

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**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.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 CHAMBER OF COMMERCE OF NEW ROCHELLE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 591 MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code  
 NEW ROCHELLE, NY 10801

**D** Employer identification number  
 13-1701637

**E** Telephone number  
 (914) 632-5700

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ WWW.NEWROCHELLECHAMBER.ORG

**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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 100,471

**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		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>		<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	71,875	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	20,905	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	51,025
<b>4</b>	Investment income . . . . .	<b>4</b>		<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,975
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	6,235
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>		<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,559
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>		<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	59,694
<b>6</b>	Gaming and fundraising events			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	122,488
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-22,017
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		<b>19</b>	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) . . . . .	<b>19</b>	25,474
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	3,457
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>					
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>					
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	7,691				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	100,471				

**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 . . . . .	27,747	<b>22</b> 3,745
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	7,526	<b>24</b> 2,085
<b>25</b> Total assets . . . . .	35,273	<b>25</b> 5,830
<b>26</b> Total liabilities (describe in Schedule O). . . . .	9,799	<b>26</b> 2,373
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,474	<b>27</b> 3,457

**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?  
**STIMULATING ACTIVITY THROUGHOUT THE BUSINESS COMMUNITY BY SPONSORING EVENTS WHICH ATTRACT VISITORS AND SHOPPERS TO THE AREA**

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (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) <input checked="" type="checkbox"/>	<b>32</b>	93,577

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT HAYES PRESIDENT	6 00	0	0	0
JOHN LANSER III VICE PRESIDENT	1 00	0	0	0
ALEX GRANTCHAROVE VICE PRESIDENT-RETAIL	1 00	0	0	0
LOU IOCCAPETA VICE PRESIDENT-COMMERCE	1 00	0	0	0
SHARON SCHAEFER SECRETARY	1 00	0	0	0
VINCENT FASONE TREASURER	1 00	0	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 . . . . .		No
<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) . . . . .		No
<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)? . . . . .		No
<b>35b</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>35c</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 . . . . .		No
<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 . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____ 0		
<b>37b</b>	Did the organization file Form 1120-POL for this year? . . . . .		
<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? . . . . .		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</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>40b</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>40c</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>40d</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>40e</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 . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed ▶ NY		
<b>42a</b>	The organization's books are in care of ▶ CHAMBER OF COMMERCE OF NEW ROCHELLE Telephone no ▶ (914) 632-5700 Located at ▶ 591 MAIN STREET NEW ROCHELLE, NY ZIP + 4 ▶ 10801		
<b>42b</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 ▶ _____		No
<b>42c</b>	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<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 . . . . .		No
<b>44b</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 . . . . .		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
<b>44d</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)? . . . . .		No
<b>45b</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) . . . . .		

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 . . . . . 46 No

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 . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (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 2017-11-06 Date
JENNIFER LANSEY EXECUTIVE DIR, EFFECTIVE 9/17 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DENISE C DORIA Preparer's signature Date Check [X] if self-employed PTIN P01283182
Firm's name WALTER J MCKEEVER & COMPANY LLC Firm's EIN 06-1253566
Firm's address PO BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831 Phone no (203) 622-8625

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1701637  
**Name:** CHAMBER OF COMMERCE OF NEW ROCHELLE INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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> STIMULATE THE BUSINESS COMMUNITY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	93,577

**TY 2016 Reasonable Cause Explanation**

**Name:** CHAMBER OF COMMERCE OF NEW ROCHELLE INC

**EIN:** 13-1701637

**Explanation:** CHAMBER WAS UNDER THE UNDERSTANDING THAT THE ACCOUNTANT WHOM THEY ENGAGED PREPARED AN EXTENSION FOR FILING OF THE 2016 990-EZ TO MEET THE ORIGINAL 5/15/17 DEADLINE. THIS WAS COMMUNICATED TO THEM BY THE ACCOUNTANT AND THEY HAD NO REASON TO BELIEVE OTHERWISE. WHEN THE CHAMBER RECEIVED A LETTER FROM THE IRS DATED 10/2/17 INQUIRING ABOUT THE FILING OF THEIR 2016 TAX RETURN, THEY IMMEDIATELY WENT TO THE ACCOUNTANT ABOUT THIS MATTER. ALTHOUGH DECLARING HE FILED AN EXTENSION, NO PROOF COULD BE PROVIDED AND THE LACK OF FOLLOW THROUGH RESPONSE WAS ALARMING. THE TAXPAYER IMMEDIATELY TOOK ACTION TO ENGAGE ANOTHER ACCOUNTANT AND GET THE RECORDS BACK SO THEY COULD FILE AS SOON AS POSSIBLE. THE CHAMBER HAD NO INTENT TO FILE LATE AND RESPECTFULLY RELIED ON THE PROFESSIONAL THEY HIRED TO DO THE JOB AS WELL AS HIS ACTIONS. THE TAX PREPARER HAD PROVIDED SERVICES TO THEM IN THE PAST FOR SEVERAL YEARS WITHOUT ISSUE SO THE CHAMBER HAD NO REASON TO BELIEVE OTHERWISE. THEREFORE, THE CHAMBER IS RESPECTFULLY FILING THIS RETURN AS QUICKLY AS POSSIBLE ONCE AWARE OF THE SITUATION AND IS RESPECTFULLY REQUESTING WAIVER AND ABATEMENT OF PENALTIES AND INTEREST.

**TY 2016 Transfers Personal Benefits  
Contracts Declaration**

**Name:** CHAMBER OF COMMERCE OF NEW ROCHELLE INC

**EIN:** 13-1701637

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

CHAMBER OF COMMERCE OF NEW ROCHELLE INC

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**

Employer identification number

13-1701637

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 7,691

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 4,926 DESCRIPTION TELEPHONE AMOUNT 3,330 DESCRIPTION PARADE AMOUNT 17,572 DESCRIPTION EVENTS/PROGRAMS/WOE DINNER AMOUNT 21,025 DESCRIPTION AWARDS & SCHOLARSHIPS AMOUNT 2,925 DESCRIPTION DONATIONS AMOUNT 955 DESCRIPTION OFFICE EXPENSE & SUPPLIES AMOUNT 3,155 DESCRIPTION BANK CHARGES & MERCHANT FEES AMOUNT 869 DESCRIPTION NETWORKING AMOUNT 80 DESCRIPTION MEETINGS AMOUNT 1,867 DESCRIPTION MISCELLANEOUS AMOUNT 2,990 TOTAL TO FORM 990-EZ, LINE 16 59,694

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION GRANTS RECEIVABLE BEG OF YEAR AMOUNT 3,190 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 3,251 END OF YEAR AMOUNT 0 DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 1,085 END OF YEAR AMOUNT 2,085

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 8,512 END OF YEAR AMOUNT 0 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 1,287 END OF YEAR AMOUNT 2,373