

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.**

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
 RHINEBECK CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 42

City or town, state or province, country, and ZIP or foreign postal code
 RHINEBECK, NY 12572

D Employer identification number
 14-1706355

E Telephone number
 (845) 876-5904

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 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 ▶ \$ 115,149

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	7,897
	3 Membership dues and assessments	3	77,868
	4 Investment income	4	7
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	29,377	
c Less direct expenses from gaming and fundraising events	6c	26,323	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,054	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	88,826	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	34,462
	13 Professional fees and other payments to independent contractors	13	908
	14 Occupancy, rent, utilities, and maintenance	14	1,128
	15 Printing, publications, postage, and shipping	15	1,273
	16 Other expenses (describe in Schedule O)	16	43,084
17 Total expenses. Add lines 10 through 16 ▶	17	80,855	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,971
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	63,528
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	71,499

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
22 Cash, savings, and investments	14,501	22 20,709
23 Land and buildings		23
24 Other assets (describe in Schedule O)	67,518	24 68,153
25 Total assets	82,019	25 88,862
26 Total liabilities (describe in Schedule O).	18,491	26 17,363
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,528	27 71,499

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?
 DEVELOPMENT AND PROMOTION OF TOURISM AND COMMERCE IN THE COMMUNITY OF RHINEBECK AND THE SURROUNDING AREAS

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

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JESSE HEWITT PRESIDENT	0	0		
JOSH BURCKHARD DC Treasurer	0	0		
GARY MESUDA DIRECTOR	0	0		
TOM JOSEFOWICZ Secretary	0	0		
CHARLES DERBYSHIRE DIRECTOR	0	0		
ANDREA RHODES DIRECTOR	0	0		
CLAUDIA COOLEY EXECUTIVE DIREC	0	0		
JOHN GRADY Director	0	0		
KRISTEN HUTCHINS 2ND VICE PRES	0	0		
KEVIN O'CONNOR DIRECTOR	0	0		
PHILIP MELTZER 1ST VICE PRES	0	0		
KAYLA MAGEE Director	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

Table with columns for question number, question text, and Yes/No 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. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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 2017-11-15 Date
JESSE HEWITT PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name John A Grady Preparer's signature Date Check [X] if self-employed PTIN P00238188
Firm's name Bogush & Grady CPAs LLP Firm's EIN
Firm's address 48 West Market Street Rhinebeck, NY 125721403 Phone no (845) 876-4911

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

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 14-1706355

Name: RHINEBECK CHAMBER OF COMMERCE

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.)	
<p>28 ACHIEVEMENTS ARE RELATED TO THE SUCCESSFUL DEVELOPMENT AND PROMOTION OF TOURISM AND COMMERCE IN RHINEBECK AND THE SURROUNDING AREA</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		COCKTAILS DINNER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	29,377			29,377
2	Less Contributions				
3	Gross income (line 1 minus line 2)	29,377			29,377
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,323			26,323
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				26,323
11	Net income summary Subtract line 10 from line 3, column (d) ▶				3,054

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|--------------------------------------|------------|--|---|
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
RHINEBECK CHAMBER OF COMMERCE**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

2016**Open to Public
Inspection**

Employer identification number

14-1706355

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$7888

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest \$1711

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$4954

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2154

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	BAD DEBT \$18304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	BANK FEES \$3678

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	WEBSITE EXPENSE \$2374

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CREDIT CARD FEES \$1431

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MEMBERSHIP EXPENSES \$175

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	TOURISM \$150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	SQUARE FEES \$115

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	QUICKBOOKS PAYMENT FEES \$100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	MISC EXPENSE \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$22 Furniture and Fixtures - Ending \$22

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$57 Machinery and Equipment - Ending \$7

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$16597 Miscellaneous - Ending \$11693

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$50842 Accounts Receivable - Ending \$56431

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	ENJOY RHINEBECK - Beginning \$3046 ENJOY RHINEBECK - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	PAYROLL LIABILITIES - Beginning \$42 PAYROLL LIABILITIES - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 3	ROUNDING - Beginning \$-2 ROUNDING - Ending \$-1

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 4	SCHOLARSHIP LIABILITY - Beginning \$1640 SCHOLARSHIP LIABILITY - Ending \$1698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 5	SECURED MORTGAGES AND NOTES PAYABLE - Beginning \$13765 SECURED MORTGAGES AND NOTES PAYABLE - Ending \$11252

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 6	ART STUDIO VIEWS - Beginning \$0 ART STUDIO VIEWS - Ending \$46