

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

**GENERAL INFORMATION**

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Farmers Market		
Date of event:	06-22/10-22	Event location:	20 E St Charles Rd
Contact person:	Melissa Infusino	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:	\$
Cost of city services requested in this application (if any):	\$approx \$2640.00
Total funding requested in this application:	\$approx \$2640.00
Percent of total project cost being requested:	%
Anticipated attendance:	
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 there.

**ORGANIZATION**

Number of years that the organization has been in existence:	68
Number of years that the project or event has been in existence:	0
Number of years the project has been supported by Village of Lombard funds:	0
How many years does the organization anticipate it will request grant funding?	Unsure at this time

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. Since this is our first year, we are unsure of any costs associated. 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:

We are not sure of the budget this year as this is the first year we are hosting the event. Although we are looking to generate revenue for the Chamber and use this as a revenue source for non-dues revenue, we are using 2022 as a benchmark for future years.

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

We are hoping to host this on an annual basis. We are starting small this year so we don't bite off more than we can chew, but we feel that done correctly we can grow this to be self-sustaining and a benefit to the community.

**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:

Lilac Times Arts and Craft Fair

- 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. We have invited the park district to come provide a kids activity. 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.

- 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.

- 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)?

First time event

### **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.

Our committee is moving full steam ahead with this event. We have spoken to vendors, we have joined the Farmers Market Association, we are starting to promote the event through social media, the Chamber website, and the park district is also giving us a page in the summer activity guide. We are looking to secure all vendors by June 1, 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. Since this is our first year, we are unsure of hotel stays.

- 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.

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

Target audience is families that want fresh produce and a family evening out. We are hoping to attract 200-300 people each week.

- 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 baracades each week is \$120/week. We are requesting the grant to cover just these costs. 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 have spoken to the park district about providing a kids activity each week for the families/kids that attend.

- 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.

- 7) Funding for the Local Tourism Grant Program for 2022 is constrained. The Committee anticipates the possibility of reduced funding over prior year grant awards. What have you done to reduce the amount of funds your organization is requesting under this grant? If you do not receive the full funding you requested for 2022, how will your organization adjust? What modifications can/will you make to your budget or event if full grant funding is not made available?

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:			
Title or office held:		Date:	

Signature: \_\_\_\_\_

**LOCAL TOURISM GRANT PROGRAM  
DETAILED BUDGET**

Event: Lombard Farmers Market Date: 4/5/22

Organization: Lombard Area Chamber of Commerce

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

ITEMIZED REVENUES	ACTUAL	ACTUAL	ANTICIPATED
Lombard Tourism Grant	\$	\$	\$2640.00
Vendor Registrations			\$5000.00
Sponsorships			\$5000.00
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$12640.00</b>

**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
Advertising	\$	\$	\$200.00
Farmers Market Assoc Membership	\$125		\$
Entertainment			\$5000.00
Labor/administrative			\$3000.00
Generator			\$1500.00
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$9825.00</b>

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

Estimated value of in-kind contributions (explain)

ACTUAL	ACTUAL	ANTICIPATED
\$	\$	

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

## A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

## B Check if applicable:

- ☐ 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](http://www.lombardchamber.com)H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 108,642.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,000.
	2	Program service revenue including government fees and contracts	2	21,011.
	3	Membership dues and assessments	3	63,773.
	4	Investment income	4	441.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) See Line 8 Stmt.	8	6,417.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	108,642.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	73,940.
	13	Professional fees and other payments to independent contractors	13	2,171.
	14	Occupancy, rent, utilities, and maintenance	14	16,539.
	15	Printing, publications, postage, and shipping	15	405.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	30,656.
	17	Total expenses. Add lines 10 through 16	17	123,711.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-15,069.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,477.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,198.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,606.



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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	49,789.	<b>22</b> 51,446.
<b>23</b> Land and buildings	0.	<b>23</b> 0.
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25</b> Total assets	49,789.	<b>25</b> 51,446.
<b>26</b> Total liabilities (describe in Schedule O)	2,312.	<b>26</b> 16,840.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,477.	<b>27</b> 34,606.

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

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

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)**28** HELD ITS ANNUAL MEMBER & GUEST GOLF OUTING TO RAISE OPERATING FUNDS AND TO PROMOTE INTERACTION AMONG ALL MEMBERS(Grants \$ ) If this amount includes foreign grants, check here ☐ **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 ☐ **29a****30** PROVIDED MEMBERS WITH MARKETING OPPORTUNITIES IN THE FORM OF MEMBER ESTABLISHMENT GAMES, AND THE SALE TO MEMBERS OF COVID RELIEF MATERIALS(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses (add lines 28a through 31a) **32****Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTINE CERONE				
CHAIR OF BOARD	5.00	0.	0.	0.
JOE ORSOLINI				
TREASURER	5.00	0.	0.	0.
PAM LOHMAN				
PAST CHAIRMAN	2.00	0.	0.	0.
LISA DATO-WILLIAMS				
DIRECTOR	0.00	0.	0.	0.
RICK Galfano				
DIRECTOR	0.00	0.	0.	0.
LINDA SUSMILCH				
VICE CHAIR	2.00	0.	0.	0.
SEAN QUIRK				
DIRECTOR	0.00	0.	0.	0.
BIANCA STONE				
DIRECTOR	0.00	0.	0.	0.
TERRY REMPert				
DIRECTOR	0.00	0.	0.	0.
JOSIE JAWORSKE				
DIRECTOR	0.00	0.	0.	0.
ANDY TRIPPI				
DIRECTOR	0.00	0.	0.	0.
See Part IV Stmt	40.00	59,257.	0.	0.

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

	Yes	No
<b>33</b> 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
<b>34</b> 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
<b>35a</b> 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>b</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		X
<b>c</b> 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
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</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		
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42a</b> The organization's books are in care of <u>YVONNE INVERGO</u> Telephone no. <u>(630) 627-5040</u> Located at <u>10 LILAC LANE, LOMBARD IL</u> ZIP + 4 <u>60148</u>		
<b>b</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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
<b>43</b> 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		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

Yes No

46

X

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

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

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

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

Yes No

47

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

48

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

49a

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

49b

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

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

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

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

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

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

Yes No

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

**Sign Here** Signature of officer JOE ORSOLINI, TREASURER Date 11/15/2021

**Paid Preparer Use Only** Print/Type preparer's name WAYNE E. PARSONS, CPA Preparer's signature WAYNE E. PARSONS, CPA Date 11/15/2021 Check ☒ 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

See Explanation for Late Filing

REV 09/08/21 PRO

Form **990-EZ** (2020)

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

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

Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
MELISSA INFUSINO EXECUTIVE DIRECTOR	40.00	0.	0.	0.
YVONNE INVERGO FORMER EXEC DIR	0.00	59,257.	0.	0.
	40.00	59,257.	0.	0.

## Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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

## Line 8: Other Revenue

## Continuation Statement

Description	Amount
MISCELLANEOUS	6,417.
<b>Total</b>	<b>6,417.</b>

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

## Line 16: Other Expenses

## Continuation Statement

Description	Amount
CREDIT/COLLECTION EXPENSE	2,809.
CHAMBER MASTER DATA BASE	2,241.
COPIER EXPENSE	2,969.
ADVERTISING	1,456.
MEMBERSHIP DUES & SUBSCRIPTIONS	1,314.
LIABILITY INSURANCE	3,037.
LUNCHEON EXPENSES	5,014.
OFFICE EXPENSES	2,742.
BOARD OF DIRECTOR DEVELOPMENT EXPENSES	1,395.
GOLF OUTING EXPENSES	2,998.
Depreciation	0.
OTHER PROGRAM EXPENSES	3,907.
OTHER OPERATING EXPENSES	774.
<b>Total</b>	<b>30,656.</b>

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

## Part III: Purpose

## Continuation Statement

Organization's Primary Exempt Purpose
PROMOTE BUSINESS OPPORTUNITIES IN GREATER
LOMBARD COMMUNITY AND AMONG MEMBERS.
PROMOTE INTERACTION AND MUTUAL SUPPORT
AMONG MEMBERS AND THE COMMUNITY.

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

## Late Filing Explanation

## Explanation Statement

Explanation
THE ORGANIZATION FILED AN EXTENSION REQUEST ON FORM 8888 VIA MAIL ON MAY 17, 2021.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

LOMBARD AREA CHAMBER OF COMMERCE

Employer identification number

23-7192831

Pt I, Line 8:

Description: MISCELLANEOUS \$6,417

Pt I, Line 16:

Description: CREDIT/COLLECTION EXPENSE \$2,809

Description: CHAMBER MASTER DATA BASE \$2,241

Description: COPIER EXPENSE \$2,969

Description: ADVERTISING \$1,456

Description: MEMBERSHIP DUES & SUBSCRIPTIONS \$1,314

Description: LIABILITY INSURANCE \$3,037

Description: LUNCHEON EXPENSES \$5,014

Description: OFFICE EXPENSES \$2,742

Description: BOARD OF DIRECTOR DEVELOPMENT EXPENSES \$1,395

Description: GOLF OUTING EXPENSES \$2,998

Description: Depreciation \$0

Description: OTHER PROGRAM EXPENSES \$3,907

Description: OTHER OPERATING EXPENSES \$774

Pt II, Line 26:

Description: WITHHELD PAYROLL LIABILITIES Beginning of Year: \$2,312 End of Year: \$1,663

Description: SALES TAX COLLECTED Beginning of Year: 0 End of Year: \$209

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

# Federal Depreciation Options

► Keep for your records

2020

Name as Shown on Return

LOMBARD AREA CHAMBER OF COMMERCE

Employer Identification No.

23-7192831

## MACRS Convention

☒ Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below.

The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 ☒ Half-year convention

2 ☐ Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? . . . . . ☐ Yes ☒ No

Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . . ☐ Yes ☒ No

Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . ☐ Reg ☐ Ext ☒ No

Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☐ No

Was this business located in a Qualified Disaster Area? . . . . . ☐ Yes ☐ No

## Form 990-T Section 179 Information

1	Taxable income computed without the Section 179 or contribution deduction . . .	1	
2	Contribution deduction for purposes of Section 179 limitation . . . . .	2	
3	Taxable income computed for the Section 179 limitation . . . . .	3	
4	Elect to treat Qualified Real Property as "Section 179 Property" . . . . .	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	5 a	
b	Additions or subtractions to calculated value . . . . .	b	

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Form 990 / Form 990EZ

Identifying number  
23-7192831**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

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

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

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

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

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

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

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

**Part IV Summary (See instructions.)**

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



**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2020**

Name of exempt organization or person subject to tax

LOMBARD AREA CHAMBER OF COMMERCE

Taxpayer identification number

23-7192831

Name and title of officer or person subject to tax

JOE ORSOLINI, TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b 108,642.
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize WAYNE E. PARSONS, CPA to enter my PIN 

9	5	7	4	0
---	---	---	---	---

 as my signature  
ERO firm name

Enter five numbers, but  
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 11/15/2021

**Part III Certification and Authentication**

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

1	5	3	9	5	9	1	2	1	6	8
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/15/2021

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