VILLAGE OF LOMBARD LOCAL TOURISM GRANT PROGRAM 2024 APPLICATION FORM

Organization:	Lombard Area Chamber of Con	nmerce	
Name of event:	Lilac Times Arts and Craft Fair		
Date of event:	5/5/2024	Event location:	Downtown Lombard on St. Charles Road between Main & Elizabeth
Contact person:	Rick Galfano	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard, IL 60148
Telephone:	630-627-5040	Email:	rick@lombardchamber.c om

GENERAL INFORMATION

PROJECT OVERVIEW

Total cost of the project:	\$ 10,000
Cost of city services requested in this application (if any):	\$ 4,500
Total funding requested in this application:	\$ 5,500
Percent of total project cost being requested:	55%
Anticipated attendance:	5,000
Anticipated number of overnight hotel stays:	Unknown

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

150+ artisans and crafters set up along St. Charles Road between Main and Elizabeth. Additionally, there are limited food vendors, sponsors, a complimentary kid zone and entertainment. Barricades, electric hook ups, police presence and fire department inspections are needed for this event. The funding is requested to cover the village services.

ORGANIZATION

Number of years that the organization has been in existence:	70
Number of years that the project or event has been in existence:	28
Number of years the project has been supported by Village of Lombard funds:	28
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 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 25 years (excluding COVID) this event continues to grow in both popularity and size. Crafters say it's 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 chambers main fundraisers. Proceeds benefit several area non-profit organizations and businesses, as well as give us the ability to offer more programs for the Lombard Area Chamber of Commerce members to enhance and grow their business. 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 is continuing to grow and develop and could not be self-sustaining. The Lombard Chamber does not have the budget to put in the extensive time 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? Do you intend to apply for a liquor license for this project? Will any revenues from this event be returned to the community? Have you requested grant funding in the past?

🛛 Yes	🗆 No
🗆 Yes	🛛 No
🛛 Yes	🗆 No
🛛 Yes	

If yes, provide grant awards for past 5 years:

Previous Lilac Times Arts & Craft Fairs, Farmers Markets and Spooktacular

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

Street to be barricaded by 5am 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 Road and Park. Staggered set-up times begin at 6:30a. LCPAAA assists with arrival, tear down and traffic control. Event opens at 10am and ends at 4pm. We are receiving quotes from bounce house rental companies for the kids zone. Limited food vendors are located at the intersection of Park & St. Charles Road with spider electric access boxes provided by public works. Police personnel on hand during the day patrol the event and fire department is 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 barricades, public works supplies, police, fire and public works 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)?

Each year is a learning process to take what worked last year and then expand on that, and learn from those opportunities. Given the costs rising faster than the income, we continue to look at strategic marketing for 2024. We are asking our vendors to assist by promoting their participation on their social media, using village electronic boards, Lombardian newspaper and the Chamber Community Guide for marketing. It will also go in the Lombard Park District Lilac Time brochure. After coming out of COVID, we continue to see big increases in attendance each year as people continue to feel more comfortable attending events. We will continue to increase our email marketing campaigns and add to our social media presence, as well.

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 Ave. between Main and Elizabeth and Park to Michael McGuire

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.

As of December 13th, 2023, we have not officially opened registration for vendors. Our marketing materials are designed and ready and we aiming to "officially" open registration on January 15th 2024. Early bird registration will close March 1st 2024. Vendor registration will end on April 19wth 2024. The chamber will map out vendors starting April 26th with final mailing instructions to crafters, food vendors and sponsors when that is complete.

IMPACT

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

We cross promote the Craft Fair with the Park District to draw visitors to the downtown area and Lilacia Park. Having 150+ crafters with a family zone will draw several thousand visitors to the downtown area which will increase revenue for restaurants and retail.

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 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?

The event targets all ages. There is something for everybody at our event. We normally draw around 4,000 to the event, although the size and number of vendors is hard to get accurate readings.

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



Requesting \$ 5500 in grant funds, or whatever the amount will be, to cover the cost of village services, police, fire and public works. In 2023 we requested \$ 5000 and this year we would like to factor in inflation over 2024. We have no restrictions on capacity, so we anticipating a very successful event for 2024. LCPAA will assist with traffic control and volunteers will assist with kid zone and garbage control as needed. We depend on local businesses to assist with funding for the family zone as well as the musical entertainment. The Lombard Park District provides the party wagon for table and chairs as well as the mobile stage.

6)

7) 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 with Facebook, Twitter and Instagram. We will boost on all platforms. We have designated event Facebook page as well as the main Chamber Facebook page. We continue to double our social media presence in 2023. We have postings in major craft publications and online sources (Midwest Art Fairs & FestivalNet.com) Ad in Lombardian newspaper, press releases to the Lombardian, Daily Hearld and Suburban Life. Calendar posting on Chicago Tribune and listing in the Lombard Park District Lilac Time brochure.

8) Funding for the Local Tourism Grant Program for 2024 is constrained. 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 2024, 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 2024, 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).
- D 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:

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:	Rick Galfano			
Title or office held:	President & CEO	Date:	12/13/2023	
Signature:	aufen			

LOCAL TOURISM GRANT PROGRAM DETAILED BUDGET

Event:	Lilac Times Arts & Craft Fair	Date: Dec. 13 2023	
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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)

ACTUAL 2022	ACTUAL 2023	ANTICIPATED	
\$ 3,189	\$4,500	\$5,500	
\$ 600	\$1,200	\$1,500	
\$ 1,800	\$3,000	\$3,500	
\$ 15,540	\$16,250	\$17,000	
\$700	\$700	\$800	
\$150	\$150	\$150	
£21.070	£25 900	\$28,450	
	2022 \$ 3,189 \$ 600 \$ 1,800 \$ 15,540	2022 2023	

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

ITEMIZED EXPENSES	ACTUAL 2022	ACTUAL	_ ANTICIPATED	
Family Zone Rentals	\$1,953	\$2,000	\$2,200	
Music Entertainment	\$600	\$600	\$800	
Advertising & Promotion	\$449	\$500	\$600	
Barricade Rental	\$847	\$847	\$950	
Public Works Overtime	\$752	\$752	\$850	
Public Works Supplies	\$1590	\$1590	\$1,800	
Printing	\$80	\$0	\$200	
Misc. Costs	\$270	\$300	\$400	
Total Expenses	\$6541	\$6589	\$7800	

<u>IN-KIND CONTRIBUTIONS</u>: 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	ACTUAL	ANTICIPATED
INCICIAL	nerenn	THUR TORING

Estimated value of in-kind	\$ \$	
contributions (explain)		

æ	Form	990-EZ
	1 01111	

Short Form

OMB No. 1545-0047

Return	of	Organization	Exempt	From	Income	Tax
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			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep Do not enter social security numbers on this form, as it may be n			
Der	Open to Public					
Inte	mal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the latest in	formation.	•	Inspection
Α	For the	2022 calenda	ar year, or tax year beginning , 2022, and e	ending		, 20
В	Check if a	pplicable:	C Name of organization	1	D Employer i	dentification number
	Address	change	LOMBARD AREA CHAMBER OF COMMERCE		23-719	2831
H	Name ch	-	E Telephone	number		
Н	Initial retu	um un/terminated	6306275040			
Н	Amendeo			Group Exemption		
		on pending	LOMBARD, IL 60148		Number	
G	Accoun	ting Method:	X Cash Accrual Other (specify):	НС	heck X if th	e organization is not
1.1	Website	e: www.	lombardchamber.com			tach Schedule B
J 1	Tax-exe		eck only one) - 501(c)(3) 🔀 501(c) (6) (insert no.) 4947(a)(1) or		Form 990).	
			Corporation Trust Association Other:	527 (*	0.000,	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total a	issets	
(Pa	art II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			160,540.
	art I	the second se	e, Expenses, and Changes in Net Assets or Fund Balances (s			
		Check if	the organization used Schedule O to respond to any question in thi	ie Part I	iou uotioni	siorraiti) (G
	1	Contributio	ins, gifts, grants, and similar amounts received	הומונו .		· · · · · · 🗵
	2		ervice revenue including government fees and contracts	· · · 8		T C (00
	3		p dues and assessments	· · · ·	. 2	76,633.
	4	Investment			. 3	82,026.
	5a			. 4	30.	
	b	Less cost	unt from sale of assets other than inventory 5a			
	c	Gain or /los	or other basis and sales expenses			
	6	Gamino an	s) from sale of assets other than inventory (subtract line 5b from line 5a d fundraising events:	. <u>5</u> C		
	a		ome from gaming (attach Schedule G if greater than			
e	ľ	\$15.000)		Line of the		
Revenue	h			ntributions		
lev			aising events reported on line 1) (attach Schedule G if the	nindutions	5	
Œ		sum of suc				
	c					
	d		t expenses from gaming and fundraising events <u>6c</u> e or (loss) from gaming and fundraising events (add lines 6a and 6b	and autob		
	l "	line 6c)	e of (loss) from gaming and fundraising events (add lines ba and bb	and subti	\$28.42 . a.	
	7a				· 6d	
			s of inventory, less returns and allowances			
	b		of goods sold			
		Other rever	t or (loss) from sales of inventory (subtract line 7b from line 7a)	• • • •	. 7c	
	8	Total rever	nue (describe in Schedule O).	o Stmt.	. 8	1,851.
	10	Grante and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• • • •	. 9	160,540.
	11	Bonofite ==	similar amounts paid (list in Schedule O)	• (4) (4) •	. 10	
(0	1	Solorian -t	id to or for members	• 2965 •	. 11	
Expenses	12 13	Drofession	her compensation, and employee benefits	•••••••••••••••••••••••••••••••••••••••	. 12	83,833.
ên en	10	Contessiona	al fees and other payments to independent contractors	. 13	3,249.	
, k	14	Drintin	, rent, utilities, and maintenance	• • 🖲 •	. 14	18,484.
	1.0	Cther	blications, postage, and shipping		. 15	977.
	16	Utner expe	nses (describe in Schedule O)	16.Stmt	. 16	74,746.
	17	I otal expe	nses. Add lines 10 through 16			181,289.
)ts	18	EXCESS OF (deficit) for the year (subtract line 17 from line 9)		. 18	-20,749.
SSe	19	ivel assets	or fund balances at beginning of year (from line 27, column (A)) (mus	st agree w	vith	
Net Assets	00	enu-or-year	figure reported on prior year's return)	• * • •	· 19	27,983.
Nei	20	Other chang	ges in net assets or fund balances (explain in Schedule O) .	÷	. 20	
_	21		or fund balances at end of year. Combine lines 18 through 20		21	7,234.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

REV 05/17/23 PRO

Form 9	990-EZ (2022)					Page 2
Par	t II Balance Sheets (see the instructions the Check if the organization used Schedule	•	ny question in this	Part II		🗙
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[30,388.	22	9,127.
23	Land and buildings	2 · · ·	[0.	23	0.
24	Other assets (describe in Schedule O)		[24	
25	Total assets			30,388.	25	9,127.
26	Total liabilities (describe in Schedule O)			2,405.	26	1,893.
27	Net assets or fund balances (line 27 of column		h line 21)	27,983.	27	7,234.
Part					_	
14/le et	Check if the organization used Schedule	and the second se		Part III 🔲	(Reg	Expenses ulred for section
	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise more service more and concise more service and other relevant information for early a service service and other relevant information for early a service	anner, describe the			orga othe	nizations; optional for rs.)
28	HELD ITS ANNUAL MEMBER & GUEST DINNER DANC	E AND GOLF OUTIN	NG TO RAISE OPERA	TING FUNDS AND		
	TO PROMOTE INTERACTION AMONG ALL					
	***************************************	*******				
	(Grants \$) If this amount	includes foreign gra	ants, check here		28a	
	HELD MONTHLY NETWORKING BREAKFAST	and the second sec				
	LUNCHEONS TO PROMOTE BUSINESS SUP					
	INFORMATION AND DEVELOPMENTS FOR					
	(Grants \$) If this amount	includes foreign gra	ants, check here	🗍	29a	
30	PROVIDED MEMBERS WITH MARKETING O					
	MEMBER DIRECTORIES, EMAIL BLASTS					
	OPENING CEREMONIES	****	****************	**********		
3	(Grants \$) If this amount	includes foreign ara	ants, check here		30a	
31	Other program services (describe in Schedule O)					
			ants, check here		31a	
	Total program service expenses (add lines 28a t	hrough 31a)		· · · · ·	32	
Part						tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part IV	• •	
	~		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC/	contributions to employe		
	fail i son no surve citio	devoted to position	1099-NEC)	benefit plans, and deferred compensation		ther compensation
			(if not paid, enter -0-)	deferred comparisation		
JOS:	IE JAWORSKI					,
CHA:	IR OF BOARD	5.00	0.	0.		0.
	N HUGHES					
TRE2	ASURER	5.00	0.	0.		0.
KRI	STINE CERONE					
PAS	r CHAIR	2.00	0.	0.		0.
PAM	LOMAN					
VICE	E CHAIR	2.00	0.	0.		0.
RICE	K GALFANO				-	
PRES	SIDENT/CEO	40.00	0.	0.		0.
VANE	SSA MARTINEZ				1	
******	ECTOR	0.00	0.	0.		0.
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	Dauge TV7 Church			-		5
see	Part IV Stmt	40.00	59,250.	0.		0.

Form	990-EZ (2022)		Р	age 3
Pai	t V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in th	is Part	ν.	
- 33	Did the organization encours in any significant satisficant satisficant states in the second states of the second		Yes	No
. 00	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	33		×
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	i inter		×
35a		35a		×
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 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	36		×
37a	Sta	41		
b 38a		37b		×
009	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?			
b		38a	NO DECISIÓN	X
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b				11 L.
40a	the organization during the year under.			
	section 4911:; section 4912:; section 4955:		8.14	
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				
d	40c reimbursed by the organization			
e	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:	· · · · ·		
42a		0)627	-504	40
b	Located at: 10 LILAC LANE, LOMBARD IL ZIP + 4 601 At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
5	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:	42b	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	A STRUCTURE S	×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	۰. ا	· ·	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 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	44a 44b		×
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		×
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		~
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 B may need to be completed instead of	45a		×
	Form 990-EZ. See instructions	45b		x

Form 990-EZ (2022)

46							Pag
	Did the organization engage, directly or i to candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities on	behalf of or	in opposit	tion 46	Yes I
Part		is Only Is must answer que	estions 47-49b and	52, and co		e tables f	for lines
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect o	during the	tax 🔛	Yes 1
48 49a b 50	year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers If "Yes," was the related organization a s Complete this table for the organization's employees) who each received more that	in section 170(b)(1)(A)(to an exempt non-cha ection 527 organizations five highest compensions of the section	ritable related organiz on? sated employees (oth	Schedule E ation? er than offic	ers, directo	. 48 . 49a . 49b ors, truste	es, and
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health contributions benefit plans, compen	benefits, to employee and deferred	(e) Estimate	
		-					
		-					
f 51	Total number of other employees paid ov Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	received	more th
	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."				
	\$100,000 of compensation from the orga (a) Name and business address of each independent		ne, enter "None." (b) Type of serv	ice		Compensati	2
			ľ	ice		Compensati	,
			ľ	ice		Compensati	2
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		dent contractor	(b) Type of serv	nizations m	(c)		on
52 Inder pe	(a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu	dent contractor	(b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ ying schedules and stateme	nizations m	(c)	ia .□Yes	on Diana
52 nder pe Je, con	(a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer RICK GALFANO, PRESIDE	dent contractor	(b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ ying schedules and stateme	nizations m nts, and to the as any knowled	(c) ust attach best of my kno ige. (15/2023	I a - □ Yes owledge and	on Diana
52 nder pe	(a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedic completed Schedule A enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than Signature of officer RICK GALFANO, PRESIDE Type or print name and title Print/Type preparer's name WAYNE E PARSONS	dent contractor actors each receiving ule A? Note: All se return, including accompan n officer) is based on all info SNT & CEO Preparer's signature WAYNE E PARSO	(b) Type of serv over \$100,000 ection 501(c)(3) organ ying schedules and stateme immation of which preparer h	nizations m nts, and to the as any knowled 11/ Date e /15/2023	(c) ust attach best of my know ige. 15/2023	I a . Ves owledge and	on S Delief, it is

LOMBARD AREA CHAMBER OF COMMERCE Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

23-7192831 ÷

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Part IV: List of Officers, Directors, Trustees, and Key Employees	Employees		Con	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
ANNA WESELAK				
DIRECTOR	0.00	0.	0.	0.
MELISSA BOLTZ				
FORMER PRESIDENT & CEO	40.00	59,250.	0.	0.
	40.00	59,250.	0.	0.

Additional Information From 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 - NET	1,851.
T	otal 1,851.
Form 990-EZ: Short Form Return of Organization Exempt from Income Ta	x

Line 16: Other Expenses Amount Description 5,585. CREDIT/COLLECTION EXPENSE 3,088. CHAMBER MASTER DATA BASE 2,731. COPIER EXPENSE 1,740. ADVERTISING 2,215. MEMBERSHIP DUES & SUBSCRIPTIONS 3,451. LIABILITY INSURANCE 6,806. LUNCHEON EXPENSES 3,943. OFFICE EXPENSES 252. BOARD OF DIRECTOR DEVELOPMENT EXPENSES 0. Depreciation 28,334. OTHER PROGRAM EXPENSES 7,981. OTHER OPERATING EXPENSES 8,620. COMPUTER EXPENSE Total 74,746.

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	
BETWEEN	MEMBERS AND THE COMMUNITY.	

Continuation Statement

23-7192831

SCHEDULE O

Department of the Treasury Internal Revenue Service

i (Form §	990)
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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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
LOMBARD AREA CHAMBER OF COMMERCE	23-7192831
Pt I, Line 8:	
Description: MISCELLANEOUS - NET \$1,851	
Pt I, Line 16:	
Description: CREDIT/COLLECTION EXPENSE \$5,585	
Description: CHAMBER MASTER DATA BASE \$3,088	
Description: COPIER EXPENSE \$2,731	
Description: ADVERTISING \$1,740	<u>8</u>
Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$2,215	
Description: LIABILITY INSURANCE \$3,451	
Description: LUNCHEON EXPENSES \$6,806	
Description: OFFICE EXPENSES \$3,943	
Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$252	
Description: Depreciation \$0	
Description: OTHER PROGRAM EXPENSES \$28,334	
Description: OTHER OPERATING EXPENSES \$7,981	
Description: COMPUTER EXPENSE \$8,620	
Pt II, Line 26:	
Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$2,18	37 End of Year: \$732
Description: SALES TAX COLLECTED Beginning of Year: \$218 End of Year	ear: \$0
Description: ACCOUNTS PAYABLE Beginning of Year: \$0 End of Year: \$	\$1,161
•	****

Exempt Organization Business Income Tax Retu	rn _	OMB No. 1545-0047
(and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning, 2022, and ending	, 20	2022
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form9907 for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a	0	pen to Public Inspectior for 501(c)(3) Organizations Only
Check box if Name of organization (Check box if name changed and see instructions.)	D Employ	er identification numbe
address changed.	23-7	192831
Exempt under section Number, street, and room or sulte no. If a P.O. box, see instructions.		exemption number
Sol()(c6) Type 10 LILAC LANE	(see inst	tructions)
408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a) LOMBARD, IL 60148		eck box if
529(a) 529A C Book value of all assets at end of year		amended return.
Check organization type 501(c) corporation 🕱 501(c) trust 401(a) trust Other trust		college/university
Check if filing only to Claim credit from Form 8941 Claim a refund shown on For	m 2439	
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T)		• • • • • <u> </u>
		0
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary contri	olled group	? 🗌 Yes 🗌 N
If "Yes," enter the name and identifying number of the parent corporation		
The books are in care of 10 LILAC LANE LOMBARD IL 60148 Telephone numb	er (630) 627-5040
Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesse	s (see	
instructions)	1	0
2 Reserved		
3 Add lines 1 and 2		
4 Charitable contributions (see instructions for limitation rules)	4	0
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
		0
 6 Deduction for net operating loss. See instructions 7 Total of unrelated business taxable income before specific deduction and section 199A deduction 	O	
Subtract line 6 from line 5		
		0
	8	
	9	
10 Total deductions. Add lines 8 and 9. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than 1	. 10	
entretet transfer datable meenter oublider inte to norm inte t. It line to is greater than i		
enter zero	· · 11	0
Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amou		
Part I, line 11 from: 🛛 Tax rate schedule or 🗌 Schedule D (Form 1041)		0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	0
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	. 7	0.
		Form 990-T (2022

Form 990-T (2022)

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Page 2

Form 990-T (2022)

SCHEDULE	
(Form 1041)	

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Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

•	in iorij	Altrack to Prove 4044		
	Iment of the Treasury	Attach to Form 1041. Go to www.irs.gov/Form1041 for instructions and the latest information.		2022
-	of estate or trust		Employerid	antification number
LOM	BARD AREA CI	AMBER OF COMMERCE		
No. of Concession, name		or Trust's Share of Alternative Minimum Taxable Income	23-7192	1831
1		income or (loss) (from Form 1041, line 17). ESBTs, see instructions		
2				0
3	Tavos	•••••••••••••••••••••••••••••••••••••••	2	
4	Defund of toyo		3	
5	Depletion (diff	S	4	<u>(</u>)
6	Net operating	erence between regular tax and AMT)	5	
7	Interact from a	loss deduction. Enter as a positive amount	6	
8	Qualified amail	pecified private activity bonds exempt from the regular tax	7	
9	Eversion of inc	business stock (see instructions)	8	
9 10	Other estates	entive stock options (excess of AMT income over regular tax income)	9	
11		and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		
12	Disposition of	property (difference between AMT and regular tax gain or loss)	11	
13	Depreciation o	n assets placed in service after 1986 (difference between regular tax and AMT)	. 12	
	Passive activiti	es (difference between AMT and regular tax income or loss)	. 13	
14	Loss limitation	s (difference between AMT and regular tax income or loss)	. 14	
15	Circulation cos	ts (difference between regular tax and AMT)	. 15	
16	Long-term con	tracts (difference between AMT and regular tax income)	. 16	
17	Mining costs (0	lifference between regular tax and AMT)	. 17	
18	Research and	experimental costs (difference between regular tax and AMT)	. 18	
19		ertain installment sales before January 1, 1987		()
20	Intangible drilli	ng costs preference	. 20	
21		ents, including income-based related adjustments		
22		net operating loss deduction (See the instructions for the limitation that applies.)		()
23	Adjusted altern	ative minimum taxable income. Combine lines 1 through 22	. 23	0
04		e Part II below before going to line 24.		
24		ution deduction from Part II, line 42	0	
25		uction (from Form 1041, line 19)		_
26		nd 25		0
27		t's share of alternative minimum taxable income. Subtract line 26 from line 23	. 27	0
	If line 27 is:			
	• \$26,500 or le	ss, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust	isn't	
		ternative minimum tax.		
), but less than \$194,300, go to line 43.		
		nore, enter the amount from line 27 on line 49 and go to line 50.		
D	• ESBTs, see in			
Part		Distribution Deduction on a Minimum Tax Basis		
28	Adjusted altern	ative minimum taxable income (see instructions)	. 28	0
29	Adjusted tax-e	kempt interest (other than amounts included on line 7)	. 29	
30	lotal net gain f	rom Schedule D (Form 1041), line 19, column (1). If a loss, enter -0	. 30	
31	Capital gains f	or the tax year allocated to corpus and paid or permanently set aside for charit	able	
	purposes (from	Form 1041, Schedule A, line 4)	. 31	
32	Capital gains pa	aid or permanently set aside for charitable purposes from gross income (see instructi	ons) 32	
33	Capital gains c	omputed on a minimum tax basis included on line 23	. 33	()
34	Capital losses (computed on a minimum tax basis included on line 23. Enter as a positive amount .	. 34	
35	Distributable ne	et alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If :	zero	
	or less, enter -0		. 35	0
36	Income require	d to be distributed currently (from Form 1041, Schedule B, line 9)	. 36	
37	Other amounts p	paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line	e 10) 37	
38	Total distributio	ns. Add lines 36 and 37	. 38	
39	Tax-exempt inc	ome included on line 38 (other than amounts included on line 7)	. 39	
40	Tentative incom	e distribution deduction on a minimum tax basis. Subtract line 39 from line 38	. 40	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. BAA

Schedule I (Form 1041) 2022

Scheo	Jule I (Form 1041) 2022		Page 2
: Par	rt II Income Distribution Deduction on a Minimum Tax Basis (continued)		
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-	41	
; 42	Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41.		0
	Enter here and on line 24	42	0
Par	t III Alternative Minimum Tax		V
43	Exemption amount	43	\$26,500
44	Enter the amount from line 27	a south the	
45	Phase-out of exemption amount		
46	Subtract line 45 from line 44. If zero or less, enter -0		
47	Multiply line 46 by 25% (0.25)	47	
48	Subtract line 47 from line 43. If zero or less, enter -0-	48	
49	Subtract line 48 from line 44	49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • \$206,100 or less, multiply line 49 by 26% (0.26).		
	• Over \$206,100, multiply line 49 by 28% (0.28) and subtract \$4,122 from the result	50	
51	Alternative minimum foreign tax credit (see instructions)	51	
52	Tentative minimum tax. Subtract line 51 from line 50	52	
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	53	
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less, enter -0 Enter here and on		
	Form 1041, Schedule G, line 1c	54	
Part	LIV Line 50 Computation Using Maximum Capital Gains Rates		
Quali this p 55	ion: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the fied Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing part.	e e	
56		55	
50	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)		
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0		
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary).		
59	Enter the smaller of line 55 or line 58	59	
60	Subtract line 59 from line 55	60	
61	If line 60 is \$206,100 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract \$4,122 from the result	61	
62	Maximum amount subject to the 0% rate	n entraint	
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0		
64	Subtract line 63 from line 62. If zero or less, enter -0		
65	Enter the smaller of line 55 or line 56		
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%		
67	Subtract line 66 from line 65	1 Acres	

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REV 05/17/23 PRO

Schedul	ie I (Form 1041) 2022			Page 3
Part	IV Line 50 Computation Using Maximum Capital Gains Rates (continued)			
68	Maximum amount subject to rates below 20%	\$13,700		
69	Enter the amount from line 64			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0			
71	Add line 69 and line 70			
72	Subtract line 71 from line 68. If zero or less, enter -0			
73	Enter the smaller of line 67 or line 72			
74	Multiply line 73 by 15% (0.15)		74	
75	Add lines 66 and 73		and a la	
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to li	ine 76.		
76	Subtract line 75 from line 65			
77	Multiply line 76 by 20% (0.20)		77	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to lin			
78	Add lines 60, 75, and 76			
79	Subtract line 78 from line 55			
80	Multiply line 79 by 25% (0.25)		80	
81	Add lines 61, 74, 77, and 80		81	
82	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 2 and subtract \$4,122 from the result		82	
83	Enter the smaller of line 81 or line 82 here and on line 50		83	
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REV 05/17/23 PRO

Schedule I (Form 1041) 2022

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2022, or fiscal year beginning, 2022, and ending, 2022, and ending, 2022, and ending Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form88797E for the latest information.		2022
Name of filer		EIN or SSN	
	IAMBER OF COMMERCE	23-7192831	
Name and title of officer or			
and the second se	PRESIDENT & CEO		
	Return and Return Information return for which you are using this Form 8879-TE and enter the applicab		
8038-CP and Form 53 3a, 4a, 5a, 6a, 7a, 8a, 3b, 4b, 5b, 6b, 7b, 8b, applicable line below. 1a Form 990 chec	30 filers may enter dollars and cents. For all other forms, enter whole dollars 9a, or 10a below, and the amount on that line for the return being filed with th 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you enter Do not complete more than one line in Part I. k here b Total revenue, if any (Form 990, Part VIII, column (A),	only. If you check his form was blank, ed -0- on the retun , line 12)	the box on line 1a, 2a, then leave line 1b, 2b, n, then enter -0- on the 1b
2a Form 990-EZ (3a Form 1120-POL	check here b Total revenue, if any (Form 990-EZ, line 9)		2b 160,540.
4a Form 990-PF			3b
5a Form 8868 che			5b
6a Form 990-T ch			6b
7a Form 4720 che	ck here D b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 che		•	8b
	ck here		96
the second se	heck here b Amount of credit payment requested (Form 8038-CP,		Ob
	tion and Signature Authorization of Officer or Person Subject t ury, I declare that 🛛 I am an officer of the above entity or 🔲 I am a persor		h vernest to learne
the date of any refund. (direct debit) entry to the return, and the financia 1-888-353-4537 no late processing of the elect	ecceipt or reason for rejection of the transmission, (b) the reason for any delay in If applicable, I authorize the U.S. Treasury and its designated Financial Agent the financial institution account indicated in the tax preparation software for pay I institution to debit the entry to this account. To revoke a payment, I must cor for than 2 business days prior to the payment (settlement) date. I also authorize ronic payment of taxes to receive confidential information necessary to answe ected a personal identification number (PIN) as my signature for the electronic awal.	to initiate an electro yment of the federa ntact the U.S. Treas the financial institu r inquiries and reso	onic funds withdrawal I taxes owed on this sury Financial Agent at utions involved in the slve issues related to
PIN: check one box o	INE E. PARSONS, CPA to enter my PIN	9 5 7 4 0	as my signature
	ERO firm name	Enter five numbers, bu do not enter all zeros	
agency(ies) regul	022 electronically filed return. If I have indicated within this return that a cop ating charities as part of the IRS Fed/State program, I also authorize the afor e consent screen.	by of the return is the rementioned ERO t	being filed with a state o enter my PIN on the
filed return. If I ha	erson subject to tax with respect to the entity, I will enter my PIN as my sigr ve indicated within this return that a copy of the return is being filed with a sta ate program, I will enter my PIN on the return's disclosure consent screen.	nature on the tax y ite agency(ies) regu	ear 2022 electronically llating charities as part
Signature of officer or perso	n subject to tax	Date 11/15/2	023
Complete a constant	tion and Authentication		
	your six-digit electronic filing identification by your five-digit self-selected PIN. Do not enter a	9 5 7 4 0 all zeros	
I certify that the above am submitting this retu Providers for Business	numeric entry is my PIN, which is my signature on the 2022 electronically file im in accordance with the requirements of Pub. 4163 , Modernized e-File (M Returns.	d return indicated leF) Information for	above. I confirm that I r Authorized IRS e-file
ERO's signature	Date	11/15/2023	
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested T	o Do So	

REV 05/17/23 PRO

	IRS e-file Signature Authoriz for a Tax Exempt Entity		OMB No. 154
	For calendar year 2022, or fiscal year beginning, 2022, and	nd ending , 20	
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your reco Go to www.irs.gov/Form8879TE for the latest inf	ords.	- 202
Name of filer		EIN or SSN	
LOMBARD AREA C	IAMBER OF COMMERCE	23-7192831	1
Name and title of officer or	person subject to tax		
RICK GALFANO,	PRESIDENT & CEO		
	Return and Return Information		
8038-CP and Form 53 3a, 4a, 5a, 6a, 7a, 8a, 3b, 4b, 5b, 6b, 7b, 8b, applicable line below.		ble dollars only. If you che iled with this form was bla you entered -0- on the re column (A), line 12)	ck the box on line ink, then leave line
4a Form 990-PF (4b
5a Form 8868 che			
6a Form 990-T ch			6b
7a Form 4720 che			7b
8a Form 5227 che			8b
	ck here b Tax due (Form 5330, Part II, line 19)	·	9b
and the second	heck here b Amount of credit payment requested (Form		90 10b
	tion and Signature Authorization of Officer or Person S	Subject to Tay	
Linder penalties of peri	Iry, I declare that I am an officer of the above entity or I ar	n a portion authiast to tax	with respect to (a
of entity)		in a person subject to tax	camined a copy of
	and accompanying schedules and statements, and, to the best of m		
complete. I further decintermediate service pr acknowledgement of re the date of any refund. (direct debit) entry to the return, and the financia	are that the amount in Part I above is the amount shown on the cop ovider, transmitter, or electronic return originator (ERO) to send the r ceipt or reason for rejection of the transmission, (b) the reason for a If applicable, I authorize the U.S. Treasury and its designated Finance e financial institution account indicated in the tax preparation softwa institution to debit the entry to this account. To revoke a payment,	return to the IRS and to re ny delay in processing the cial Agent to initiate an ele are for payment of the fed I must contact the U.S. Tr	ceive from the IRS e return or refund, ctronic funds with eral taxes owed or easury Financial A
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1582617-52

Additional Information From 2022 Federal Exempt Tax Return

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 2

Itemization Statement

76,633.	Total
50,565.	
°719'6	BOLF OUTING
·109'2E	
·090 / Þ	ΟΟΜΜΠΑΙΤΥ DIRECTORY
°S08'6	
tnuomA	Description



Department of the Treasury Internal Revenue Service

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income T	ax
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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.

Open to Public Inspection

Α	For the	2022 calend	ar year, or tax year beginning , 2022, and ending	, 20
		applicable:	C Name of organization	D Employer identification number
	Address	change	LOMBARD AREA CHAMBER OF COMMERCE	23-7192831
Ц	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
Н	Initial ret		10 LILAC LANE	6306275040
Н	Amende	/m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption
Π		on pending:	LOMBARD, IL 60148	Number
G		ting Method:		
	Websit		se l'étuit anne truin de la	Check if the organization is not
J 1	Tax-exe			equired to attach Schedule B Form 990)
ĸ	Form o	f organization:	ack only one) -	i onn ssor
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	
(Pa	urt II, co	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	and the second se
	artl		e, Expenses, and Changes in Net Assets or Fund Balances (see the	\$ 160,540.
_			the organization used Schedule O to respond to any question in this Part I	
-	1	Contributio	ons, gifts, grants, and similar amounts received	
	2	Program se	ervice revenue including government fees and contracts	
	3	Membershi	ip dues and assessments	10,033.
	4	Investment	income	
	5 a	Gross amo	unt from sale of assets other than inventory	4 30.
	b		or other basis and sales expenses	
	c	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	50
	6	Gaming an	d fundraising events:	
	a		ome from gaming (attach Schedule G if greater than	
ne		\$15,000) .	6a	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution	ie.
Be		from fundra	alsing events reported on line 1) fatrach Schedule G if the	
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	
	c		t expenses from gaming and fundraising events	
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract
		line 6c)	. * * * * * * * * * * * * * * * * * * *	
	7 a	Gross sales	s of inventory, less returns and allowances	Aller and a second s
	b	Less: cost	of goods sold	
	c	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
	8	Other rever	ue (describe in Schedule O)	8 1 851
_	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 160 540
	10	Grants and	Similar amounts paid (list in Schedule O)	10
	11	Benefits pa	Id to or for members	
Expenses	12	Oala les, Ut	HOI COMPRETISATION, AND PHILIPIOYEE DENETIS	. 12 83,833.
SUS	13	Professiona	I fees and other payments to independent contractors	13 3.249
ğ	14	Occupancy	crent utilities, and maintenance	14 19 /9/
Ű	15	Printing, pu	blications, postage, and shipping	15 977
	16	Otherappe	nses (describe in Schedule O)	T 16 74 746
	17	Total expense	nses. Add intes 10 through 16	17 181,289
ş	18	EVECOS OI II	is the year (subtract line 17 from line 9)	-20.740
9SC	19	Net assets	or find balances at beginning of year (from line 27, column (A)) (must agree	with
Å		end-ot-year	figure reported on prior year's return)	19 27.983
Net Assets	20	Other chang	ges in net assets or fund balances (explain in Schedule O)	20
	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20	
For	Paperv	vork Reductio	on Act Notice, see the separate instructions.	Form 990-EZ (2022)

Part II Balance Sheets (see the in						Page
Check if the organization use	ed Schedule	O to respond to a	ny question in this	Part II		
oo oo taalaa ahaa ahaa ahaa ahaa ahaa ahaa ah				(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .23 Land and buildings	• • • •	• • • • •	•••••	30,388.	22	9,127
23 Land and buildings .24 Other assets (describe in Schedule)	· · · · ·	• • • • * • 1		0.	23	0
25 Total assets .	0)	· • • • • • •		20.200	24 25	0 107
26 Total liabilities (describe in Schedu	ile:0)	• • • •	•••••	30,388.	25	9,127
27 Net assets or fund balances (line 2		(B) must acree wit	line 21)	27,983.	27	7,234
Part III Statement of Program Serv						.,
Check if the organization use	ed Schedule	O to respond to a	ny question in this	Part III		Expenses
What is the organization's primary exempt	purpose?	See Part III	Stmt		(Rec	uired for section of and 501(c)(4)
Describe the organization's program servic as measured by expenses. In a clear and persons benefited, and other relevant inform	d concise m mation for ea	anner, describe the	e services provided	rogram set les, , the number	out	ations; optional
28 HELD ITS ANNUAL MEMBER & GUEST I				AND		
TO PROMOTE INTERACTION AM			· · · · · · · · · · · · · · · · · · ·			
		includes foreign gra	and the second se		28a	
29 HELD MONTHLY NETWORKING B LUNCHEONS TO PROMOTE BUSI	NESS SUPI	PORT AND MUTU				
INFORMATION AND DEVELOPME					-	
		includes foreign gra			29a	
30 PROVIDED MEMBERS WITH MAR MEMBER DIRECTORIES, EMAIL	KETING O	PPORTUNITIES	IN THE PM O	P		
OPENING CEREMONIES	1 10111010	A MEW, MEMBARY	SKEIND			
	this amount i	includes for an	nts, check here		30a	
31 Other program services (describe in S				the state of the state		
(Grants \$) If	this amount l	includes foreign gra	check here	· · · · ·	31a	
32 Total program service expenses (ad	ld lines 28a ti		check here		32	1
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust	ld lines 28a t lees, and Key	hroudhlista)	check here	pensated-see the ir	32	
32 Total program service expenses (ad	ld lines 28a t lees, and Key	hroudhlista)	check here one even if not com ny question in this i	pensated-see the ir	32	
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust	ld lines 28a t lees, and Key	hroudhlista)	check here tone even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 Instruc	tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title	ld lines 28a t lees, and Key	hround the each to respond (b) Average	check here tone even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the ir Part IV (d) Health benefits, contributions to employ	32 Instruc	tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title JOSIE JAWORSKI	ld lines 28a t lees, and Key	hrough the each each each each each each each ea	check here one even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 hstruc ee (e)	tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title JOSIE JAWORSKI CHAIR OF BOARD	ld lines 28a t lees, and Key	hround the each to respond (b) Average	check here tone even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	32 hstruc ee (e)	tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title IOSIE JAWORSKI CHAIR OF BOARD IOHN HUGHES	ld lines 28a t lees, and Key	to responded development 5.00	check here one even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensation	32 nstruk (e) n	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title JOSIE JAWORSKI CHAIR OF BOARD JOHN HUGHES TREASURER	ld lines 28a t lees, and Key	hrough the each each each each each each each ea	check here one even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated — see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruk (e) n	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title IOSIE JAWORSKI (b) Name and title IOSIE JAWORSKI (c) Name and title IOSIE JAWORSKI	ld lines 28a t lees, and Key	hrouse to respond to respond development 5.00	check here one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	Contributions to employ benefit plans, and deferred compensation 0	32 hstruc (e) 1	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trush Check if the organization use (a) Name and title (a) Name and title	ld lines 28a t lees, and Key	to responded development 5.00	check here one even if not comp y question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensation	32 hstruc (e) 1	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title IOSIE JAWORSKI (b) Name and title IOSIE JAWORSKI (c) Name and title IONAN (c) Name and title	ld lines 28a t lees, and Key	hrough a sach to respond deve sation 5.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	Contributions to employ benefit plans, and deferred compensation 0	32 115truk (e) 1	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title (b) Name and title (a) Name and title (a) Name and title	ld lines 28a t lees, and Key	hrouse to respond to respond development 5.00	check here one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	Contributions to employ benefit plans, and deferred compensation 0	32 115truk (e) 1	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title	ld lines 28a t lees, and Key	hrough to responded to responded development 5.00 5.00 2.00	(c) Reportable compensation (Forme W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0. 0. 0.	Constant of the instant of the insta	32 vstruk	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title IOSIE JAWORSKI IOSIE JAWORSKI CHAIR OF BOARD IOHN HUGHES TREASURER RISTINE CERONE PAST CHAIR	ld lines 28a t lees, and Key	hrough a sach to respond deve sation 5.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	Contributions to employ benefit plans, and deferred compensation 0	32 vstruk	Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title IOSIE JAWORSKI HAIR OF BOARD IOHN HUGHES REASURER RISTINE CERONE PAST CHAIR PAN LOMAN ICE CHAIR RICK GALFANO RESIDENT/CEO ANESSA MART	ld lines 28a t lees, and Key	hrough to responded to responded development 5.00 5.00 2.00	(c) Reportable compensation (Forme W-2/1099-MISC/ 1099-MISC) (if not paid, enter -0-) 0. 0. 0.	Constant of the instant of the insta		Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and little IOSIE JAWORSKI CHAIR OF BOARD IOHN HUGHES TREASURER (RISTINE CERONE PAST CHAIR PAM LOMAN VICE CHAIR RICK GALFANO PRESIDENT/CEO VANESSA MART DIRECTOR ED BRUST	ld lines 28a t lees, and Key	hrough to responded and to responded and to responded and to respond and to respo	check here none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	Constant of the second of the		Estimated amount ther compensation
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and tit	ld lines 28a t lees, and Key	hrough to responded and to responded and to responded and to respond and to respo	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	pensated see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0		tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and lifte (a) Name and lifte (b) Name and lifte (b) Name and lifte (b) Name and lifte (b) Name and lifte (c) Name and lif	ld lines 28a t lees, and Key	hrough to respond to respond double to respond to respond 5.00 5.00 2.00 2.00 40.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	pensated see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0		Estimated amount ther compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and	ld lines 28a t lees, and Key	hrough to responded and to responded and to responded and to respond and to respo	Check here	pensated - see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0 0		tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title IOSIE JAWORSKI CHAIR OF BOARD IOHN HUGHES TREASURER KRISTINE CERONE PAST CHAIR PAM LOMAN VICE CHAIR RICK GALFANO PRESIDENT/CEO VANESSA MART DIRECTOR TED BRUST DIRECTOR ROOKE BINGAMAN VIRECTOR ENYA CASTO	ld lines 28a t lees, and Key	hrouse to responded to responde	Check here	pensated - see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		tions for Part IV
32 Total program service expenses (ad Part IV List of Officers, Directors, Trust Check if the organization use (a) Name and title (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and tit	ld lines 28a t lees, and Key	hrouse to responded to responde	Check here	pensated - see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		Estimated amount ther compensation

Foi	rm 99()-EZ (2022)		Page 3
P	'art '		s in the	
_		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part V	· 🗆
3	3	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	33	s No
3		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	34	×
3	5a	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)?	35a	×
	C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in section 6033(e) Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) the section for a section 6033(e) the section 6033(e) t	356 ·	×
3	6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of assets, during the year? It "Yes," complete applicable parts of Schedule N	36	×
3		Enter amount of political expenditures, direct or indirect, as described in the instructions	inter line	
3	8a 🕺	Did the organization file Form 1120-POL for this year? . Did the organization borrow from, or make any loans to, any officer, director, trustee, or key by yee; or were any such loans made in a prior year and still outstanding at the end of the tax year overed by its return?	375	×
		If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a	
3		Section 501(c)(7) organizations. Enter:		
		Initiation fees and capital contributions included on line 9		
		Gross receipts, included on line 9, for public use of club facilities		
4		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	b	section 4911: ; section 4912: ; section 55: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Diffuse organization engage in any section 4958 excess benefit transaction during the year, or did it engages an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990, 990, 990, 900, 16, "Yes," complete Schedule L, Part I	40b	
	1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter an entry of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. En amount of tax on line 40c reimbursed by the organization		
	1	All organizations. At any time during the lax yes has the panization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886	40e	×
41		List the states with which a copy of this return siled:		
42			0) 627-5	040
		Located at: 10 LILAC LANE, ZIP + 4 601. At any time during the calendar year, did in granization have an interest in or a signature or other authority over	18 Ye	s No
	4	a financial account in a foreign country (such as the account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	X
		See the instructions for some of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fig. 4).		
		At any time during the liendar year of the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	×
43	3	Section 4947 (a) the next section able trusts filing Form 990-EZ in lieu of Form 1041—Check here	ų ir i	•
44		Did the openization main any donor advised funds during the year? If "Yes," Form 990 must be sompleted instant of F 990-EZ	Ye	
	b [Did the organization of th	44a 44b	×
		Did the organization receive any payments for indoor tanning services during the year?	44c	1 x
	d li	f "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45	ia [Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	×
	i n	Did the organization receive any payment from or engage in any transaction with a controlled entity within the neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of form 990-FZ. See instructions		
-		form 990-EZ. See instructions	45b	X

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Form 9	90-EZ (2022)					Page 4
46	to c	the organization engage, directly or i andidates for public office? If "Yes,"	complete Schedule C	campaign activities	s on behalf of c	or in opposi	ition 46 Xes No
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	ns must answer que				e tables for lines
		Check if the organization used Sc	hedule O to respond	to any question	in this Part VI		· · · · · · □
47	Did year	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a till	section 501(h) ele		during the	tax 47
48	ls th	e organization a school as described i	n section 170(b)(1)(A)(i)? If "Yes," compl	ete Schedule E		48
49a	Did	the organization make any transfers t	to an exempt non-cha	ritable related org	<003		
50		es," was the related organization a supplete this table for the organization's					19b
	emp	loyees) who each received more than	n \$100,000 of compet	sation from the o	roanization. If t	here is add	enter "None."
) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI 1099-NEC)	co. Ultona	Itenefits,	(e) Estimated amount of other compensation

******	******						
				2			
51 51	Corr	I number of other employees paid ov plete this table for the organization 0,000 of compensation from the orga	s five higher theorem	ensated sepend e, enter "None."	ent contractor	s who eacl	received more than
	(a) Name and business address of each independ	dent con or:	(b) Type of	Service	(C)	Compensation

d	Tota	number of other dependent contra	actors each receiving	over \$100,000	· •.		
52	Did com	the organization plete S edu pleted Schedule A	le A? Note: All se	ction 501(c)(3) o			
Under p true, co		of perjury lectary, have examined this in Declaration reparer (other than	return, including accompan n officer) is based on all info	ving schedules and sta	tements; and to the	best of my kr	
Cier						/15/2023	۶
Sign Here		RICK NO, PRESIDE	NT & CEO		Dat	e:	
Paid		Print/Type preparer's name	Preparer's signature		Date		., PTIN
Paid Prep	arer	WAYNE E PARSONS	WAYNE E PARSO	NS	11/15/2023	Check X 3 self-employ	if [
Use (Firm's name WAYNE E. PARSO			Firm	n's EIN	
			ID AVENUE, VIL		60181 Pho	neno. (6:	30) 782-5902
widy Th	ie ino	discuss this return with the preparer	snown above? See in	nstructions			X Yes No

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LOMBARD AREA CHAMBER OF COMMERCE				23-7192831
rn of Organization	Exempt from In Sec.			
Part IV: List of Officers, Directors, Trustees, and Key Er	Employees		Cor	Continuation Statement
Name and Title	Average week devot d itta	Reportable presention orms W-2/1099- MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
ANNA WESELAK DIRECTOR	00.0	. Ö		0
MELISSA BOLTZ FORMER PRESIDENT & CEO	40:00	59:250		
1	40.00	59,250.	0	

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

Description	Amount
MISCELLANEOUS - NET	1,851
Total	
Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses	Con. Dation Statemen
Description	Amount
CREDIT/COLLECTION EXPENSE	5,585
CHAMBER MASTER DATA BASE	3,088
COPIER EXPENSE	2,731
ADVERTISING	1,740
MEMBERSHIP DUES & SUBSCRIPTIONS	2,215
LIABILITY INSURANCE	3,451
LUNCHEON EXPENSES	6,806
OFFICE EXPENSES	3,943
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	252
Depreciation	0
OTHER PROGRAM EXPENSES	28,334
OTHER OPERATING EXPENSES	7,981
COMPUTER EXPENSE	8,620
Total	74,746

Part III: Purpose

Continuation Statement

PROMOTE BUSINESS: OPPOPULATION OF IN GREATER	
LOMBARD COMMUNITY A AMONG MBERS.	
PROMOTE INTERACTION ND MUTUA SUPPORT	THE ST.
BETWEEN MEMBERS AND COMPARY.	

V

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047
2022

Inspection

Employer identification number

23-7192831

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Pt I, Line 8:

Description: MISCELLANEOUS - NET \$1,851

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$5,585

Description: CHAMBER MASTER DATA BASE \$3,088

Description: COPIER EXPENSE \$2,731

Description: ADVERTISING \$1,740

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$2,21

Description: LIABILITY INSURANCE \$3,451

Description: LUNCHEON EXPENSES \$6,806

Description: OFFICE EXPENSES \$3,943

Description: BOARD OF DIRECTOR DEVELOPMENT S252

O DEG

Description: Depreciation \$0

Description: OTHER PROGRAM EXPENSES

OUN'I

Description: OTHER OPERATING EXPENSION \$7,981

Description: COMPUTER EXPENSION

Pt II, Line 26:

Description:

Description: WITHH

Description: SALE

TAX COLL TED Beginning of Year: \$218 End of Year: \$0

L LIABILITIES Beginning of Year: \$2,187 End of Year: \$732

E Beginning of Year: \$0 End of Year: \$1,161

For Paperwork Reduction Act Notice,	see the instructions f	or Form 990 or 990-EZ.	BAA

Form 990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ŀ	OMB No. 1545-0047
	For cal	endar year 2022 or other tax year beginning , 2022, and ending , 2	20	2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. ot enter SSN numbers on this form as it may be made public if your organization is a 501(Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name changed and see instructions.)	D Employ	ver identification number
address changed.	Print	LOMBARD AREA CHAMBER OF COMMERCE	23-7	192831
B Exempt under section	OF	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
∑ 501()(c.6) ↓ 408(e) 220(e)	Туре	10 LILAC LANE	(app int	NI COUCHS)
408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code LOMBARD, IL 60148		A.
408A 530(a)	O Davel			ramende preturn.
G Check organizatio		value of all assets at end of year 9, 107.	Contraction of the local division of the loc	
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form		allege/university
		ization filing a consolidated return with a 501(c)(2) titleholding corporation	No. of Concession, Name	
		thed Schedules A (Form 990-T)		<u>••••</u>
		he corporation a subsidiary in an affiliated group or a parent-subside con	-	
		and identifying number of the parent corporation	and out	
the second se		10 LILAC LANE LOMBARD IL 60148	(630) 627-5040
Part I Total U	nrelate	d Business Taxable Income		
1 Total of unrel	ited bu	siness taxable income computed from all unrelated trades or the messes (s	iee	
instructions)		an an Auder ad an jer en en al a la factaria (an ar 🖉 💦 👘 👘	. 11	0.
2 Reserved	jet i da		. 2	
3 Add lines 1 an	d2.	a a a seconda a construction a construction a construction a construction a construction a construction a const	. 3	0.
4 Charitable cor	tributio	ns (see instructions for limitation rules)	4	
		ess taxable income before net operating uses. Subtract line 4 from line 3	5	0.
		rating loss. See instructions	. 6	
7 Total of unrel	ated bu	siness taxable income before specific deputtion and section 199A deduction	on.	
		ne5	- 7	0.
		enerally \$1,000, but see instructioned exceptions	. 8	
9 Trusts. Sectio	n 199A	deduction. See Instruction	. 9	
		d lines 8 and 9	. 10	2
11 Unrelated bu	siness	taxable income. Subtractive 10 from the 7. If line 10 is greater than line	7,	
Dort II Tor Con		<u> </u>		0.
Part II Tax Cor	nputa			
1 Organizations		e as corporations. Multa Part I, line 11 by 21% (0.21)	1	
2 Trusts taxabl		st rates. See computation. Income tax on the amount	on	
3 Proxy tax. See	inetru	Tax rate school for B Schoolle D (Form 1041)	2	
4 Other tax amo	unte S	itions	4	
5 Alternative mir	imim 1		5	0.
6 Tax on nonco	molian	See instructions	6	<u>0.</u>
7 Total. Add line			7	0.
For Paperwork Reduct		Ice, see instantions. REV 05/17/20 PRO		Form 990-T (2022)
BAA				

-	90-T (2022)			_			P
Part				105			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		2	10.74		
b	Other credits (see instructions)	1b					
C	General business credit. Attach Form 3800 (see instructions)	10					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d					
e	Total credits. Add lines 1a through 1d	• • •	• • • •	· [1e		
2	Subtract line 1e from Part II, line 7.	• • •		·	2		
3	Other amounts due. Check if from: Form 4255 Form 8611 Form			66			
	Other (attach statement)				3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax pre	viously c	leferred ur	Ides			
	section 1294. Enter tax amount here				4		è
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	e ou vi	· · · •				r
6a	Payments: A 2021 overpayment credited to 2022	6a	1				
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		\mathbf{X}		¢.	
C	Tax deposited with Form 8868	6c	Alter				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d.		Ritten I			
8	Backup withholding (see instructions)	6e		<u> </u>			
E.	Credit for small employer health insurance premiums (attach Form 8941) .	6(
g	Other credits, adjustments, and payments: Form 2439			1			
-	Form 4136 Other Total						
7	Total payments. Add lines 6a through 6g		AV.A.	•	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount	Male			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount	et verpa	nel a a	74 I	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	$\langle 0 \rangle$	Refur		11		
1	At any time during the 2022 calendar year, did the organized ave an inter- over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (bank, securities, or other) in a feature over a financial account (ba	est in or	a sionature	e or oth	er aut have	hority to file	Yes
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(Form	1041)	

Department of the Treasury

Alternative Minimum Tax—Estates and Trusts

OMB No. 1545-0092

2022

	مالد مظفر	-	E de martes	4044
· •	111-14-1	HO.	Form	1041.

Go to www.irs.gov/Form1041 for instructions and the latest information.

Name of estate or trust	Employer identification number
LOMBARD AREA CHAMBER OF COMMERCE	23-7192831
Part I Estate's or Trust's Share of Alternative Minimum Taxable Income	2
1 Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions	
2 Interest	
3 Taxes	3
4 Refund of taxes	
5 Depletion (difference between regular tax and AMT)	5
6 Net operating loss deduction. Enter as a positive amount	
7 Interest from specified private activity bonds exempt from the regular tax	
8 Qualified small business stock (see instructions)	
9 Exercise of incentive stock options (excess of AMT income over regular tax income)	
10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10
11 Disposition of property (difference between AMT and regular tax gain or loss)	11.
12 Depreciation on assets placed in service after 1986 (difference between regular tax and A	12
13 Passive activities (difference between AMT and regular tax income or loss)	13
14 Loss limitations (difference between AMT and regular tax income or loss) .	14
15 Circulation costs (difference between regular tax and AMT)	15
16 Long-term contracts (difference between AMT and regular tax income)	16
17 Mining costs (difference between regular tax and AMT)	17
18 Research and experimental costs (difference between regular tax and AMT)	
19 Income from certain installment sales before January 1, 1987 👝	19 (
20 Intangible drilling costs preference	
21 Other adjustments, including income-based related adjust	
22 Alternative tax net operating loss deduction (See the instantion whe limitation that ap	plies.) . 22 (
23 Adjusted alternative minimum taxable income. Combine lines 1 through 22	
Note: Complete Part II below before going to line 24	
24 Income distribution deduction from Part II, line 42	0
25 Estate tax deduction (from Form 1041, line 19)	
26 Add lines 24 and 25	
27 Estate's or trust's share of alternative minimum ta the income Subtract line 26 from line	23 27 0
If line 27 is:	
\$26,500 or less; stop here and enter -0- on 1041, Schedule G, line 1c. The estate	e or trust isn't
liable for the alternative minimum tages and the second second second second second second second second second	
• Over \$26,500, but less than \$194,600 (2000)	
\$194,300 or more, enter the amount from the 27 on line 49 and go to line 50.	
ESBTs, see instructions.	and the second
Part II Income Distribution Deduction on a Minimum Tax Basis	28 0
 Adjusted alternative ministruction income (see instructions) Adjusted tax-exempt in rest (other an amounts included on line 7) 	
30 Total net gain from Sc dule D (Form 041), line 19, column (1). If a loss, enter -0-	
31 Capital gains for the par allowed to corpus and paid or permanently set aside	
purposes (from Fore 104 A, line 4)	
32 Capital gain and one panently set aside for charitable purposes from gross income (set	
33 Capital game computed a minimum tax basis included on line 23	
34 Capital los computed a minimum tax basis included on line 23. Enter as a positive	
35 Distributable in the minimum taxable income (DNAMTI). Combine lines 28 throu	
or less, enter-0-	
36 Income required to be distributed currently (from Form 1041, Schedule B, line 9)	
37 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Sched	
38 Total distributions. Add lines 36 and 37	
 39 Tax-exempt income included on line 38 (other than amounts included on line 7) 40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 	
Tenauve income distribution deduction on a minimum tax pasis. Subtract line 39 from lin	ne 38 40

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Cat. No. 51517Q

Sched	lule I (Form 1041) 2022	Page 2
Par	t II Income Distribution Deduction on a Minimum Tax Basis (continued)	
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-	41 0
42	Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41. Enter here and on line 24.	
Par	Alternative Minimum Tax	42 0
43	Exemption amount .	43 \$26,500
44	Enter the amount from line 27	40 420,000
45	Phase-out of exemption amount 45 \$88,300	
46	Subtract line 45 from line 44. If zero or less, enter -0	
47	Multiply line 46 by 25% (0.25)	47
48	Subtract line 47 from line 43. If zero or less, enter -0-	18
49	Subtract line 48 from line 44	49
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a so on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT if necessary). Otherwise, if line 49 is:	
	• \$206,100 or less, multiply line 49 by 26% (0.26).	
51	Over \$206,100, multiply line 49 by 28% (0.28) and subtract \$4,122 from the result Alternative minimum foreign tax credit (see instructions)	50
52	Tentative minimum tax. Subtract line 51 from line 50	51 52
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)	53
54	Alternative minimum tax. Subtract line 53 from line 52. If zero or less the mare and on	
	Form 1041, Schedule G, line 1c	54
Part	IV Line 50 Computation Using Maximum Capital Gains Rates	
Caut	ion: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Worksheet, or the	
Quali	fied Dividends Tax Worksheet in the Instructions for Form 104 see the instructions before completing	
this p		
55	Enter the amount from line 49	55
56	Enter the amount from line 26 of Schedule D (Form 1041), line of the	
	Schedule D Tax Worksheet, or line 4 of the Qualified Statements Tax Worksheet, in the Instructions for Form 1041, whichever applied as needed for the AMT,	
	If necessary)	
57	Enter the amount from Schedule D (Form 10), line 18b, oblumn (2) (as	
	refigured for the AMT, if necessary). If you didn's amplete Schedule D for the	
	regular tax or the AMT, enter -D	
58	If you didn't complete a Schedule D Tax Wone pet for the regular tax or the	
	AMT, enter the amount from line 56 content and the 56 and 57 and enter	
	the smaller of that result or the ane show of the Schedule D Tax	
50	Worksheet (as refigured for the AMT, if new yary). 58	
59 60	Enter the smaller of line 55 or line 58	59
61	Subtract line 59 from line 55 line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28)	60
01	and subtract \$4,122 f the result	61
62	Maximum amount su t to the 0% te	
63	Enter the amount from the 27 of schedule D (Form 1041), line 14 of the	
	Schedule D Tax Monkshee, and the Qualified Dividends Tax Worksheet	
	in the Instructions the source 1041, whichever applies (as figured for the regular	
	tax). If you and the schedule D or either worksheet for the regular tax,	
	enter the count from F 1041, line 23; if zero or less, enter -0	
64	Subtract line com line 2. If zero or less, enter -0	
65 66	Enter the smaller 55 or line 56	
66 67	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	
	Subtract line 66 from line 65	asia.

REV 05/17/23 PRO

Schedule I (Form 1041) 2022

Schedu	le I (Form 1041) 2022				Page
Part	IV Line 50 Computation Using Maximum Capital Gains Rates (contil	inued			r ugo v
68	Maximum amount subject to rates below 20%	68	\$13,700	Control Control	
69	Enter the amount from line 64	69			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	70			
71	Add line 69 and line 70	71			
72	Subtract line 71 from line 68. If zero or less, enter -0-	72	A		
73		73			
74	Multiply line 73 by 15% (0.15)			74	
75	A E E M C T MARKET T TTETMENETS	75			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherw		o to line 76	10 20	
76	A state of the sta	76			
77	Multiply line 76 by 20% (0.20)		CONTRACTOR DE CONTRACTOR	17	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwis	se. do	to line 78		
78		78			
79	Subtract line 78 from line 55	79		and the second	
80	Multiply line 79 by 25% (0.25)			80	
81	Add lines 61, 74, 77, and 80.			81	
82	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise	lin. 25	by 8% (0.28)		
	and subtract \$4,122 from the result	•	57 2075 (0.20)	82	
83	If line 55 is \$206,100 or less, multiply line 55 by 26% (0.26). Otherwise and subtract \$4,122 from the result Enter the smaller of line 81 or line 82 here and on line 50	\sim	.	83	
23×12		122	the second s		

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Schedule I (Form 1041) 2022

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(Rev. January 2022)

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Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer Cantification number (IN)
	LOMBARD AREA CHAMBER OF COMMERCE	23-719203
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	10 LILAC LANE	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	LOMBARD IL 60148	

Enter the Return Code for the return that this application is for (file a separate application) or each 0

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 104	08
Form 4720 (individual)	03	Form 4720 Vidual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	1 m 8870	12
Form 990-T (corporation)	07		

The books are in the care of MELISSA BOLTZ

Telephone No. (630) 627-5040

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If the organization does not have an office or place of siness in the sines.	nited States, check this box	🕨 🍽
If this is for a Group Return, enter the organization's four digit Group	emption Number (GEN)	. If this is
for the whole group, check this box	he group, check this box 🛛 🚬 🕨	and attach
a list with the names and TINs of all members the expansion states		

I request an automatic 6-month extension and Nov 15 , 20 23, to file the exempt organization return for 1 the organization named above. The exception is not the organization's return for:

► K calendar year 20 22 or tax year beginning: , 20 , and ending , 20 .

2 less than 12 months, check reason: I Initial return I Final return If the tax year entered Change in account

	If this application is nonrefundable	F, 990-T, 4720, or 6069, enter the tentative tax, less any Statements.	3a	\$ 0.
b		Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and de. Include any prior year overpayment allowed as a credit.	3b	\$ 0.

3b from line 3a. Include your payment with this form, if required, by

using EFTPS (electronic Ederal Tax Payment System). See instructions. 3c |\$ 0. in electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment Caution: If you are going to instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. BAA

Subtract

period

REV 05/17/23 PRO Form 8868 (Rev. 1-2022)

2023 Lilac Time Arts & Craft Fair

Sunday, May 7, 2023 10am - 4pm

On St Charles Road between Main & Elizabeth

Over 150 Vendors Live Entertainment, Food & Family Zone





