

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

GENERAL INFORMATION

Organization:	Lombard Area Chamber of Commerce and Industry		
Name of event:	EXPO 2014 (Business Expo)		
Date of event:	October 23, 2014	Event location:	Yorktown Center
Contact person:	Yvonne Invergo	Title:	Executive Director
Business address:	10 Lilac Lane	City & Zip	Lombard 60148
Telephone:	630627-5040	Email:	info@lombardchamber.com

PROJECT OVERVIEW

Total cost of the project:	\$3600.00
Cost of city services requested in this application (if any):	\$0
Total funding requested in this application:	\$1500.00
Percent of total project cost being requested:	42%
Anticipated attendance:	500-1000
Anticipated number of overnight hotel stays:	0

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

Our business Expo displays the best that our community has to offer. From restaurants, hotels entertainment to retail and beyond. It is a showcase of what Lombard provides to visitors and guests of our community.

ORGANIZATION

Number of years that the organization has been in existence:	61
Number of years that the project or event has been in existence:	17
Number of years the project has been supported by Village of Lombard funds:	9 (estimate)
How many years does the organization anticipate it will request grant funding?	Each year until Chamber decides to stop doing event

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

Mission Statement: The Lombard Chamber of Commerce & Industry is committed to promote positive development of our community and industries, to enhance the business climate for its members in order to stimulate economic growth, and to encourage retail, professional, service, industrial, cultural, and civic growth within the Lombard area.

2) Please describe the goals and objectives of the organization and how they are supported by this program:

The objective of the Lombard Chamber of Commerce is to promote our business community to other businesses and our citizens. The Business EXPO helps to showcase these businesses in a heavy populated environment, and to allow visitors to here about the things each business has to offer.

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

The project itself is self-sustaining, however we would be unable to afford the cost of maintaining the advertising flags, which is a unique opportunity that Yorktown Center offers us. Each year, in exchange for the support by the Village, we offer them an exhibitor table at no charge. The table has been used by the Lomb. Fire Dept., Police Dept., Village Hall and Public Works to promote what the Village does for our businesses and community.

PROJECT DESCRIPTION

- Have you requested grant funding in the past? Yes No
- 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

1) Provide the details regarding the event or project including a full description of the project and the anticipated timeline.

In January we contract with Yorktown Center for expo space (typically in the center court) for the 3rd Thursday in October. 30 to 50 businesses purchase an exhibitor space. The day of the event they set up their displays for the visitors. Advertising is done thru website, press releases, newspapers, social media, paid advertisements, kiosk at Yorktown Center and with the pole banner flags. The project planning begins in late August through both our member and non-member businesses.

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

Yorktown Center provides an advertising opportunity that includes 50 pole banners that are placed at the perimeter and each street entrance of the mall. The funds will be used to change out the date. The flags were originally purchased in 2011 through funds made possible by the Tourism Grant Program

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)?

Increased advertising, location and word of mouth have increased event attendance over previous years.

LOCATION

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

Yorktown Center – Center court

MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

We contract with Yorktown Center in January. Begin all forms of advertising in August. Yorktown Center splices in new dates for pole banner flags. Flags are put up the last week in September. Collect applications from exhibitor businesses from August thru October. Contact restaurants with participation agreement. Contact rental company for tables, chairs and covering. Create a floor plan for the event. Assign businesses to their tables. Provide businesses with information for the day of the event. The day of the event help to set up tables, chairs and coverings. Provide businesses with set-up help if needed. After the event receive feed-back from participants for the following year.

IMPACT

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

The event itself promotes Lombard tourism and Lombard businesses as a whole. It gets the name Lombard and it's businesses in front of thousands of individuals through all of the advertising. The event allows restaurants to promote themselves to the greater community. This leads to increased business for the restaurants and thus additional revenue to the village.

- 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?

Lombard businesses are the backbone of the community and this event benefits business as a whole. It also draws people to Yorktown Center, which, of course is made up entirely of businesses. This event allows restaurants to promote themselves to the greater community. This leads to increased business for the restaurants and thus additional revenue to the village.

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

Consumers and Business owners. Anticipated attendance is 500-1000 or more.

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

Advertising trade as well as restaurant trade. Restaurants are given a table in trade for making food sampling from their restaurants available at no charge to attendees. Several newspapers are given a table in trade for advertising the event.

5) 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).

Advertising is done thru website, press releases, newspapers, social media, paid advertisements, kiosk at Yorktown Center and with the pole banner flags. The project planning begins in late August to both our member and non-member businesses.

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:

We do not do an agency audit.

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:	Yvonne M. Invergo		
Title or office held:	Executive Director	Date:	1/9/2014

Signature: *Yvonne Invergo*

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: EXPO 2014 Date: 10/23/14

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 2012	ACTUAL 2013	ANTICIPATED
Lombard Tourism Grant	\$1500	\$1500	\$1500
Booth Fees	\$7325	\$6263	\$8000
Electric Access Fee	\$180	\$210	\$200
Total Income	\$9105	8272.50	9700.00

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

ITEMIZED EXPENSES	ACTUAL 2012	ACTUAL 2013	ANTICIPATED
Yorktown Center (15% fees)	\$1098.75	984.37	\$1200.00
Yorktown Center (flag snipes)	1500.00	1500.00	1500.00
Table & Chair Rental	1372.75	1102.00	1500.00
Total Expenses	\$4106.50	\$3586.37	\$4200.00

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)

	ACTUAL 2012	ACTUAL 2013	ANTICIPATED
Estimated value of in-kind contributions (explain)	\$2750.00	\$2250	2750.00
	(booth fee)	(booth fee)	(booth fee)

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:		Name of event:	
Date of event:		Event location:	
Contact person:		Title:	
Business address:		City & Zip:	
Telephone:		E-mail address:	
Estimated attendance:		Estimated hotel stays:	
Method for estimating attendance:			

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

Click here to enter text.

- 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?

Click here to enter text.

- 3) How did the actual outcomes of the program or event compare to your original expectations?

Click here to enter text.

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

SUBMISSION INSTRUCTIONS

Please submit completed form and associated application documents on or before **December 15, 2013** to Nicole Aranas, Assistant Village Manger, by e-mailing aranasn@villageoflombard.org or by using the submit button below.

Submit

*Please note that the applicant must save the completed form and have Microsoft Outlook to use the submit button above.

If you do not receive a confirmation receipt of your completed application, please contact Nicole Aranas at 630-620-3085 or aranasn@villageoflombard.org to confirm.

2013 Business Expo RECAP as of 10/30/2013

INCOME

7 @ 187.50 (Gold Members)	1312.50
4 @ 225.00 (Silver Members)	900.00
12 @ 250.00	3000.00
3 @ 150.00 (Non-Profit)	450.00
3 @ 300.00 (Non-Member)	900.00
7 @ 30.00 (Electric access)	210.00
Grant from Village of Lombard	1500.00

TOTAL INCOME 8272.50

EXPENSES

Yorktown Center (15% of booth income)	984.37
Yorktown Center – 50 Banner Flag Date Snipes	1500.00
Table and Chair rental (The Fun Ones)	1102.00

SERVICE IN KIND/COURTESY BOOTHS

9 @ No Charge –
Lombard Chamber
Chick-fil-A
Baby Back Blues BBQ
Freshii
Noodles and Company
Village of Lombard (trade for flag update)
Lombardian/Villa Park Review (advertising trade)
IL State Treasurer,
Suburban Life Media (advertising trade)

TOTAL EXPENSE 3586.37

TOTAL PROFIT 4686.13

YORKTOWN CENTER—2nd FLOOR NEAR CENTER COURT

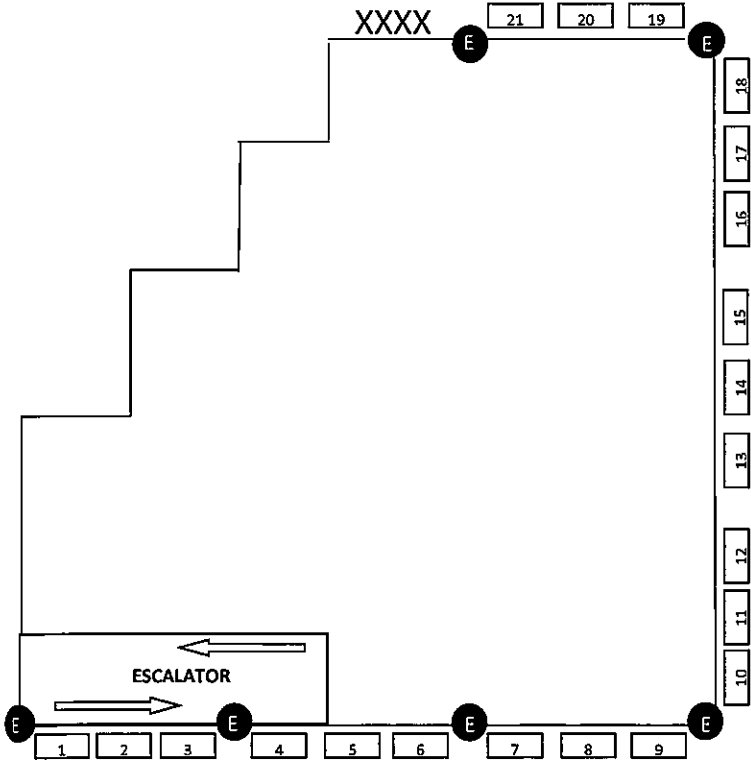
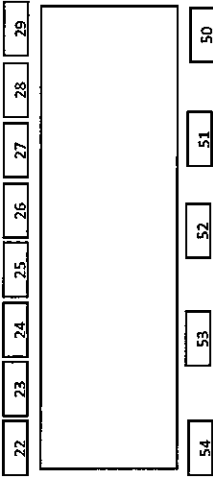
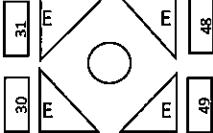
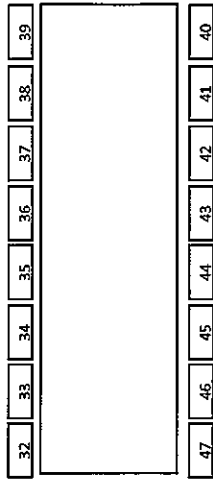
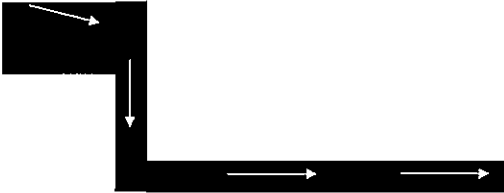
● = PILLARS

E = Electric (10 Available)

{54} 6 ft. Tables

NOT TO SCALE

Loading Dock F



VON MAUR



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

News Release

Date: October 9, 2013

Contact: Georgette Mrofcza
Assistant to the Executive Director
630-627-5040

FOR IMMEDIATE RELEASE – Lombard Area Chamber to Host 17th Annual Business Expo

LOMBARD, Illinois –It's that time of year again! The Lombard Area Chamber of Commerce and Industry will be hosting the 17th Annual Business EXPO on Thursday, October 24, 2013 from 10:00 AM till 4:00 PM. The Expo will be held at Yorktown Center, Highland Avenue & Butterfield Rd. Yorktown Center has been an excellent venue to hold the EXPO for the past three years, and the EXPO 2013 Committee is thrilled to be there for the fourth year. Admission is free and the public is welcome.

The EXPO presents a great opportunity to meet a wide variety of Lombard Area businesses all in one place. There will be local area restaurants on hand to offer free samples of their cuisine, and there will also be a free contest to enter, with winners receiving Yorktown Gift Cards. EXPO 2013 will prove to be a worthwhile event for all. Look for them on the upper level between Von Maur and JC Penney.

Businesses interested in having a booth at the EXPO can call the Chamber Office at 630-627-5040 for more information or go to the chamber website at www.lombardchamber.com to download an application or to fill out an application online.

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EXP
2013



Community • Business • Networking

OCTOBER 24, 2013
Yorktown Center
10 AM to 4 PM

Business & Community Exhibitors!

Local Restaurant Food Samples!

FREE Drawings!

Many Promotions and Activities!

PUBLIC INVITED!

Visit www.lombardchamber.com for more information

YORKTOWN CENTER



Community • Business • Networking

October 24, 2013

Yorktown Center

FOOD ESTABLISHMENT APPLICATION

Name _____

Address _____

Contact Person(s): _____

Telephone Number _____

We understand that we are required to:

1. Provide service from 11:00 a.m. to 3 p.m. at no cost.
2. Provide personnel to serve samples
3. Clean up the restaurant prep space at the end of the day.

We understand that:

1. We will have an exhibitor table where we can distribute food samples, menus and coupons
2. We will be listed in program as an exhibitor.
3. We will have electricity access (if needed)

Electricity Needed: YES _____ NO _____

Please give a short description of the food/beverage service planned:

Please return this application to:

Lombard Chamber of Commerce
 10 Lilac Lane
 Lombard, IL 60148
 Phone: 630.627.5040
 Fax: 630.627.5519



Thursday, October 24, 2013
 10:00 AM to 4:00 PM
 Yorktown Center, 203 Yorktown, Lombard
 Lombard Chamber of Commerce
 www.lombardchamber.com
 630-627-5040 - info@lombardchamber.com

Exhibitor Application Agreement

Contact Name: _____ Lombard Chamber Member: Yes ___ NO ___
 Business Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Contact Phone: _____
 E-Mail: _____ Website: _____
 List the products and services you will be representing from your registered company: _____

Please Type or Print above EXACTLY as it is to appear in the show publicity program

All fees are Non-Refundable and Non-Transferrable. If exhibitor decides to withdraw from the show or fails to participate for any reason, the exhibitor will be held responsible for all payments submitted. If exhibitor decides to reserve their space and does not submit payment in full by the deadline date, their space will be forfeited and can only assume another space based on availability

Item	Services Provided	Non-member Fee	LACCI Member	Fee
Single Space Exhibitor	6 ft. Skirted Exhibitor Table and 2 chairs - Program Listing (<i>SILVER members deduct 10% and GOLD Members deduct 25% from LACCI Member Price</i>) Please inform us if you require space without a table	\$300	\$250	
Double Space Exhibitor	2 - 6 ft. Skirted Exhibitor Tables and 4 chairs - Program Listing (<i>SILVER members deduct 10% and GOLD Members deduct 25% from LACCI Member Price</i>) Please inform us if you require space without a table	\$450	\$350	
Non- Profit Booth (501c3)	6 ft. Skirted Exhibitor Table and 2 chairs - Program Listing	\$200	\$150	
Food Sponsorship	Call LACCI for Details			
Electric Access	Must be selected upon application submission. Limited availability and location options. Extension cords and outlet strips NOT provided	\$30 Additional	\$30 Additional	

I apply for participation in the Lombard Chamber of Commerce (LACCI) EXPO 2013 as indicated above on the Exhibitor Application Agreement. By signing below, I agree to the governing guidelines of this agreement and I understand that all fees paid are non-refundable and non-transferrable. Application is not valid without signature. Payment due date is ten (10) days from the date of signature. If not received, booth will be re-opened for sale.

Signature _____ Print Name _____ Date _____

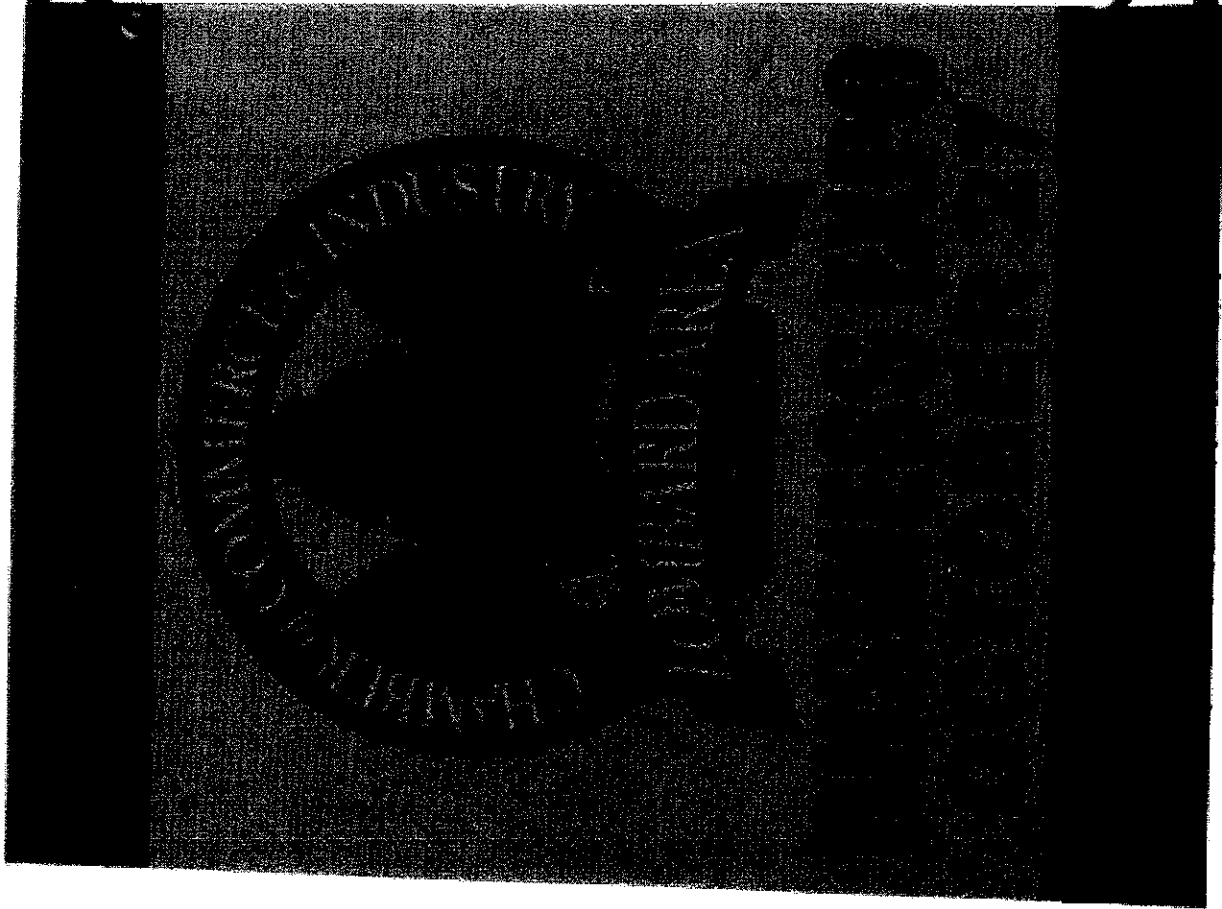
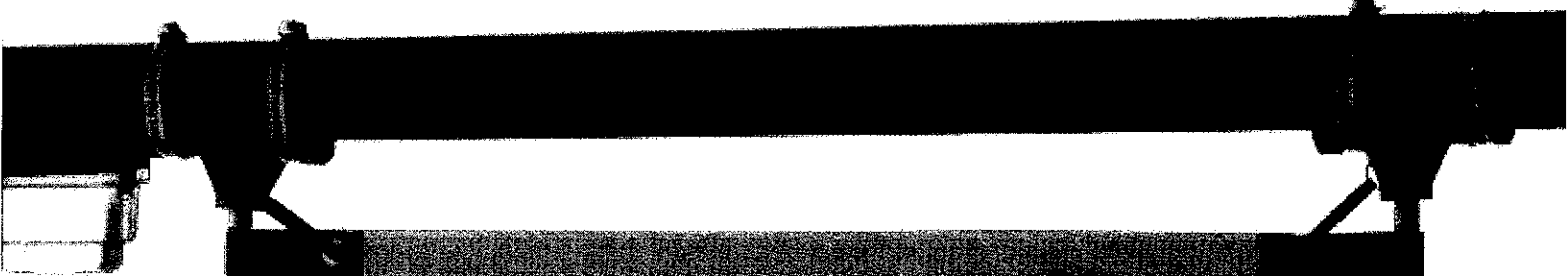
TOTAL

Payment Options

VISA Master Card Check payable to: Lombard Chamber I am making the following payment \$ _____
 Check or Credit Card # _____ Exp. Date _____ Code _____
 Signature of Card Holder _____
 Card Holder Name _____
 Billing Address _____ City, State, Zip _____

**Mail to: Lombard Chamber of Commerce
 10 Lilac Lane
 Lombard, IL 60148**

Or fax application to 630-627-5519



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning _____, 2012, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **LOMBARD AREA CHAMBER OF COMMERCE**
10 LILAC LANE
LOMBARD, IL 60148

D Employer identification number
23-7192831

E Telephone number
630-627-5040

F Group Exemption Number _____ ▶

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

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

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **167,148.**

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. <input checked="" type="checkbox"/>	
REVENUES	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	23,231.
	3 Membership dues and assessments	3	69,717.
	4 Investment income	4	169.
	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	74,031.	
c Less: direct expenses from gaming and fundraising events	6c	36,327.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	37,704.	
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)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	130,821.	
10 Grants and similar amounts paid (list in Schedule O)	10	9,200.	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	73,821.	
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14	14,136.	
15 Printing, publications, postage, and shipping	15	1,024.	
16 Other expenses (describe in Schedule O)	16	30,388.	
17 Total expenses. Add lines 10 through 16	17	128,569.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,252.	
ASSETS	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	97,970.
	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	100,222.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

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	51,052.22	53,377.
23 Land and buildings	47,624.23	46,150.
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	1,423.24	2,310.
25 Total assets	100,099.25	101,837.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	2,129.26	1,615.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,970.27	100,222.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III. **Expenses**
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

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.

28		
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
31	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
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
PETER NOLAN Treasurer	5	0.	0.	0.
JOSEPH ORSOLINI President	5	0.	0.	0.
PATRICK TEMESVARY Vice President	5	0.	0.	0.
DAN WHITTINGTON Secretary	5	0.	0.	0.
WHITNEY CIMAGLIA Vice President	5	0.	0.	0.
YVONNE M INVERGO EXECUTIVE DIR'CTR	40	40,318.	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. []

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 41 regarding IRS reporting, organizational changes, income, and tax matters.

42 a The organization's books are in care of PETER NOLAN Telephone no. 630-627-5040 Located at 10 LILAC LANE LOMBARD IL ZIP + 4 60148

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 42 b and 42 c regarding foreign financial accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 44 a through 45 b regarding donor advised funds, hospital facilities, and controlled entities.

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. Yes No
 48

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

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

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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No
 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 _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only
 Print/Type preparer's name: TIMOTHY ABBOTT Preparer's signature: TIMOTHY ABBOTT Date: 5/10/13
 Check if self-employed PTIN: P00758100
 Firm's name ▶ M.J. Vandembroucke, Inc.
 Firm's address ▶ 118 W. St. Charles Rd. Lombard, IL 60148
 Firm's EIN ▶ 36-2796399
 Phone no. (630) 627-0577

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ▶ See separate instructions.

Name of the organization: **LOMBARD AREA CHAMBER OF COMMERCE** Employer identification number: **23-7192831**

Part I Fundraising Activities. Complete if the organization answered 'Yes' to 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

2 a 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 ten 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 column (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.

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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	
		LILAC BALL (event type)	GOLF OUTING (event type)	3 (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	31,235.	12,436.	27,705.	71,376.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	31,235.	12,436.	27,705.	71,376.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,295.	3,194.	10,873.	34,362.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				34,362.
	11	Net income summary. Combine line 3, column (d), and line 10				37,014.

Part III Gaming. Complete if the organization answered 'Yes' to 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 column (a) through column (c))
REVENUE	1	Gross revenue			
EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			

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

a Is the organization licensed to operate 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 operate 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 operated in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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 contact 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. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

OPTIONAL FOR 501(c)6 ORGANIZATION

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
Lombard Area Chamber Of Commerce

Identifying number
23-7192831

Business or activity to which this form relates
All Business Activities

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	500,000
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	2,000,000
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	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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 (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	2,078
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		

Section B—Assets Placed in Service During 2012 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		1,569	5.0	MQ	200DB	79
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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	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	2,157
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	

For Paperwork Reduction Act Notice, see separate instructions.

Section 168(k) Class Elections

Election not to apply first-year bonus depreciation:

- MACRS 3-yr
- MACRS 5-yr
- MACRS 7-yr
- MACRS 10-yr
- MACRS 15-yr
- MACRS 20-yr
- MACRS 25-yr
- MACRS 27-yr
- MACRS 39-yr
- Computer Software (167)

Client CHAMBER

LOMBARD AREA CHAMBER OF COMMERCE

23-7192831

5/10/13

10:21AM

Form 990-EZ, Part I, Line 10
 Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name: VARIOUS DONATION RECIPIENTS
 Cash Amount Given: \$ 9,200.

Form 990-EZ, Part I, Line 16
 Other Expenses

Advertising and Promotion.....	\$	1,056.
BANK SERVICE CHARGES.....		11.
COPIER EXPENSE.....		2,997.
CREDIT CARD MACHINE FEE.....		1,527.
Depreciation.....		2,156.
DIRECTORY EXPENSE.....		29.
DUES & SUBSCRIPTIONS.....		1,288.
Information Technology.....		1,100.
Insurance.....		2,878.
LEGAL AND ACCOUNTING.....		2,800.
LUNCH EXPENSE.....		8,531.
MISCELLANEOUS.....		897.
Office Expenses.....		2,600.
ORNAMENT EXPENSE.....		565.
PERMITS & LICENSES.....		10.
REPAIRS & MAINTENANCE.....		1,010.
SALES TAX EXPENSE.....		49.
VEHICLE EXPENSE.....		684.
WEBSITE LINK EXPENSE.....		200.
Total	\$	<u>30,388.</u>

Form 990-EZ, Part II, Line 24
 Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 1,423.	\$ 2,310.
Total	<u>\$ 1,423.</u>	<u>\$ 2,310.</u>

Form 990-EZ, Part II, Line 26
 Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 2,129.	\$ 1,615.
Total	<u>\$ 2,129.</u>	<u>\$ 1,615.</u>