

Form **990EZ**
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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
ARCADE AREA CHAMBER OF COMMERCE INC

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

City or town, state or province, country, and ZIP or foreign postal code
ARCADE, NY 14009

D Employer identification number
16-1193221

E Telephone number
(585) 492-2114

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.ARCADENCHAMBER.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. **\$ 75,625**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																													0	
	2 Program service revenue including government fees and contracts																													3,920	
	3 Membership dues and assessments																													14,380	
	4 Investment income																													392	
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses																													0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													0	
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	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)																														55,932
c Less direct expenses from gaming and fundraising events																														31,750	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														24,182	
7a Gross sales of inventory, less returns and allowances																															
b Less cost of goods sold																														0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														43,875	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																													25,232	
	13 Professional fees and other payments to independent contractors																														500
	14 Occupancy, rent, utilities, and maintenance																														5,131
	15 Printing, publications, postage, and shipping																														739
	16 Other expenses (describe in Schedule O)																														15,546
17 Total expenses. Add lines 10 through 16																														47,148	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																														-3,273	
Net Assets	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)																													57,919	
	20 Other changes in net assets or fund balances (explain in Schedule O)																														
	21 Net assets or fund balances at end of year Combine lines 18 through 20																														54,646

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, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JUSTIN SIDDLE Telephone no (585) 492-2114 Located at 684 W MAIN ST ARCADE, NY ZIP + 4 14009

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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		

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

		Yes	No
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		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2019-04-29 Date
JUSTIN SIDDLE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JULIE ROSENTHAL	Preparer's signature	Date 2019-05-07	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00925848
	Firm's name ▶ ROSEWOOD BUSINESS SOLUTIONS LLC			Firm's EIN ▶	
	Firm's address ▶ 2797 CALIFORNIA HILL RD DELEVAN, NY 140429646			Phone no (716) 492-2606	

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

Additional Data

Software ID:

Software Version:

EIN: 16-1193221

Name: ARCADE AREA CHAMBER OF COMMERCE 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.)	
<p>28 ANNUAL DINNER-REGOGNITION AWARDS AND ANNUAL MEETING FORMEMBERS AND COMMUNITY BUSINESSES APPROX 100-150 ATTENDEES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 FISHING DERBY, TRADE FAIR AND SOCIAL GATHERINGS-PERIODIC MEETINGS AT LOCALBUSINESSES TO PROMOTE THEIR BUSINESS-TO BENEFIT ALL LOCAL BUSINESSES (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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<p>30 PROVIDE RESOURCES AND SUPPORT TO AREA BUSINESSES TO HELPTHEM GROW AND PROSPER (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

Form 990EZ, 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
NIKKI STROMECKI FIRST V P	5 00	500	0	0
BENJAMIN HALSEY PRESIDENT	5 00	1,000	0	0
JACK WRIGHT SECOND V P	5 00	500	0	0
JUSTIN SIDDLE TREASURER	5 00	500	0	0
JULIE TINGUE CHAMBER SERVICES DIRECTOR	12 00	10,384	0	0
KELLY MORGAN OFFICE MANAGER	12 00	14,848	0	0
TONY BISCARO DIRECTOR	1 00	0	0	0
DEBBIE DIXON DIRECTOR	1 00	0	0	0
RAY PFEIFFER DIRECTOR	1 00	0	0	0
MATT GEORGE DIRECTOR	1 00	0	0	0
SUE STRAUSS DIRECTOR	1 00	0	0	0
CASEY DUNLAP DIRECTOR	1 00	0	0	0
JEREMY PYSZCZYNSKI DIRECTOR	1 00	0	0	0
TAMMY BURTON DIRECTOR	1 00	0	0	0
AMANDA BRAY DIRECTOR	1 00	0	0	0

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DAN HOFFMAN DIRECTOR	1 00	0	0	0
KEN KIBLER DIRECTOR	1 00	0	0	0

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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ARCADE AREA CHAMBER OF COMMERCE INC

Employer identification number

16-1193221

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	ADVERTISING 1001

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	OFFICE SUPPLIES 1359

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES AND SUBSCRIPTIONS 120

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ADVERTISING & PUBLIC RELATIONS 1816

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PAYROLL CHARGES 817

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	WORKER'S COMP 268

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	COMPUTER EXPENSES 1803

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 1555

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TELEPHONE 240

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PAYROLL TAXES 1980

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAVEL/MEETING 248

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DISABILITY INSURANCE 176

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	CREDIT CARD FEES 829

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DIRECTOR'S COMPENSATION 3000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 110

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	SCHOLARSHIP 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INTERNET SERVICE 975

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	EQUIPMENT, NET 110

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	GIFT CERTIFICATES PAYABLE 6494 8700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	PREPAID DUES 791 1470