

**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:	5/2/2021	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):	\$5000
Total funding requested in this application:	\$5000
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? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you intend to apply for a liquor license for this project? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any revenues from this event be returned to the community? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you requested grant funding in the past? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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. 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)?

This year 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 beginning January 2021 – mass emailing and FB posting to past crafters, and we will be contacting past crafters and vendors again by email in January 2021. Applications accepted thru the end of April. Mapping and assignment of booths is done mid-April 2021 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 \$5000 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:	11/30/2020



Signature:

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: Lilac Time Art and Craft Fair

Date: May 2, 2021

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	\$5000.00
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
Total Income	\$24,308.81	\$25,135.28	\$28,275.00

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
Total Expenses	\$7792.42	\$7739.78	\$9072.27

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

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2019 calendar year, or tax year beginning , 2019, 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 (630) 627-5040
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD, IL 60148		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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 ▶ \$ 164,538.

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	20,234.
	3 Membership dues and assessments	3	72,427.
	4 Investment income	4	515.
	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	67,311.	
c Less: direct expenses from gaming and fundraising events	6c	27,575.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	39,736.	
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	4,051.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	136,963.	
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	92,710.
	13 Professional fees and other payments to independent contractors	13	850.
	14 Occupancy, rent, utilities, and maintenance	14	16,218.
	15 Printing, publications, postage, and shipping	15	784.
	16 Other expenses (describe in Schedule O) See Line 16. Stmt.	16	37,675.
17 Total expenses. Add lines 10 through 16 ▶	17	148,237.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-11,274.
	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	58,751.
	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	47,477.

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	60,880.	49,789.
23 Land and buildings	76.	0.
24 Other assets (describe in Schedule O)		
25 Total assets	60,956.	49,789.
26 Total liabilities (describe in Schedule O)	2,205.	2,312.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,751.	47,477.

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 LILAC BALL 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 HELD AN ANNUAL CRAFT FARE TO INTERACT WITH THE COMMUNITY AND DEVELOP AWARENESS OF RETAIL AND ARTISTIC OPPORTUNITIES FOR THE COMMUNITY TO AVAIL THE SERVICES OF MEMBERS (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
PAM LOHMAN CHAIR OF BOARD	5.00	0.	0.	0.
CHRISTINE GOOCH VICE CHAIR	5.00	0.	0.	0.
JOE ORSOLINI TREASURER	5.00	0.	0.	0.
SEAN QUIRK PAST CHAIRMAN	0.00	0.	0.	0.
LISA DATO-WILLIAMS DIRECTOR	0.00	0.	0.	0.
RICK GALFANO DIRECTOR	0.00	0.	0.	0.
GREG LUDWIG DIRECTOR	0.00	0.	0.	0.
CLARKE KUELTZO DIRECTOR	0.00	0.	0.	0.
BARBARA KRUSER DIRECTOR	0.00	0.	0.	0.
JOSIE MORENO DIRECTOR	0.00	0.	0.	0.
LINDA SUSMILCH DIRECTOR	0.00	0.	0.	0.
YVONNE INVERGO EXECUTIVE DIRECTOR	40.00	57,814.	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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		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	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		
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
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
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
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 ▶ 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		
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	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	11/13/2020 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 11/19/2020	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

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	4,051.
Total	4,051.

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

Line 16: Other Expenses

Continuation Statement

Description	Amount
CREDIT/COLLECTION EXPENSE	2,477.
CHAMBER MASTER DATA BASE	2,988.
COPIER EXPENSE	2,980.
ADVERTISING	1,819.
MEMBERSHIP DUES & SUBSCRIPTIONS	3,029.
LIABILITY INSURANCE	2,922.
LUNCHEON EXPENSES	14,558.
OFFICE EXPENSES	3,008.
MISCELLANEOUS PROGRAM EXPENSES	359.
OTHER OPERATING EXPENSES	3,459.
Depreciation	76.
Total	37,675.

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

LOMBARD AREA CHAMBER OF COMMERCE

23-7192831

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LILAC BALL (event type)	CRAFT FAIR (event type)	1 (total number)	
Revenue	1 Gross receipts	29,829.	24,570.	12,912.	67,311.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	29,829.	24,570.	12,912.	67,311.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,406.	3,887.	3,282.	27,575.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				27,575.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				39,736.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS \$4,051

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$2,477

Description: CHAMBER MASTER DATA BASE \$2,988

Description: COPIER EXPENSE \$2,980

Description: ADVERTISING \$1,819

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$3,029

Description: LIABILITY INSURANCE \$2,922

Description: LUNCHEON EXPENSES \$14,558

Description: OFFICE EXPENSES \$3,008

Description: MISCELLANEOUS PROGRAM EXPENSES \$359

Description: OTHER OPERATING EXPENSES \$3,459

Description: Depreciation \$76

Pt II, Line 26:

Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$2,205 End of Year: \$2,312

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20_____

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

2019

Name of exempt organization LOMBARD AREA CHAMBER OF COMMERCE	Employer identification number 23-7192831
Name and title of officer 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	136,963.
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	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ _____ Date ▶ 11/13/2020

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
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ 11/19/2020

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

VILLAGE OF LOMBARD
LOCAL TOURISM GRANT – POST EVENT SUMMARY - 2019

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**

**Thank You to our
PLATINUM Sponsors**



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

Event Supporters

Bob Goldin State Farm Insurance

Culver's of Lombard

Purple Prairie Lavender Farm

PROMOTERS • ART FAIRS • FESTIVALS • EVENTS

Midwest Art Fairs Annual Show Guide



Minnesota
Wisconsin
Illinois, Iowa
South Dakota
North Dakota

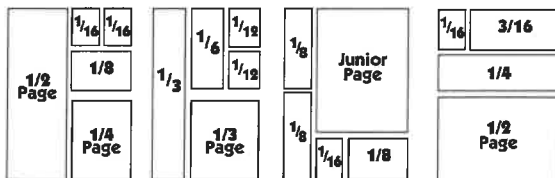
Use this form to list all your show information or enter your show online - click on "list-an-event." Each event counts as one listing. Cost is **\$25**. If you would like to place a logo, graphic or photo above the listing, send an additional **\$25** for a total of **\$50**.

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

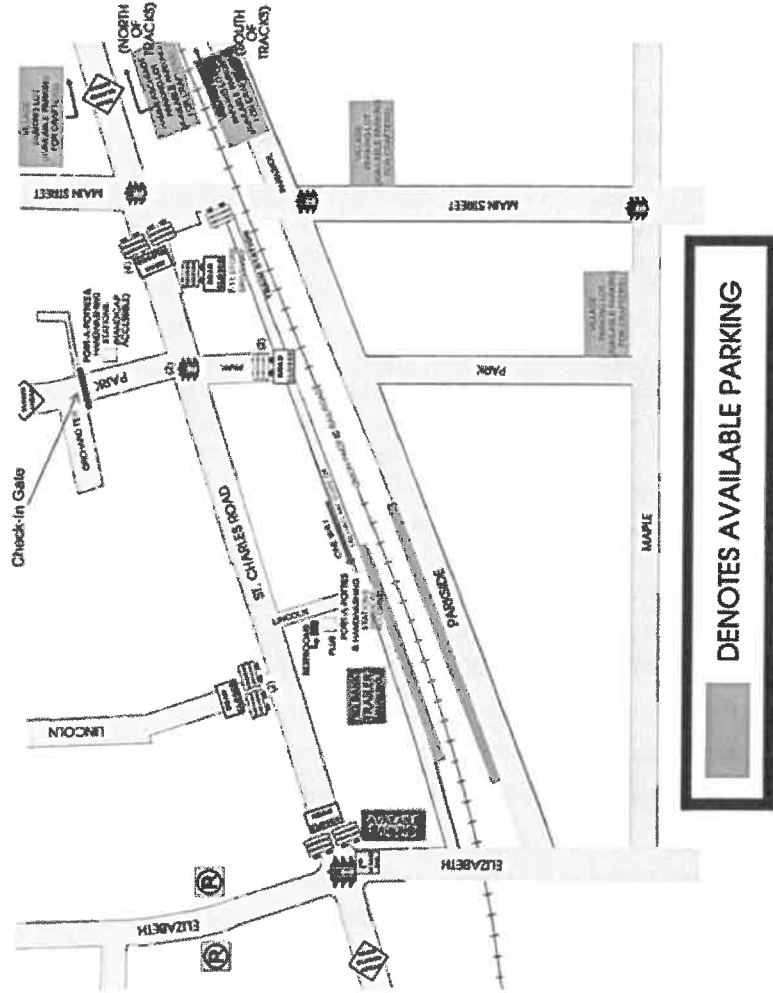
info@midwestartfairs.com
www.midwestartfairs.com



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 *i*

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 **0** Link Clicks **145** Other Clicks *i*

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