

VILLAGE OF LOMBARD
LOCAL TOURISM GRANT PROGRAM 2023 APPLICATION FORM

GENERAL INFORMATION

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Lombard Farmers Market		
Date of event:	10/23/2023	Event location:	20 E St Charles Road
Contact person:	Melissa Boltz	Title:	President & CEO
Business address:	10 Lilac Lane	City & Zip	Lombard, IL 60148
Telephone:	630-627-5040	Email:	Melissa@lombardchamber.com

PROJECT OVERVIEW

Total cost of the project:	\$10,440
Cost of city services requested in this application (if any):	\$2640
Total funding requested in this application:	\$4000.00
Percent of total project cost being requested:	40%
Anticipated attendance:	400 Weekly
Anticipated number of overnight hotel stays:	0

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

Funds will be used to cover public works overtime to place barricades at the parking lot at 20 E St Charles Rd every Tuesday morning at 5 am as they need to block the parking lot before any commuters park in the lot and any possible electric Public Works can provide (spider boxes) We are also requesting funding to assist with the cost of a port-o-let.

ORGANIZATION

Number of years that the organization has been in existence:	68
Number of years that the project or event has been in existence:	1
Number of years the project has been supported by Village of Lombard funds:	1
How many years does the organization anticipate it will request grant funding?	5+

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

The Lombard Area Chamber of Commerce is an organization that supports business growth and development, along with community promotion. We are looking to add a Farmers Market on Tuesday evenings from June-October to promote downtown businesses on an otherwise slow night. This is our second year operating this event, so we have a better idea of what we are doing and costs involved. We are looking to add live music to enhance the experience and give us the ability to keep shoppers engaged in the downtown area for dinner/shopping after they visit the Farmers Market

- 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:

Being the 2nd year, we do have a better idea of costs. We are still looking at this event as a source of non-dues revenue for the Chamber, and many of the one-time costs were taken care of in 2022. We had 13 vendors in 2022, and are anticipating 25 in 2023. We are looking to also offer a weekly booth space for non-profits within the community on a sign-up basis for them to grow brand awareness within the community. We also offer booth space at the Chamber booth to Chamber members at no cost so they may market their business. We feel that the event brings guests downtown Lombard on an otherwise slow night and we feel many businesses within the downtown community benefitted from the farmers market.

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

2022 was definitely a learning year for Farmers Market. We are looking at our opportunities to grow, we made notes of what worked and what did not work and are taking that knowledge to grow. We also welcomed input from the community and utilized any suggestions to make ourselves better. We are hoping to grow it to be self-sustaining but many vendors are still struggling so we need to keep our costs as low as possible.

PROJECT DESCRIPTION

Is the event open to the general public?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

Have you requested grant funding in the past?

☒ Yes ☐ No

If yes, provide grant awards for past 5 years:

Grant awarded for farmers market in 2022, Lilac Times Arts & Crafts Fair, Spooktacular

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

We are looking to offer twenty five 10x10 vendor spots, the total cost for the spot will be \$200 for 20 weeks, which is comparable to neighboring farmers markets. Looking at other farmers markets in the area many farmers purchase two spots for a 20x10 area. We will be requiring the vendors to provide their own tables, chairs and tents (following the village requirements for temporary tents). The Farmers Market will be open from 2pm-7pm. In 2023 we are offering a booth space each week to a local non-profit on a sign-up basis for the non-profit to engage in the community. We are looking to provide live music to promote an otherwise slow night in the downtown area, we will use the PA system to encourage people to stay and shop/dine in downtown Lombard after they visit the market. The market will run from May 23rd – October 17th 2023.

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

They will be used to cover Public Works overtime to install barricades for the parking lot at 5 am prior to commuters arriving. We will also use the grant funds for a port-o-let at the site (based on community feedback)

3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

We definitely learned quite a bit in our first year. We are starting to plan much earlier for the 2023 season. We have 3 vendors lined up already, and we feel that more vendors will increase attendance. We are also looking at our entertainment and having them promote the event, as well as continue with our social media campaigns, festival.net advertising, and marketing through the IL Farmers Market Association.

LOCATION

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

20 E St. Charles Road

MILESTONES AND TIMETABLES

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

We started planning in early December for the 2023 Farmers Market, much earlier than 2022. Our marketing pieces are almost finished, as well as the social media campaign. We will create a Facebook page for Farmers Market, we have renewed our membership in the IL Farmers Market Association. We currently have 3 vendors ready to sign up when registration opens, and we have commitments to return from 7 vendors from 2022.

IMPACT

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

Farmers Markets are proven to attract visitors to communities. In sitting in Economic and Community Development committee meetings, it has been discussed that these are instrumental in promoting community development. We did not have any hotel stays in 2022.

- 2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

We are hoping to feature live music and kids activities as to make this more of a destination event vs. a "stop in" event to promote dining and shopping after people visit the farmers market. In 2022 we ended up creating a "kids area" with toys for the kids, chairs for families to sit in and enjoy time listening to the music, and we then noticed them heading to local restaurants. Economically this increases the sales tax revenue to the Village.

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

Target audience is community members that want fresh produce and an evening out. We are hoping to attract 200-300 people each week. We are also hoping to draw people from Villa Park as they do not have a Farmers Market, in 2022 we had many attendees come from Villa Park. We also had attendees from other nearby communities that had Farmers Market's on different days and wanted fresh meat and produce.

- 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.

Public works has estimated that the cost of providing barricades each week is \$120/week but the cost was significantly lower than anticipated. We are not sure what the cost is going to be in 2023 so we are basing it on 2022 costs, and we are also requesting the cost of a port-o-let be included in the grant for 2023. If the grant is not approved, we will still move forward with the Farmers Market.

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

We are looking to provide 1 booth space a week for non-profits at no cost to the organization. This will be done on a sign-up basis. We would like the opportunity for our local organizations to have opportunities to market themselves with minimal costs.

- 6) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

We have joined the Farmers Market Association, we are advertising on Social Media, we are advertising through the park district, and in several print magazines/newspapers. We will also be featuring the Farmers market on the Village board, and we will be on local Farmers Market calendars. We will also be sending out flyers to all apartment buildings to send to their residents, as well as posters throughout the community.

- 7) Funding for the Local Tourism Grant Program for 2023 is constrained. The Committee anticipates the possibility of reduced funding over prior year grant awards. What have you done to reduce the amount of funds your organization is requesting under this grant? If you do not receive the full funding you requested for 2023, how will your organization adjust? What modifications can/will you make to your budget or event if full grant funding is not made available?

We will still move forward with the Farmers Market and readjust our budget to meet the costs.

FINANCES

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

CHECKLIST

- ☐ Completed Local Tourism Grant Program Application Form.
- ☐ Completed detailed budget form.
- ☐ Promotional materials from past events (not applicable to first time events).

- ☐ Post event summary from past event (not applicable to first time events).
- ☐ Copy of the most recently completed agency audit or explanation of why it is not available.
- ☐ Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

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CERTIFICATION

The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	MELISSA BOLTZ		
Title or office held:	President of RED	Date:	1/5/23

Signature: Melissa B. Boltz

LOCAL TOURISM GRANT PROGRAM **DETAILED BUDGET**

Event: Lombard Farmers Market Date: 5/23/23 to 10/17/23

Organization: Lombard Area Chamber of Commerce

INCOME: Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	ACTUAL 2022	ACTUAL	ANTICIPATED
Lombard Tourism Grant	\$385	\$	\$3640
Vendor registration	\$2315		\$5625
Sponsorships	\$1400		\$2000
Total Income	\$4100	\$	\$11265

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
Entertainment	\$2200	\$	\$3300
Village Services	\$385		\$2640
Port-o-let	\$0		\$1000
Advertising/printing	\$100		\$200.00
One-time event costs	\$300		\$100
Misc weekly costs	\$100		\$200
Labor/administrative	\$3000		\$3000
Total Expenses	\$6085	\$	\$10440

IN-KIND CONTRIBUTIONS: Include an itemized list of all actual and estimated in-kind contributions. In-kind contributions are non-cash donations, contributions or gifts which can be given a cash value (include Village of Lombard in-kind services, where applicable)

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



LOMBARD CHAMBER OF COMMERCE

FARMERS MARKET 2022
JUNE-OCTOBER
TUESDAYS FROM 2PM-7PM

Looking for a sponsorship opportunity?

Weekly Sponsor Member \$300 (Non-Member \$550*)

- Vendor space at the event day of sponsorship -
- Social Media advertising -
- Promotion throughout the event -

Presenting Sponsor Member \$2000 (Non-Member \$2250*)

- Signage & Promotion at event -
- Opportunity for vendor space every week -
- Three email blasts -
- Recognition on website event page -
- Social Media advertising -

Call Melissa at (630)627-5040
www.lombardchamber.com

*Includes a 1 year membership with the Lombard Chamber of Commerce



LOMBARD CHAMBER OF COMMERCE

**FARMERS MARKET 2022
JUNE 7TH-OCTOBER 18TH
TUESDAYS FROM 2PM-7PM**

VENDOR SPOTS ARE AVAILABLE

**SPOTS ARE \$200 FOR A 10X10 OR \$400
FOR A 20X10 (SEASON RATE)**

WEEKLY SPOTS AVAILABLE FOR \$30

**TO REGISTER CONTACT MELISSA AT
(630)672-5040**



LOMBARD CHAMBER OF COMMERCE
PRESENTS OUR FIRST ANNUAL

FARMERS MARKET 2022

JUNE 7TH-OCTOBER 18TH

TUESDAYS FROM 2PM-7PM

20 E ST. CHARLES RD

**FOR MORE INFORMATION CONTACT THE
LOMBARD CHAMBER OF COMMERCE**

630.627.5040 LOMBARDCHAMBER.COM

Return of Organization Exempt From Income Tax**2021**Department of the Treasury
Internal Revenue Service

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****A For the 2021 calendar year, or tax year beginning**

, 2021, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

LOMBARD AREA CHAMBER OF COMMERCE

Number and street (or P.O. box if mail is not delivered to street address)

10 LILAC LANE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOMBARD, IL 60148

D Employer identification number

23-7192831

E Telephone number

6306275040

F Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.lombardchamber.com**H** Check ☒ if the organization is not required to attach Schedule B (Form 990).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 153,682.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,800.
	2	Program service revenue including government fees and contracts	2	15,255.
	3	Membership dues and assessments	3	60,620.
	4	Investment income	4	187.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 0. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	58,994.
c	Less: direct expenses from gaming and fundraising events	6c	34,610.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	24,384.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) See Line 8 Stmt.	8	826.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,072.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	78,891.
	13	Professional fees and other payments to independent contractors	13	950.
	14	Occupancy, rent, utilities, and maintenance	14	17,138.
	15	Printing, publications, postage, and shipping	15	235.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	28,481.
	17	Total expenses. Add lines 10 through 16	17	125,695.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-6,623.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,606.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,983.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,446.	22 30,388.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)		24
25 Total assets	51,446.	25 30,388.
26 Total liabilities (describe in Schedule O)	16,840.	26 2,405.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,606.	27 27,983.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 HELD ITS ANNUAL MEMBER & GUEST GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL PARTICIPATING MEMBERS		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 HELD MONTHLY NETWORKING BREAKFASTS AND MONTHLY MEMBER LUNCHEONS TO PROMOTE BUSINESS SUPPORT AND MUTUAL COMMERCIAL INFORMATION AND DEVELOPMENTS FOR ALL MEMBERS.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER DIRECTORIES, EMAIL BLASTS & NEW MEMBER GRAND OPENING CEREMONIES		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSIE JAWARSKI CHAIR OF BOARD	5.00	0.	0.	0.
BIANCA STONE TREASURER	5.00	0.	0.	0.
CHRISTINE CERONE PAST CHAIR	2.00	0.	0.	0.
LINDA SUSMILCH VICE CHAIR	2.00	0.	0.	0.
RICK Galfano DIRECTOR	0.00	0.	0.	0.
VANESSA MARTINEZ DIRECTOR	0.00	0.	0.	0.
TED BRUST DIRECTOR	0.00	0.	0.	0.
GREG LUDWIG DIRECTOR	0.00	0.	0.	0.
MELISSA BOLTZ PRESIDENT & CEO	40.00	54,230.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>MELISSA BOLTZ</u> Telephone no. <u>(630) 627-5040</u> Located at <u>10 LILAC LANE, LOMBARD IL</u> ZIP + 4 <u>60148</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	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	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

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

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- | | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

11/15/2022

Date

MELISSA BOLTZ, PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

WAYNE E. PARSONS, CPA

Preparer's signature

WAYNE E. PARSONS, CPA

Date

11/17/2022

Check ☒ if self-employed

PTIN

P01445634

Firm's name ▶ WAYNE E. PARSONS, CPA

Firm's EIN ▶

Firm's address ▶ 931 SOUTH EUCLID AVENUE, VILLA PARK, IL 60181

Phone no. (630) 782-5902

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 8: Other Revenue****Continuation Statement**

Description	Amount
MISCELLANEOUS - NET	826.
Total	826.

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

Description	Amount
CREDIT/COLLECTION EXPENSE	2,418.
CHAMBER MASTER DATA BASE	2,960.
COPIER EXPENSE	2,645.
ADVERTISING	3,319.
MEMBERSHIP DUES & SUBSCRIPTIONS	1,113.
LIABILITY INSURANCE	3,206.
LUNCHEON EXPENSES	3,574.
OFFICE EXPENSES	6,231.
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	391.
OTHER PROGRAM EXPENSES	504.
OTHER OPERATING EXPENSES	720.
Depreciation	1,400.
Total	28,481.

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.

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II

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

		(a) Event #1 CRAFT FAIR (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	21,597.	16,947.	20,450.	58,994.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,597.	16,947.	20,450.	58,994.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,952.	6,428.	19,229.	34,609.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,609.
	11 Net income summary. Subtract line 10 from line 3, column (d)				24,385.

Part III

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

- | | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ▶

Address ►

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

Name

Address ▶

16 Gaming manager information:

Name

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

Part IV

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS - NET \$826

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$2,418

Description: CHAMBER MASTER DATA BASE \$2,960

Description: COPIER EXPENSE \$2,645

Description: ADVERTISING \$3,319

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$1,113

Description: LIABILITY INSURANCE \$3,206

Description: LUNCHEON EXPENSES \$3,574

Description: OFFICE EXPENSES \$6,231

Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$391

Description: OTHER PROGRAM EXPENSES \$504

Description: OTHER OPERATING EXPENSES \$720

Description: Depreciation \$1,400

Pt II, Line 26:

Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$1,663 End of Year: \$2,187

Description: SALES TAX COLLECTED Beginning of Year: \$209 End of Year: \$218

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

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 2021, or fiscal year beginning _____, 2021, and ending _____, 2021

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.**2021**

Name of filer

LOMBARD AREA CHAMBER OF COMMERCE

EIN or SSN

23-7192831

Name and title of officer or person subject to tax

MELISSA BOLTZ, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	
2a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b	119,072.
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b	
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b	
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b	
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b	
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b	
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b	
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize WAYNE E. PARSONS, CPA to enter my PIN 9 5 7 4 0 as my signature
ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 11/15/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 5 3 9 9 1 2 1 6 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/17/2022

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

REV 07/25/22 PRO

Form **8879-TE** (2021)