

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

**GENERAL INFORMATION**

Organization:	Lombard Area Chamber of Commerce		
Name of event:	Jingle Bell Jubilee		
Date of event:	12/2/2023	Event location:	Downtown Lombard
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:	\$6000.00
Cost of city services requested in this application (if any):	\$3000.00
Total funding requested in this application:	\$3000.00
Percent of total project cost being requested:	50%
Anticipated attendance:	1500
Anticipated number of overnight hotel stays:	Unknown

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

The Lombard Area Chamber of Commerce is partnering with the Lombard Park District, the Village of Lombard, and the Lombard Historical Society for the 2023 Jingle Bell Jubilee. In 2022 each organization took a specific role in executing the event, and the Chamber provided a DJ in Downtown Lombard for the shoppers and attendees to enjoy. This proved very successful for the Downtown Businesses as there was a trolley that ran from 4-8 so visitors could visit the various events throughout the community. For the 2023 event the Chamber would like to block off Park Avenue from St. Charles to Michael McGuire to have a DJ, dancers, and other activities in the downtown area. The Chamber will be working with local schools to have the windows painted of downtown businesses that wish to participate to enhance the festivities.

**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 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. The Lombard Chamber is committed to continued promotion of the community, and feels that events like this one attracts many visitors to the community and we wish to work to encourage the visitors to shop and dine local during the event.

- 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:

The Jingle Bell Jubilee is the official kickoff of the Holiday season in the community and is highlighted by the lighting of Lilacia Park. This brings many visitors to the community, and we feel that adding this celebration will draw visitors to the downtown area so shoppers can enjoy the shops and restaurants.

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

Continuing to work with the Park District, Village, and Historical Society to gain momentum and sponsorships for the event.

### **PROJECT DESCRIPTION**

Is the event open to the general public?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

Have you requested grant funding in the past?

☒ Yes ☐ No

If yes, provide grant awards for past 5 years:

Lilac Times Arts & Crafts Fair, Farmers Market, Spooktacular

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

Jingle Bell Jubilee is the celebration that kicks off the official holiday season for the community, and it is when the Park District lights up Lilacia Park for the Holiday season. Many organizations participate in this event and offer different activities throughout the community. There is even a trolley that runs through the community so visitors don't have to worry about driving to the different locations and parking. This portion of the event will offer fun activities in the downtown area for guests to enjoy. See marketing materials for the 2022 schedule of events.

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

We are requesting the funds for public works overtime and Village services that involve blocking off Park between St. Charles and Michael McGuire.

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.

Park Avenue between St. Charles Road and 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 this is an event spearheaded by the Lombard Park District, we will be following their timeline for implementation of the event.

### **IMPACT**

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

This is a community event that goes beyond just Chamber involvement. This is advertised heavily by all organizations involved, and since it is the lighting of the famous Lilacia park, people do come from many different areas to see the lights and celebrate the start of the Holiday.

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?

This being the "lighting of our famous Lilacia Park" with almost 700,000 lights, we are hoping to draw attendees from many different surrounding communities and with the Chamber's involvement in the downtown area we are hoping to attract visitors to the shops and restaurants.

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

Anyone who enjoys a holiday celebration. It is my understanding this event draws many people. 2022 was the first year the Chamber partnered with the organizations involved, so it is still a learning process.

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.

Since this is our first year requesting these funds we are unsure of costs, but we are looking to use the grant funds to cover the Village services.

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

This is a partnership with the Park District, the Village of Lombard, the Lombard Historical Society, and the Lombard Area Chamber. The cost of the postcard and trolley is mostly covered by sponsors and any remaining costs are split amongst the organizations.

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).

The event is heavily marketed through the Park District, Historical Society, Village of Lombard, and the Chamber. Marketing includes publications, postcards, social media, email blasts, and Village marketing.

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 look for sponsorships if needed to cover Village services.

## **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: Jingle Bell Jubilee

Date: Date 2, 2023

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	\$	\$	\$3000
Sponsorships			\$3000
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$6000</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	ACTUAL	ANTICIPATED
Village Services	\$	\$	\$3000
DJ			\$300
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$3300</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
\$	\$	

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

OMB No. 1545-0047

**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](http://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](http://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	<b>Total revenue.</b> 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	<b>Total expenses.</b> 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
<b>22</b> Cash, savings, and investments	51,446.	<b>22</b> 30,388.
<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	51,446.	<b>25</b> 30,388.
<b>26</b> Total liabilities (describe in Schedule O)	16,840.	<b>26</b> 2,405.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,606.	<b>27</b> 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.)

<b>28</b> 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"/>	<b>28a</b>	
<b>29</b> 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"/>	<b>29a</b>	
<b>30</b> 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"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	

**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 GALEFANO 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
<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		
<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 <b>Form 1120-POL</b> 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>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>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 <b>Form 1041</b> —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
<b>46</b>		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
<b>47</b>		

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

<b>48</b>		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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- 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.
<b>Total</b>	<b>826.</b>

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

Description	Amount
CREDIT/COLLECTION EXPENSE	2,418.
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.
<b>Total</b>	<b>28,481.</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
BETWEEN MEMBERS AND THE COMMUNITY.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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](http://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

**Part I**

**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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <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						
<b>Total</b> .....						

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a 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](http://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

**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 \_\_\_\_\_, 20\_\_\_\_\_

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://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 &amp; 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

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	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 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**



# Jingles & Bell Jubilee

## Schedule of Events | December 3

Jingles, the reindeer, invites you to join the Lombard Park District, Village of Lombard, Lombard Historical Society, Lombard Chamber, Bible Church of Lombard, Calvary Church, and Maple Street Chapel to enjoy the sights and sound of the holidays. Please note: changes to the schedule may occur.

**Lombard Area Chamber of Commerce/Downtown Lombard | 4:00 - 6:00 pm**  
Enjoy a DJ downtown while browsing the festive shops before the lighting ceremony at Lilacia Park. Try and spot Jingles the Reindeer roaming around!

**Lombard Park District/Village of Lombard | 5:30 - 8:00 pm**  
Tree Lighting and Santa's arrival in Lilacia Park. Enjoy photo opportunities with characters, hot cocoa and cookies.

**Calvary Church | 4:30 - 6:30 pm**  
Join Calvary Church for their annual Cookie Walk. Choose your own assortment of home-made holiday cookies and pay by the half-pound.

**Lombard Historical Society | 5:00 - 8:00 pm**  
Victorian Cottage Tours, tickets can be picked up in the Carriage House starting at 5:00pm. Enjoy carolers, a food truck, and crafts with the National Indo American Museum. Warm up and start a new tradition with hot cocoa, toffee and candy from Mamie's Toffee & Treats Food Truck. Don't forget to get your glow gear and shine as bright as Lilacia Park.

**Lombard Bible Church | 6:00 - 8:00 pm**  
Concert with The Stephen Uhl Trio at 6:00 pm and 7:00 pm. Hot cocoa, cookies and children's crafts will be available afterwards in the gym.

**Maple Street Chapel | 5:45 - 7:00 pm**  
The Maple Street Chapel will feature performers singing a variety of seasonal holiday songs.

*There will be a complimentary trolley running from 4:30 - 8:00 pm.*

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11100 S. LOMBARD AVE., SUITE 100, LOMBARD, IL 60148  
708.261.1100

# Trolley Stops

Hours: 4:30 - 8:00 pm

WEST CHURCH ST  
DOWNTOWN LOMBARD

S PARK AVE

Parkside Trails

S MAIN ST

S PARK AVE

LILACIA PARK

Parkside Trails  
W PARKSIDE AVE

S ELIZABETH ST

HELEN PLUM LIBRARY

WINARREST

CALVARY EPISCOPAL CHURCH

HISTORICAL SOCIETY

MAPLE STREET CHURCH

WINARREST



Trolley Stops

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