

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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): PO BOX 140
Room/suite:
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)
I Website: WWW.NEWROCHELLECHAMBER.ORG
J Tax-exempt status (check only one): 501(c)(3) 501(c)(6) 4947(a)(1) or 527

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

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. \$ 106,628

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 106,628). Rows 10-17: Expenses (Total: 108,178). Rows 18-21: Net Assets (Total: 1,907).

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 2018-11-06 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.)	
28 STIMULATE THE BUSINESS COMMUNITY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	79,466

**TY 2017 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)**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.

OMB No 1545-0047

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHAMBER OF COMMERCE OF NEW ROCHELLE INC

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 2,842

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 6,289 DESCRIPTION TELEPHONE AMOUNT 2,177 DESCRIPTION PARADE AMOUNT 8,086 DESCRIPTION EVENTS/PROGRAMS/WOE DINNER AMOUNT 44,322 DESCRIPTION AWARDS & SCHOLARSHIPS AMOUNT 975 DESCRIPTION OFFICE EXPENSE & SUPPLIES AMOUNT 1,810 DESCRIPTION BANK CHARGES & MERCHANT FEES AMOUNT 2,544 DESCRIPTION NETWORKING AMOUNT 256 DESCRIPTION WEBSITE AMOUNT 40 DESCRIPTION BAD DEBT AMOUNT 3,475 DESCRIPTION PARKING & TOLLS AMOUNT 686 DESCRIPTION CHARITABLE CONTRIBUTIONS AMOUNT 50 TOTAL TO FORM 990-EZ, LINE 16 70,710

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 2,085 END OF YEAR AMOUNT 2,085

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 2,373 END OF YEAR AMOUNT 2,835