSES \$774

Pt II, Line 26:

Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$2,312 End of Year: \$1,663

Description: SALES TAX COLLECTED Beginning of Year: 0 End of Year: \$209

Description: MEMBER DEPOSITS FOR FUTURE EVENTS Beginning of Year: 0 End of Year: \$14,968

Federal Depreciation Options

2020

▶ Keep for your records

Name as Shown on Return

LOMBARD AREA CHAMBER OF COMMERCE

Employer Identification No.

23-7192831

MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention

2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? Yes No

Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . Reg Ext No

Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes No

Was this business located in a Qualified Disaster Area? Yes No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction . . .	1	
2 Contribution deduction for purposes of Section 179 limitation	2	
3 Taxable income computed for the Section 179 limitation	3	
4 Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service"	5 a	
b Additions or subtractions to calculated value	b	

Depreciation and Amortization (including information on listed property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number 23-7192831

LOMBARD AREA CHAMBER OF COMMERCE

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include description of property, cost, and elected cost. Rows 1-5 are for general election, rows 6-13 are for listed property.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Rows 14-16 cover special depreciation allowance, section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Row 17 is for MACRS deductions, row 18 is for grouping assets.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-f list property types, rows 19g-i list recovery periods and methods.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 4 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows 20a-d list class lives and methods.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21 is for listed property, row 22 is for total depreciation, row 23 is for section 263A costs.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax LOMBARD AREA CHAMBER OF COMMERCE	Taxpayer identification number 23-7192831
Name and title of officer or person subject to tax JOE ORSOLINI, TREASURER	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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	108,642.
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 VI, 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	

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 organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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
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 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶ 11/15/2021

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	1	2	1	6	8
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ 11/15/2021

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