DLN: 93493171004070

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Return of Organization Exempt From Income Tax 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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

		enue Servic					24 2242					
			calendar year, or tax year C Name of organization	beginn	ing 01-01-2019 , and e	nding 12	-31-2019		: .!			
_		applicable: change	THE COUNTY CHAMBER OF C	COMMERC	E			D Employ	er identif	ication number		
	lame ch	-						13-170	1636			
	nitial re	_	Doing business as THE BUSINESS COUNCIL OF	WESTON	ECTED							
		rn/terminate	d					E Telepho	ne number			
		d return ion pendin	900 MESTCHESTED AVENUE		l is not delivered to street addre	ss) Room,	/suite	· ·	948-2110			
			City or town, state or province RYE BROOK, NY 10573	ice, countr	y, and ZIP or foreign postal coo	e						
			·					G Gross re	eceipts \$ 2,	,695,013		
			F Name and address of p MARSHA GORDON	principal	officer:		H(a)	Is this a group re	turn for			
			800 WESTCHESTER AVE 3	310				subordinates?		□Yes 🗹 No		
			RYE BROOK, NY 10573				⊣ н(ь)	Are all subordina included?	tes	☐ Yes ☐No		
I	ax-exe	mpt status	: \Box 501(c)(3) $\boxed{2}$ 501(c)	(6) ◀ (ii	nsert no.)	□ 527		If "No," attach a	list. (see	instructions)		
J V	Vebsi	te:▶ T⊦	IEBCW.ORG				H(c)	Group exemption	number	>		
K Fo	rm of o	organization	n: 🗹 Corporation 🗌 Trust	Associ	ation ☐ Other ►		L Year	of formation: 1943	M State	of legal domicile: NY		
	Part I	Sun	nmary									
'	_	_	escribe the organization's mis	ssion or	most significant activities:							
		THE BUS	INESS COUNČIL OF WESTCH	HESTER'S	MISSION IS TO WORK HA	RD TO GR	OW THE E	ECONOMY, CREAT	E JOBS AI	ND BUILD A STRONG		
ЭÇ		BOSINES	S COMMUNITY IN WESTCHE	STER CC	DUNTY.							
<u>Ja</u>												
Ven												
Governance			his box $ ightharpoonup \square$ if the organizat							1		
			of voting members of the go	-	, ,				3	59		
Sel	- 1		of independent voting members			•			4	59		
Activities &			mber of individuals employed		, , ,	•			5 6	9		
Act	- 1	6 Total number of volunteers (estimate if necessary)								61		
-	- 1		related business revenue fro		, ,,,				7a	0		
	b	Net unre	elated business taxable incon	me from	Form 990-T, line 39		<u> </u>		7b			
								Prior Year		Current Year		
₫:	8	Contribu	itions and grants (Part VIII, li	ine 1h)				100,	000	91,061		
Ravenue	- 1	_	n service revenue (Part VIII, li					2,132,	2,132,233 2			
Ş	- 1		ent income (Part VIII, columr		•			1,	254	5,413		
	11	Other re	evenue (Part VIII, column (A),	, lines 5,	6d, 8c, 9c, 10c, and 11e)					0		
	12	Total re	venue—add lines 8 through 1	11 (must	equal Part VIII, column (A)	, line 12)		2,233,	487	2,695,013		
	13	Grants a	and similar amounts paid (Pa	art IX, col	umn (A), lines 1–3)	•				0		
	14	Benefits	paid to or for members (Par	rt IX, colu	umn (A), line 4)					0		
\$	15	Salaries	, other compensation, emplo	yee ben	efits (Part IX, column (A), li	nes 5–10)) <u> </u>	986,	603	1,011,810		
Expenses	16a	a Professi	ional fundraising fees (Part IX	X, colum	n (A), line 11e)					0		
œ x	b	Total fund	draising expenses (P art IX, colum	nn (D), lin	e 25) ▶ <u>0</u>							
ш	17	Other ex	xpenses (Part IX, column (A),	, lines 1:	la-11d, 11f-24e)			1,146,	145	1,464,703		
	18	Total ex	penses. Add lines 13–17 (mu	ust equa	l Part IX, column (A), line 2	5)		2,132,	748	2,476,513		
		Revenue	e less expenses. Subtract line	e 18 fror	n line 12			100,	739	218,500		
Net Assets or Fund Balances							Beg	jinning of Current \	⁄ear	End of Year		
dan			(D (V !) (G)				_		400			
Ass I Ba	20		sets (Part X, line 16)					902,		1,539,520		
E E	21							387,		806,534		
			ets or fund balances. Subtrac	ct line 21	from line 20	•		514,	486	732,986		
	art II		1ature Block perjury, I declare that I have	e evamin	ed this return, including as	companyi	na schedu	les and statement	s and to	the hest of my		
			ef, it is true, correct, and cor			. ,	-			,		
any	knowl	edge.										
		****	**					2020-06-01				
Sig	_	Signa	ture of officer					Date				
Her		MARS	SHA GORDON CEO									
			or print name and title									
			Print/Type preparer's name		Preparer's signature		Date		PTIN			
Pai	id						2020-06-:	10 Check L if self-employed	P00287273	3		
	epar	er 🖯	Firm's name VICTOR J CANN	NISTRA CE	PA PC		•	Firm's EIN ► 03	-0410574			
	e Or		Finnels address - A 42 KENOTOC 22	DIVE SAIS	FLOOR			DI ATTEND	244 255			
J 31	- Ji	ا و	Firm's address ► 43 KENSICO DR					Phone no. (914)	241-3605			
			MOUNT KISCO,	, NY 1054	191009							
Мау	the IF	RS discus	s this return with the prepare	er showr	above? (see instructions)	<u></u>	<u></u> .	<u> </u>	☑ ʏ	ſes □No		
For	Paper	rwork Re	eduction Act Notice, see th	he sepa	rate instructions.		Cat	. No. 11282Y		Form 990 (2019)		

Form	990 (20	019)				Page 2
Pa	irt III	Statement of Program Se	rvice Accomplishn	nents		
		Check if Schedule O contains a	response or note to any	line in this Part III .		🗆
1	Briefly	describe the organization's miss	ion:			
		SS COUNCIL OF WESTCHESTER' DMMUNITY IN WESTCHESTER CO		(HARD TO GROW THI	E ECONOMY, CREATE JOBS AND BU	ILD A STRONG
2	Did the	e organization undertake any sig	nificant program servic	es during the year wh	ich were not listed on	
	the pri	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes,	," describe these new services o	n Schedule O.			
3		e organization cease conducting,	-	inges in how it conduction.	cts, any program	☐ Yes ☑ No
	If "Yes	," describe these changes on Sc	nedule O.			
4	Section		izations are required to	report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code:) (Expenses \$	iı	ncluding grants of \$) (Revenue \$)
	See Add	litional Data				
4b	(Code:) (Expenses \$	iı	ncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	i	ncluding grants of \$) (Revenue \$)
4d	Other	program services (Describe in S	chedule O.)			
	(Expen		including grants of \$) (Revenue \$)
4e	Total	program service expenses 🕨	<u> </u>			

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Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕦	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Nο

Nο

Nο

17

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $ \cdot $	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

27

0

1c

1a

1b

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 59		Yes	No
14	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
3	officer, director, trustee, or key employee?	2		No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	H		
	members of the governing body?	7a 7b		No
	persons other than the governing body?	/b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶PETER SCALA 800 WESTCHESTER AVE 310 RYE BROOK, NY 10573 (914) 948-2110			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related	ated	
	See Additional Data Table												
													—
													—

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation hours per compensation amount of other week (list is both an officer and a from the from related compensation from the any hours director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and Individual trustee or director Officer Highest compensated employee (ey employee organizations MISC) MISC) related Institutional Trustee below dotted organizations line) See Additional Data Table • c Total from continuation sheets to Part VII, Section A . . . \blacktriangleright 470.429 81,749 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 2 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 No Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) Name and business address Compensation Description of services THOMPSON BENDER. MARKETING/PR 152.315 1192 PLEASANTVILLE ROAD BRIARCLIFF MANOR, NY 10510

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 1

orm 9 Part		(2019) Statement	of F	Pevenue						Page 9
ran	VIII				respo	onse or note to an	y line in this Part VIII			🗆
					·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
w %	1:	a Federated campa	aigns	[1 a		L	revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due	s.	. [1 b					
Ame		c Fundraising ever		L	1c					
Siffs Iar /		d Related organiza			1d					
ıs, (imi	l'	Government grantsAll other contribution		· [1e	91,061				
ıtior er S		and similar amount above	s not	included	1f					
ribu Oth		g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1					
ont		h Total. Add lines	1a-1	l f	1g	•				
9						Business Code	91,061			1
	2 a	SPONSORSHIP				813910	1,135,640	1,135,640		
ще	L	MEMBERSHIP					993,588	993,588		
Program Service Revenue	D	PILMBERSHIP				813910		·		
ce F	С	COUNCIL MEETINGS	& PR	OGRAMS		813910	415,484	415,484		
Servi	d	OTHER				561110	43,827	43,827		
am (_	ADMINISTRATIVE FE	F				10,000	10,000		
rogr	е	ADMINISTRATIVETE	L			561110	·	,		
<u>o</u>	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	2,598,539	L	I		
	3	Investment income similar amounts) .		luding divide			5,413			5,413
		Income from invest					•			
	5	Royalties					•			
				(i) Rea	al .	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6c							
		or (loss) I Net rental income		(loss)						
			\Box	(i) Securi	ties	(ii) Other				
	7 a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7с							
		Net gain or (loss)				· · · •				
ne	Od	Gross income from fu (not including \$		of						
ven		contributions reporte See Part IV, line 18			8a					
Other Revenue	Ŀ	Less: direct expen	ises		8b					
thei	C	Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨	_			
	9a	Gross income from								
		See Part IV, line 19			9a					
		Less: direct expent Net income or (los			9b activit	ies				
	10	aGross sales of inve returns and allowa	entor ances	y, less	10a					
	b	Less: cost of good	ls sol	d	10b					
	ď	Net income or (los			invent		_			
	11	Miscellaneo	us R	evenue		Business Code	_			
	Ŀ	·								
	c									
		-								
		I All other revenue Total. Add lines 1					1			
		Total revenue. S								
		- rotal reveilue, 5	ee If	130 UCUONS	• •	• • • •	2,695,013	2,598,539		5,413

Part I	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ns must complete colu	ımn (A)
	Check if Schedule O contains a response or note to an		=		<u>~</u>
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations and mestic governments. See Part IV, line 21		·		·
	ants and other assistance to domestic individuals. See rt IV, line 22				
gov	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals. See Part IV, lines 15 d 16.				
	nefits paid to or for members				
5 Cor	mpensation of current officers, directors, trustees, and	478,333	358,750	119,583	
6 Cor def	mpensation not included above, to disqualified persons (as fined under section 4958(f)(1)) and persons described in tion 4958(c)(3)(B)				
	ner salaries and wages	364,930	308,838	56,092	
	nsion plan accruals and contributions (include section 401	27,039	21,407	5,632	
9 Oth	ner employee benefits	90,281	71,476	18,805	
	yroll taxes	51,227	40,551	10,676	
,	es for services (non-employees):				
	nagement				
	gal	7,650		7,650	
-	counting	58,000		58,000	
d Lob	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
g Oth	ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)	272,225	251,815	20,410	
2 Adv	vertising and promotion	88,458	88,458		
3 Off	ïce expenses	130,460	82,502	47,958	
4 Info	ormation technology				
5 Roy	yalties				
6 Occ	cupancy	101,926	80,692	21,234	
7 Tra	avel	48,169	38,134	10,035	
8 Pay	yments of travel or entertainment expenses for any leral, state, or local public officials				
9 Cor	nferences, conventions, and meetings	694,552	694,552		
O Inte	erest				
1 Pay	yments to affiliates				
2 De	preciation, depletion, and amortization	8,281		8,281	
3 Ins	surance	9,500		9,500	
mis exc	ner expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount ceeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O.)				
	UMMER YOUTH PROGRAM	38,623	38,623		
b D	OUES & SUBSCRIPTIONS	6,859		6,859	
c					
d					
e A	II other expenses				
5 <u>To</u> l	tal functional expenses. Add lines 1 through 24e	2,476,513	2,075,798	400,715	
rep	int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ucational campaign and fundraising solicitation.				
	eck here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Assets

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25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 End of year

Page **11**

550,306

675,524

43,855

107,081

25,481

118,080

19,193

63,255

560.244

732,986

1.539.520

Form 990 (2019)

1,539,520

Check if Schedule O contains a response or note to any line in this Part IX .		
	Е	3egi

Cash-non-interest-bear

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Savings and temporary cash investments . Pledges and grants receivable, net . . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

10a

52,080

10b 26,599

Investments—other securities. See Part IV, line 11 .

Beginning of year

168,062

425,235

119.366

30,167

23,967

106,341

29,290

902,428

42,817

173.962

171,163

387.942

514,486

514,486

902,428

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- 22 23 24 183,035 25 26
- 806.534 732,986 27 28

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,695,013
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,476,513
3	Revenue less expenses. Subtract line 2 from line 1	3			218,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			514,486
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			732,986
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990:	on a	2a	Yes	No No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

Additional Data

Software ID:

Software Version:

EIN: 13-1701636

Name: THE COUNTY CHAMBER OF COMMERCE

Form 990 (2019)

Form 990, Part III, Line 4a: AS WESTCHESTER COUNTYS LARGEST AND MOST INFLUENTIAL BUSINESS MEMBERSHIP ORGANIZATION. THE BUSINESS COUNCIL OF WESTCHESTER IS COMMITTED TO HELPING OUR MEMBERS BUILD THEIR BUSINESSES, CONNECT WITH CUSTOMERS, BUSINESS PEERS AND THOUGHT-LEADERS, AND WIN THE DAY, THE DEAL AND THEIR BOTTOM LINES.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

VICE CHAIR

VICE CHAIR

VICE CHAIR

TREASURER

SECRETARY

DIRECTOR

GEORGE LENCE

STEWART STRAUSS

JAMES SCHUTZER

GLENN PACCHIANA

ELIZABETH BRACKEN-THOMPSON

	any nours	""	u un	CCCC	,, .,	ascee,	′	diganization	organizacions	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANTHONY JUSTIC CHAIRMAN	5.00	х		х				0	0	0	
STEPHEN JONES IMM. PAST CH	5.00	х		х				0	0	0	
TIM JONES VICE CHAIR	5.00	х		х				0	0	0	
JEAN MARKE COMMONLY	5.00										

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IMM. PAST CH		,		^		,	
TIM JONES	5.00			Х		0	
VICE CHAIR		^		^		0	
JEAN MARIE CONNOLLY	5.00	v		Х		0	
VICE CHAIR		^		^		0	
WILEY HARRISON	5.00						

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(A) Name and Title (D) (E) (B) (C) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KRISTIN BERNERT

LUIZ ARAGON

MILLIE HERNANDEZ BECKER

	any hours	for a laboral)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HEIDI DAVIDSON DIRECTOR	1.00	Х						0	0	0
MICHAEL FOSINA DIRECTOR	1.00	Х						0	0	0
CURTOTO BUEB CICALUA CUAN	1 00									

1.00	v						0	0	0
	^						0	0	0
1.00	v						0	0	0
	^						0	0	O
1.00	×						0	0	0
	1.00	1.00 X 0	1.00 X 0 0 0 1.00 X						

DIRECTOR							
CHRISTOPHER O'CALLAGHAN	1.00	~			0	0	0
DIRECTOR		^			U	0	
CYNTHIA RUBINO	1.00	v			0	0	0
DIRECTOR		^			0	0	
KENNETH THEOBALDS	1.00						

CHRISTOPHER O'CALLAGHAN	1.00	~			0	0	0
DIRECTOR		^			١	0	
CYNTHIA RUBINO DIRECTOR	1.00	Х			0	0	0
KENNETH THEOBALDS DIRECTOR	1.00	X			0	0	0
10CEDH ADICELLE	1.00						

CYNTHIA RUBINO	1.00	_			0	0	0
DIRECTOR		^			J	0	0
KENNETH THEOBALDS	1.00	v			0	0	0
DIRECTOR		^				0	
JOSEPH APICELLE	1.00	V			0	0	
DIRECTOR		X			l o	U	U

KENNETH THEOBALDS	1.00					•	
DIRECTOR		×			l "	U	
JOSEPH APICELLE	1.00				0	0	
DIRECTOR		^					
SHEILA APPEL	1.00						

0

0

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DIRECTOR							
JOSEPH APICELLE	1.00	×			0	0	0
DIRECTOR		^			0	0	
SHEILA APPEL	1.00						
		Χ			0	0	0

1.00

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list compensation from the from related and a director/trustee) any hours organization organizations from the

	for related (organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOSEPHINE BERTRAMS DIRECTOR	1.00	х						0	0	0	
COLEEN BORELLI DIRECTOR	1.00	х						0	0	0	
DAVID CAMPBELL DIRECTOR	1.00	Х						0	0	0	
STACEY COHEN DIRECTOR	1.00	Х						0	0	0	
JON DORF DIRECTOR	1.00	х						0	0	0	
TARYN DUFFY	1.00										

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1.00

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MERCEDES GARCIA

DR MICHAEL GEISLER

JAMES GIANGRANDE

JEFFREY HAYDON

..........

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	1212							organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
VANESSA HERMAN DIRECTOR	1.00	Х						0	0	0	
PETER HERRERO DIRECTOR	1.00	Х						0	0	0	
APRIL HORTON DIRECTOR	1.00	Х						0	0	0	

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DIRECTOR						
PETER HERRERO	1.00	X			n	
DIRECTOR		^			Ŭ	
APRIL HORTON	1.00	V			0	
DIRECTOR		Χ			0	
ROBERT KESTENBAUM	1.00	V		·	0	
DIRECTOR		^			0	

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and Independent Contractors

WILSON KIMBALL

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LARRY KWIAT

ERIN LOOSEN

ELLEN LYNCH

PATRICK F LYNCH

YUVAL H MARCUS

.......

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	f for a section and							(14, 2/4,000	(1) 2/1000 (1) 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOSEPH MARKEY DIRECTOR	1.00	Х						0	0	0
WILLIAM MARSILLO ESQ DIRECTOR	1.00	Х						0	0	0
RALPH MARTINELLI DIRECTOR	1.00	Х						0	0	0
JOSEPH MCCOY DIRECTOR	1.00	Х						0	0	0
MATTHEW MCCROSSON DIRECTOR	1.00	Х						0	0	0
DR BELINDA MILES	1.00									

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DIRECTOR
MATTHEW MCCROSSON
DIRECTOR
DR BELINDA MILES

DIRECTOR

TED MILLER

...... DIRECTOR

EON NICHOLS

DIRECTOR

SAL RAJPUT

DIRECTOR

DIRECTOR

DR JOSEPH RICCA

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the and a director/trustee) any hours organization organizations from the (W- 2/1099-(W- 2/1099for related organization and

요하 그 오 조욕되고

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46,073

258,575

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	ndividual trustee r director	nstitutional Trustee	fficer	ey employee	ighest compensated mployee	ormer	MISC)	MISC)	related organizations
LYNN RICHMOND NP DIRECTOR	1.00	Х						0	0	0
JOSEPH SACCOMANO DIRECTOR	1.00	х						0	0	0
MICHAEL SCHILIRO DIRECTOR	1.00	Х						0	0	0
PATRICIA SIMONE DIRECTOR	1.00	Х						0	0	0
DOUGLAS SINGER	1.00									

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45.00

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PATRICIA SIMONE
DIRECTOR
DOUGLAS SINGER
DIRECTOR

JANE SOLNICK

ANDREW TUNG

MARK WEINGARTEN

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CEO

PETER WILCOX

MARSHA GORDON

and Independent Contractors

and Independent Contractors (A)

JOHN RAVITZ

COO

Name and Title

hours per week (list any hours for related organizations below dotted line)
 45.00

(B)

Average

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutiona

(C)

than one box, unless person is both an officer and a director/trustee) employee

Reportable compensation from the organization (W-2/1099-MISC)

(D)

Reportable compensation from related organizations (W- 2/1099-211,854

(E)

MISC)

amount of other compensation from the organization and related organizations 35,676

Estimated

Position (do not check more 10.00

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493171004070

Inspection

□ No

☐ Yes

Internal Revenue Service

EZ)

2

3

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** THE COUNTY CHAMBER OF COMMERCE 13-1701636 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year?

5	organization made payments. For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed, I	unt paid from the ed to a separate p	filing organization's funds. olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
2					
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_		,			

activity.

Part IV

Return Reference

1

(b)

Amount

(a)

Yes | No

	,					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?						No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?						No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?						No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."					
1	Dues, assessments and similar amounts from members	1			9	93,588
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	a Current year				- 2	225,056
b						
С	Total	2c 225,056			225,056	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .				355,409	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does					

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Volunteers?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Supplemental Information

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

-130,353

<u>4</u>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171004070

2019

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

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

Na	me of the organization	Employer identification number							
THE	E COUNTY CHAMBER OF COMMERCE	13-1701636							
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year	(c), and and contract deceands							
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advorganization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of private benefit?	be used only for							
Pa	rt II Conservation Easements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply).								
	Preservation of land for public use (e.g., recreation or education) Preservation of an	historically important land area							
	Protection of natural habitat Preservation of a co	ertified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year.	m of a conservation Held at the End of the Year							
а	Total number of conservation easements	2a							
b	Total acreage restricted by conservation easements	2b							
C	Number of conservation easements on a certified historic structure included in (a)	2c							
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ▶	he organization during the							
4	Number of states where property subject to conservation easement is located ▶								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	of violations, Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen balance sheet, and include, if applicable, the text of the footnote to the organization's financial state.	nse statement, and							
Dat	the organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other								
-(0)	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue states art, historical treasures, or other similar assets held for public exhibition, education, or research in further provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furthefollowing amounts relating to these items:								
((i) Revenue included on Form 990, Part VIII, line 1	▶\$							
	ii)Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical treasures, or other similar assets for finar following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-							
а	Revenue included on Form 990, Part VIII, line 1	▶\$							
b	Assets included in Form 990, Part X	> \$							

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	***	Organizations Maintaining Co	llections of Art, F	listori	ical T	reas	ures, o	r Other	Similar As:	sets (conti	inued)
3		the organization's acquisition, accession (check all that apply):	on, and other records,	check	any of	the f	ollowing 1	that are a	significant us	se of its coll	ection
а		Public exhibition		d		Loar	n or exch	ange prog	ırams		
b		Scholarly research		е		Oth	er				
c		Preservation for future generations									
4	Provide Part >	de a description of the organization's co	ollections and explain	how the	ey furt	her th	ne organiz	zation's e	kempt purpos	se in	
5		g the year, did the organization solicit s to be sold to raise funds rather than t								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization and X, line 21.		m 990), Part	IV,	line 9, o	r reporte	ed an amoui	nt on Form	n 990, Part
1a		e organization an agent, trustee, custoc ded on Form 990, Part X?								Yes	□ No
b	If "Y∈	es," explain the arrangement in Part XII	I and complete the fo	llowina	table:				Ar	nount	
c		ning balance		_				1c			
d	_	ions during the year						1d			
е		butions during the year						1e			
f		ig balance						1f			
2a		ne organization include an amount on F							•		∐ No
b		es," explain the arrangement in Part XII	I. Check here if the e	xplanat	ion ha	s beei	n provide	d in Part	XIII		
Pai	rt V	Endowment Funds. Complete if the organization ans	wered "Ves" on For	m 000	Dart	· T\/	line 10				
		Complete if the organization and	(a) Current year	(b) F	rior year	ar		ears back	(d) Three year	rs back (e)	Four years back
1 a	Beginn	ing of year balance									
b (Contrib	outions									-
С	Net inv	estment earnings, gains, and losses									
d (Grants	or scholarships									
		expenditures for facilities ograms									
f ,	Admini	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the cur	rent year end balance	(line 1	g, colu	mn (a	a)) held a	as:		•	
а		d designated or quasi-endowment >									
b	Perm	anent endowment ►									
С	Temp	orarily restricted endowment ►									
•	•	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a		here endowment funds not in the posse nization by:	ssion of the organizat	ion tha	t are h	eld a	nd admin	istered fo	r the		Yes No
	(i) ur	nrelated organizations								3a(i)	
		elated organizations								3a(ii)	
		es" on 3a(ii), are the related organization				₹? .				3b	
4		ribe in Part XIII the intended uses of the		wment	tunds.						
Par	t VI	Land, Buildings, and Equipme Complete if the organization ans		.m. 000	Dort	· T\/	lino 11a	Soo Fo	m 000 Par	+ V line 1	0
	Descri	ption of property (a) Cost or or (investm	ther basis (b) Cost						depreciation		ook value
1 a	Land						1				
		gs					1				
		old improvements				8,602	2		4,125		4,477
		nent				43,478	3		22,474		21,004
							1		•		*
		lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colu	ımn (B), line	10(c).)		>		25,481

Part VII	Investments—Other Securities.	00 Part TV !!-	2 11b Coo Farm 200	Part V line 12
	Complete if the organization answered "Yes" on Form 9 (a) Description of security or category (including name of security)	90, Part IV, line (b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
(1) Financia	ıl derivatives			
(2) Closely- (3)Other	held equity interests	<u>·</u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. Part IV. line	e 11c. See Form 990.	Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		>	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 99	90, Part IV, line	11d. See Form 990, Par	t X, line 15.
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) ———				
(8) ————				
(9) 				
Total. (Colu Part X	omn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		<u> </u>	<u> </u>
	Complete if the organization answered 'Yes' on Form 99 (a) Description of liability	00, Part IV, line	11e or 11f.See Form	990, Part X, line 25. (b) Book value
1. (1) Federal (2)	income taxes			(b) Book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		-	183,035
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the fo		anization's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	neck here if the te	ext of the footnote has be	een provided in Part XIII 🗹

Page 4

2,695,013

2e

Schedule D (Form 990) 2019

Subtract line **2e** from line **1** 3 3 2,695,013 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,695,013 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 2,476,513 2

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 2b Prior year adjustments

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Schedule D (Form 990) 2019

1

2

e

2c C 2d d Other (Describe in Part XIII.)

Add lines 2a through 2d . 2e Subtract line 2e from line 1 3

2,476,513 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

4b b Add lines **4a** and **4b** 4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2.476.513

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 13-1701636

Name: THE COUNTY CHAMBER OF COMMERCE

Supplemental	Information
Return R	eference

n

Explanation

SCHEDULE D, PAGE 3, PART X

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE REC OGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49317	1004	070
Sch	nedule J	Co	mpensati	on Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Officer	hest					
		► Complete if the orga	, line 23.	2019				
D		► Go to <u>www.irs.gov</u>						
-	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	<u>/101111990</u> 101	mistractions and the latest mion		Insp	ectio	n
	me of the organiza COUNTY CHAMBER				Employer identifica	tion nu	ımber	
					13-1701636			
Pa	rt I Questi	ons Regarding Compensati	on					
1 a				the following to or for a person liste			Yes	No_
	990, Part VII, S	ection A, line 1a. Complete Part I	II to provide an	y relevant information regarding the	se items.			
		or charter travel	님	Housing allowance or residence for	•			
		companions nification and gross-up payments	H	Payments for business use of person Health or social club dues or initiation				
		ary spending account	H	Personal services (e.g., maid, chauf				
		ary speriarily account	_	Cigi, maia, ciaa	reary errery		Yes N	
b				follow a written policy regarding pay /e? If "No," complete Part III to expl		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2		
		-						
3		if any, of the following the filing of EO/Executive Director. Check all t		d to establish the compensation of the lot check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	✓	Written employment contract				
	_ '	ent compensation consultant		Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year, related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonquali	fied retirement plan?		4b	Yes	
c		te in, or receive payment from, an equity-based compensation arrangement?						No
	If "Yes" to any o	or lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	: 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	1?				5a		
b	=					5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any				
а	The organization	1?				6a		
b	,					6b		
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"	A, line 1a, did t " describe in Pa	the organization provide any nonfixed to the control of the contro	d 	7		
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		
9	If "Yes" on line 8	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	ction Act Notice, see the Insti	uctions for Fo	rm 990. Cat. No. 5	50053T Schedule 3	(Forn	990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 MARSHA GORDON CEO	(i) (ii)	258,575			20,771	25,302	304,648	
2 JOHN RAVITZ COO	(i) (ii)	211,854				35,676	247,530	

Schedule J (Form 990) 2019								
Part III Supplemental Inform	art III Supplemental Information							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation							
SCHEDULE J, PAGE 1, PART I, LINE 4	MARSHA GORDON 0 10,000 0							
	Schedule 1 (Form 990) 2019							

efile GRAPHIC	print - DO N	OT PROCES	S As F	iled Data -					DL	N: 93	4931	710040	70
				ns with Ir	ntereste	d Persor	าร			01	MB No.	1545-00	47
				tion answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,					5,	· 2019			
		27, 28a,		8c, or Form 99 ch to Form 99			40Ь.				4 U	17	
Department of the Trea Internal Revenue Servi		Go to <u>www.i</u>	rs.gov/Fo	<u>rm990</u> for inst	ructions and	the latest in	forma	tion.		9		o Publi	ic
Name of the orga							Er	nplo	ver ide	ntifica	tion n	ection umber	
THE COUNTY CHAM								3-170	•				
Part I Exces	ss Benefit Tra	nsactions (section 501	l(c)(3), section !	501(c)(4), and	d section 501(c				s only).		
Compl	ete if the organiz	ation answere	d "Yes" on	Form 990, Part	IV, line 25a oi	r 25b, or Form	990-E	Z, Pa	rt V, li	ne 40b	. ,		
1 (a)) Name of disqua	lified person	(b)	Relationship be ()	etween disqua organization	lified person a	nd		escript ansacti		· · · · · · · · · · · · · · · · · · ·		
					Ji gai ii Zadioii						16	es n	No.
													—
2 Enter the ar	nount of tax incu	rred by the ord	ganization	managers or dis	gualified perso	ons durina the	vear u	ınder	section	1			
4958.	nount of tax, if a						•			\$ —			
5 Enter the an	nount of tax, if a	ny, on line 2, a	above, reim	ibursed by the o	organization .		•			\$			—
Com	ans to and/or aplete if the organorted an amount	nization answe	ered "Yes" o	on Form 990-EZ,	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	anization	I
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to or from the	(e) Original			In		h)	(i) Written		
interested person	d person with organization		org.			orincipal due amount	defa	default? Appro-		ved by rd or	, l		?
					_		37 131		committee?		<u> </u>		
			То	From			Yes	No	Yes	No	Yes	No	
													_
											\vdash		
l Total .				<u> </u>	<u> </u> ▶ \$					l			
Part III Gra	nts or Assista	nce Benefit	ing Inte	rested Perso	ns.		<u> </u>						_
	plete if the org					1							
(a) Name of inter		b) Relationship Iterested perso		(c) Amount	of assistance	(d) Type	of assi	stanc	e	(e) Pu	rpose o	f assistar	nce
		organizat											
				1									
				1									
													_

Explanation

Provide additional information for responses to questions on Schedule L (see instructions).

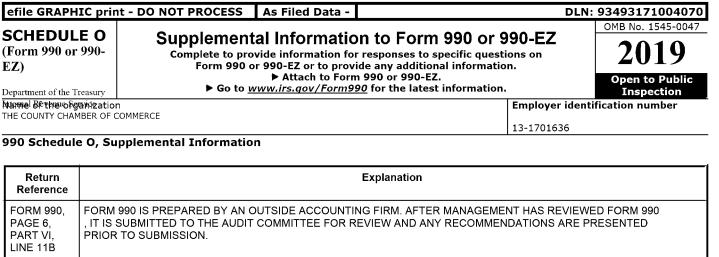
Return Reference

Supplemental Information

Part V

		_

Schedule I. (Form 990 or 990-F7) 2019



Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PAGE 6,
PART VI,
LINE 12C

PON JOINING THE BOARD, NEW DIRECTORS RECEIVE AND REVIEW WITH SENIOR MANAGEMENT A DIRECTOR
PART VI,
REGULAR BASIS, SENIOR MANAGEMENT WILL REVIEW THE STATUS OF THIS ISSUE AS IT RELATES TO EAC
LINE 12C

H BOARD DIRECTOR AND REPORTS THEIR FINDINGS TO THE EXECUTIVE COMMITTEE QUARTERLY

990 Schedule O, Supplemental Information

Return

Reference	Едриний	
FORM 990, PAGE 6, PART VI, LINE 15A	ALL COMPENSATION ISSUES REGARDING OFFICERS ARE DISCUSSED AND APPROVED BY THE COMPENSATION COMMITTEE. THE MEMBERS OF THAT COMMITTEE CONSIST OF MEMBERS OF THE BOARD OF DIRECTORS. IN ALL COMPENSATION COMMITTEE MEETINGS, THE MEMBERS CONSIDER ALL COMPENSATION LEVELS IN TERMS OF THEIR EXPERIENCE IN VARIOUS PEER LEVELS AND REGIONAL NOT-FOR-PROFIT ORGANIZATIONS THAT THEY ARE INVOLVED WITH. ANY ISSUE THAT IS APPROVED BY THE COMPENSATION COMMITTEE IS THEN BROUGHT TO THE EXECUTIVE COMMITTEE FOR APPROVAL. AN EMPLOYMENT AGREEMENT BETWEEN THE ORGAN IZATION AND THE OFFICERS IS DRAFTED WITH THE APPROVED COMPENSATION AND IS SIGNED BY THE BO	
	ARD CHAIR AND THE OFFICER.	l

Explanation

990 Schedule O, Supplemental Information

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Reference	ехрынацон
FORM 990, PAGE 6, PART VI, LINE 15B	ALL COMPENSATION ISSUES REGARDING OFFICERS ARE DISCUSSED AND APPROVED BY THE COMPENSATION COMMITTEE. THE MEMBERS OF THAT COMMITTEE CONSIST OF MEMBERS OF THE BOARD OF DIRECTORS. IN ALL COMPENSATION COMMITTEE MEETINGS, THE MEMBERS CONSIDER ALL COMPENSATION LEVELS IN TERMS OF THEIR EXPERIENCE IN VARIOUS PEER LEVELS AND REGIONAL NOT-FOR-PROFIT ORGANIZATIONS THAT THEY ARE INVOLVED WITH. ANY ISSUE THAT IS APPROVED BY THE COMPENSATION COMMITTEE IS THEN BROUGHT TO THE EXECUTIVE COMMITTEE FOR APPROVAL. AN EMPLOYMENT AGREEMENT BETWEEN THE ORGAN IZATION AND THE OFFICERS IS DRAFTED WITH THE APPROVED COMPENSATION AND IS SIGNED BY THE BO ARD CHAIR AND THE OFFICER.

Evalanation

Explanation Return Reference

FORM 990. THE ORGANIZATION'S 990 IS AVAIALABLE FOR PUBLIC INSPECTION ON GUIDESTAR ORGAND CHARITIESN. YS.COM. IN ADDITION, FORM 990, FINANCIAL STATEMENTS AND OTHER POLICIES ARE AVAILABLE UPON REQUEST.

PAGE 6. PART VI.

990 Schedule O, Supplemental Information

LINE 19

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990 Schedule O, Supplemental Information

FORM 990, PART IX, LINE 11G