

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

GENERAL INFORMATION

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Lilac Times Arts and Crafts Fair		
Date of event:	5/1/2022	Event location:	St. Charles Road, Downton
Contact person:	Melissa Infusino	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard, 60148
Telephone:	630-627-5040	Email:	melissa@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:	35%
Anticipated attendance:	3000
Anticipated number of overnight hotel stays:	unknown

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

125+ artisans and crafters set up along St. Charles Road between Main Street and Elizabeth Road. Additionally there are limited food vendors, sponsors, a complimentary kid zone, and entertainment. Barricades, electric hook-up from public works, police presence during the event and Fire Department to inspect weighted tents is needed for this event

ORGANIZATION

Number of years that the organization has been in existence:	68
Number of years that the project or event has been in existence:	26
Number of years the project has been supported by Village of Lombard funds:	26
How many years does the organization anticipate it will request grant funding?	yearly

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

The Lombard Area Chamber of Commerce and Industry is committed to promote positive development of our community and industries 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 24 years, this event has grown in both popularity and size. Crafters say that it is the best run show they are involved with. Each year it brings thousands into our downtown area and Lilacia Park. An excellent committee of dedicated volunteers is credited with helping this event to run smoothly each year.

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

This is one of the Chamber's main fundraisers. 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 businesses have an opportunity to draw customers from the event

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

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

PROJECT DESCRIPTION

Is the event open to the general public?

Yes No

Do you intend to apply for a liquor license for this project?

Yes No

Will any revenues from this event be returned to the community?

Yes No

Have you requested grant funding in the past?

Yes No

If yes, provide grant awards for past 5 years:

The Village has provided the barricade rental, public works personnel, and police and fire overtime since the beginning of the event.

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. 125+ crafters, 5+ food vendors, and 10+ kid zone sponsors, each with their own weighted tents, tables, chairs, are set up in the chalked spaces on St. Charles and Park. Staggered set up times begin at 6:30 am. LCPAAA assist with arrival and tear down traffic control. Event opens at 10am and ends at 4pm. The Celebration Authority is contracted for bounce houses and games for the kid zone. Limited food vendors are located at the intersection of Park & St. Charles Road with spider electric access boxes provided by Public Works. Requests for electric from crafters are provided within the tree vaults with access provided by public works. Police personnel on hand during the day patrol 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)?

We will be increasing our social media presence for the event, including investing in boosted advertising posts. We will also be increasing our marketing budget with the visitors bureau, online craft fair platforms, and postings in major craft publications and online sources. We will run advertising in the Lombardian, and submit press releases in the Lombardian, Daily Herald, and Suburban Life. We will post in the Chicago Tribune, and list in the Lombard Park District Lilac Time Brochure. The event increases each year based on word-of-mouth advertising. With the pedestrian underpass, we believe foot traffic increases between Lilacia Park and the craft fair. Website information will be available on all 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 Road and Park Avenue, between Main and Elizabeth, Grove and Michael McGuire Drive.

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 will be made available on our website in January, 2022. Mass email and Facebook posting to past crafters, and we will be contacting past crafters and vendors again by email in February 2022. Applications will be accepted through April 15th, 2022. Mapping and assignment of booths is done April 18th, 2022, with final mailing 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. We are also cross-promoting the Lilac Queen Coronation that is happening the day of the craft fair in Lilacia Park. This will be on our website and in all social media postings, as part of the 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 and 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 IL, and on a professional chamber of commerce Facebook page, as well as the Lilac Time Craft Fair Facebook page.

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

Our event targets every age, every gender, all ages. There is something for everyone at this event. We anticipate several thousand, and if needed we will use a clicker system to estimate the number of attendees at 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, 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.

Requesting \$4100 in grant funds or whatever the amount will be to cover the costs of public works, police and fire. These costs are based on Village costs prior to COVID, as the 2021 event was smaller than prior years due to pandemic. We are anticipating 2022 to be back to previous years vendor numbers and attendance as the vaccine is available and there will be no capacity restrictions. LCPAA will assist with traffic control, and volunteers will assist with kid zone and garbage control as needed. We depend on local business to assist with funding for the family zone as well as the musical entertainment. The Lombard Park District provides the party wagon for tables and chairs, as well as the mobile stage.

- 5) Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).
- 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-Instagram, Twitter and Facebook. We will boost posts on all platforms. We have a designated event Facebook page, as well as the main chamber Facebook page. Postings in major craft publications and online sources. (Midwest Art Fairs and FestivalNet.com) Ad in 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.

- 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?

If we do not receive the full funding requested for 2022, we will adjust our sponsorships to assist with Village costs.

FINANCES

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

CHECKLIST

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

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

Additional Notes, Comments or Explanations:

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.

Name:	Melissa Infusino		
Title or office held:	President & CEO	Date:	12/10/2021

Signature: Melissa B. Infusino

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: Lilac Times Arts and Craft Fair Date: 05/01/22

Organization: Lombard Area 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 2019	ACTUAL 2021	ANTICIPATED
Lombard Tourism Grant	\$3805.28	\$2248.00	\$4100.00
Family Zone sponsors	\$3000.00	\$2000.00	\$300.00
Platinum Sponsors	\$3000.00	\$2500.00	\$4000.00
Craft booth sales	\$12,525.00	\$8235.00	\$13,000.00
Food vendors	\$700.00	\$500.00	\$600.00
Credit card fees	\$330.00	\$300.00	\$300.00
Electric feels	\$150.00	\$150.00	\$300.00
Misc Sponsors	\$150.00	\$0.00	\$200.00
Total Income	\$23660.28	\$15933.00	\$22800.00

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

ITEMIZED EXPENSES	ACTUAL 2019	ACTUAL 2021	ANTICIPATED
Postage	\$147.00	\$0.00	\$150.00
Family Zone Rentals	\$1509.00	\$1600.00	\$2000.00
Music entertainment	\$500.00	\$600.00	\$600.00
Advertising/promotion	\$266.50	\$307.00	\$500.00
Radio rental	\$52.00	\$0	\$0
Barricade Rental	\$731.70	\$585.35	\$800.00
Police Dept Overtime	\$1750.00	\$0	\$1000.00
Public Works Overtime	\$982.57	\$1662.88	\$1800.00
Fire Dept Overtime	\$341.01	\$0	\$500.00
	\$750.00	\$0	\$0
Community Donation-Refuse			
Community Donation-Family Zone	\$750.00	\$0	\$0
Community Donation-LCPAAA	\$750.00	\$0	\$500.00
Total Expenses	\$7739.78	\$4755.23	\$7850.00

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)

Estimated value of in-kind contributions (explain)

ACTUAL	ACTUAL	ANTICIPATED
\$	\$	

The Lombard Chamber of Commerce
Presents:

Lilac Time

Arts

&

Crafts

Fair

Sunday, October
3rd
10:00 am to 4:00 pm

St. Charles Rd.
Lombard, IL.
60148





Lilac Time Art and Craft Fair

Sunday - October 3rd, 2021
 10:00 AM to 4:00 PM
 Downtown Lombard - St. Charles Rd.
 Lombard Chamber of Commerce
 www.lombardchamber.com
 630-627-5040 - info@lombardchamber.com

CRAFTER APPLICATION AGREEMENT (please print legibly!)

Last Name: _____ First Name: _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____

<input type="checkbox"/>	Craft pictures enclosed
<input type="checkbox"/>	Craft Pictures emailed

List hand-crafted items to be sold (*Note: Buy/Sell items are prohibited*) _____

Preferred Set-up Time (please check one)					Standard fee postmarked on or after 3/2/20	SUBTOTAL
6:30 AM	7:00 AM	7:45 AM	8:30 AM			
Trailers Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$125	
Electric	Must be selected upon application submission. <i>Limited availability and location options.</i> Extension cords and outlet strips NOT provided. Lombard Public Works will outfit a tree vault with a special adapter. Attempting to plug directly into the outlet, can cause the entire block to lose power! NOTE: Other forms of power, ie: car battery or generators are prohibited.				\$75	
Select Payment Type Please Circle	<input type="checkbox"/> Visa <input type="checkbox"/> Personal Check	<input type="checkbox"/> MasterCard <input type="checkbox"/> Cashiers Check	<input type="checkbox"/> Amex <input type="checkbox"/> Money Order	<input type="checkbox"/> Discover NOTE: \$40 fee for checks returned due to non-sufficient funds (NSF)	Add \$5 Credit Card Fee	
<i>I apply for participation in the 2021 Lilac Time Art and Craft Fair. By signing below, I state that I have read and agree to all of the governing rules and guidelines, and I understand that due to state guidelines event dates may be subject to chang.</i>						TOTAL

Signature _____

Print Name _____ Date _____

Credit Card Payment - please print clearly

Card # _____ Exp. _____ Code _____

Name on Credit Card _____

Billing Address _____ City _____ State _____ Zip _____

Authorized Signature _____

Email Address for Receipt _____

Lombard Chamber of Commerce - 10 Lilac Lane - Lombard, IL 60148

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

Open to Public Inspection

▶ 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.

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 10 LILAC LANE		E Telephone number 6306275040
	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. ▶ \$ 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	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) See Line 8 Stmt.	8	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.	22 51,446.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)		24
25 Total assets	49,789.	25 51,446.
26 Total liabilities (describe in Schedule O)	2,312.	26 16,840.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,477.	27 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 <u>HELD ITS ANNUAL MEMBER & GUEST GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL MEMBERS</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>HELD MONTHLY NETWORKING BREAKFASTS AND MONTHLY MEMBER LUNCHEONS TO PROMOTE BUSINESS SUPPORT AND MUTUAL COMMERCIAL INFORMATION AND DEVELOPMENTS FOR ALL MEMBERS.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER ESTABLISHMENT GAMES, AND THE SALE TO MEMBERS OF COVID RELIEF MATERIALS</u> (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		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	37a		
b	Did the organization file Form 1120-POL for this year?		X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
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 <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		
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 <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> YVONNE INVERGO Telephone no. <input type="text"/> (630) 627-5040 Located at <input type="text"/> 10 LILAC LANE, LOMBARD IL ZIP + 4 <input type="text"/> 60148		
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"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			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 <input type="text"/>		X
42c			
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"/>		
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
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
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 **46**

Yes	No
	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

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

47		
48		
49a		
49b		

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

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

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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	11/15/2021 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 11/15/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01445634
	Firm's name ▶ WAYNE E. PARSONS, CPA			Firm's EIN ▶	
	Firm's address ▶ 931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181			Phone no. (630) 782-5902	

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

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

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

Continuation Statement

Name and Title	Average 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)

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. 1546-0047

2020

**Open to Public
Inspection**

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
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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?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property?	<input type="checkbox"/>	Reg	<input type="checkbox"/>	Ext <input checked="" type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this business located in a Qualified Disaster Area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return LOMBARD AREA CHAMBER OF COMMERCE	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 23-7192831
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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.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	0.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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**

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 Area Chamber of Commerce	Name of event:	Lilac Time Arts and Craft Fair
Date of event:	10/3/2021	Event location:	Downtown Lombard
Contact person:	Melissa Infusino	Title:	President and CEO
Business address:	10 Lilac Lane	City & Zip:	Lombard, IL 60148
Telephone:	630-627-5040	E-mail address:	Melissa@lombardchamber.com
Estimated attendance:	Over 2000	Estimated hotel stays:	unknown
Method for estimating attendance:	This is a guestimate as it is free admission so unable to track		

- 1) Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces, advertisements and attribution given to the Village grant program.

Facebook, (boosted) Lombardian, Midwest Art Fairs, Festivalnet.com, Evensi, printed flyers, Daily Herald.

The event was very successful despite COVID concerns. We did have some rain for about 20 minutes in the afternoon but overall, the event went well and the rain did not stop anyone. The vendor attendance was less than usual, many were still concerned about COVID, but public attendance was very good.

- 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? How did the event compare to the proposal and concept as initially presented to the Village?

Set-up and tear down was very smooth, the volunteers did a great job keeping everything organized. The vendors were happy with the amount of attendees, and we had excellent feedback from the downtown businesses that it was not disruptive to their business.

- 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.

Although vendor attendance was lower than past events, our budget was on target. It was a little difficult due to the event being cancelled in 2020 so many of the vendors just rolled their registration to 2021, but we still were able to raise some funds for the Chamber.

5) Describe your organization's long-term plans for funding this project or event.

We plan to hold this event every year in the future. We hope to have the support of the village, public works, and police. If hotel/motel funds no longer become available, we would try to pay for these necessities out of our profits, since this has proven to be a wonderful community event and brings many people to Lombard.

SUBMISSION INSTRUCTIONS

Please submit the completed form **within 90 days of the event completion** to Nicole Aranas, Assistant Village Manger, by e-mailing aranasn@villageoflombard.org or returning to 255 E. Wilson Avenue, Lombard, IL 60187.