

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

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/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
GREATER RIVERSIDE CHAMBERS OF COMMERCE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3985 UNIVERSITY AVENUE

City or town, state or province, country, and ZIP or foreign postal code
RIVERSIDE, CA 925013256

D Employer identification number
95-1154480

E Telephone number
(909) 683-7100

G Gross receipts \$ 1,927,199

F Name and address of principal officer:
CINDY ROTH
3985 UNIVERSITY AVENUE
RIVERSIDE, CA 92501

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.RIVERSIDE-CHAMBER.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1943

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	57
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	19
6 Total number of volunteers (estimate if necessary)	6	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	124,370
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,339

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	856,813	874,143
9 Program service revenue (Part VIII, line 2g)	913,920	923,204
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,097	13,412
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,533	56,387
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,856,363	1,867,146

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	791,902	811,720
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,001,094	1,011,103
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,792,996	1,822,823
19 Revenue less expenses. Subtract line 18 from line 12	63,367	44,323

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,039,743	2,154,607
21 Total liabilities (Part X, line 26)	358,025	428,566
22 Net assets or fund balances. Subtract line 21 from line 20	1,681,718	1,726,041

Part II Signature Block

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: *****
Date: 2020-07-07
CINDY ROTH PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-07-07
Check if self-employed PTIN: P00107248
Firm's name: ▶ SINGERLEWAK LLP Firm's EIN: ▶ 95-2302617
Firm's address: ▶ 1650 IOWA AVENUE SUITE 200 RIVERSIDE, CA 925072406 Phone no. (951) 683-0672

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: CA
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.
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CINDY ROTH 3985 UNIVERSITY AVENUE RIVERSIDE, CA 92501 (951) 683-7100

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	569,660		
	c Fundraising events	1c	57,539		
	d Related organizations	1d			
	e Government grants (contributions)	1e	246,944		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		874,143		

Program Service Revenue			Business Code			
	2a INAUGURAL CELEBRATION		900099	211,850	211,850	
b ADMINISTRATION FEE		900099	120,107	120,107		
c ADVERTISING-GRB		541800	98,829		98,829	
d MAYOR'S STATE OF THE C		900099	80,650	80,650		
e GOOD MORNING RIVERSIDE		900099	74,665	74,665		
f All other program service revenue.			337,103	331,253	5,850	
g Total. Add lines 2a-2f			923,204			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,412			13,412
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			13,035		13,035	
	6a Gross rents	(i) Real	(ii) Personal				
		55,310					
	b Less: rental expenses	33,846					
	c Rental income or (loss)	21,464					
	d Net rental income or (loss)			21,464			21,464
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 57,539 of contributions reported on line 1c). See Part IV, line 18	a	20,866				
	b Less: direct expenses	b	14,210				
	c Net income or (loss) from fundraising events			6,656		6,656	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	27,229					
b Less: cost of goods sold	b	11,997					
c Net income or (loss) from sales of inventory			15,232	15,232			
11a Miscellaneous Revenue	Business Code						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions.			1,867,146	833,757	124,370	34,876	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	207,500			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	515,559			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,711			
9 Other employee benefits	24,205			
10 Payroll taxes	54,745			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,620			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	7,642			
14 Information technology				
15 Royalties				
16 Occupancy	62,697			
17 Travel	4,758			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,679			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,221			
23 Insurance	45,636			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICE COSTS	332,057			
b GOVERNMENT CONTRACT EXP	232,862			
c MEMBERSHIP COMMISSIONS	127,318			
d GRB EXPENSE (COMMISSION)	69,258			
e All other expenses	60,355			
25 Total functional expenses. Add lines 1 through 24e	1,822,823			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	180,429	1	207,456
	2 Savings and temporary cash investments	1,344,720	2	1,444,208
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	75,315	4	83,340
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	48	8	109
	9 Prepaid expenses and deferred charges	13,044	9	20,446
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	919,960		
	b Less: accumulated depreciation	528,463		
		414,038	10c	391,497
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	12,149	15	7,551	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,039,743	16	2,154,607	
Liabilities	17 Accounts payable and accrued expenses	345,876	17	421,015
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,149	25	7,551
	26 Total liabilities. Add lines 17 through 25	358,025	26	428,566
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,526,433	27	1,564,179
	28 Temporarily restricted net assets	155,285	28	161,862
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,681,718	33	1,726,041
	34 Total liabilities and net assets/fund balances	2,039,743	34	2,154,607

Part XI Reconciliation 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	1,867,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,822,823
3	Revenue less expenses. Subtract line 2 from line 1	3	44,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,681,718
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,726,041

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED ACCRUAL</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 95-1154480

Name: GREATER RIVERSIDE CHAMBERS OF COMMERCE

Form 990 (2018)

Form 990, Part III, Line 4a:

THE CHAMBERS OF COMMERCE SERVE THE GREATER RIVERSIDE AREA THROUGH 7 AFFILIATED CHAMBERS AND RELATED AGENCIES BY PROVIDING QUALITY SERVICES TO THE COMMUNITY AND AREA BUSINESSES DESIGNED TO PROMOTE AND PUBLICIZE THE CITY, STIMULATE COMMERCE, ATTRACT AND SERVE THE NEEDS OF NEW BUSINESSES AND INSTITUTIONS, BEAUTIFY THE RIVERSIDE AREA, ASSIST WITH FAIRS AND FESTIVALS THAT CELEBRATE RIVERSIDE'S RICH HISTORY AND DIVERSE COMMUNITY, SUPPORT EDUCATION, RETAIN ESTABLISHED BUSINESSES, ADVOCATE LEGISLATION, ENHANCE HEALTH AND SAFETY, IMPROVE RELATIONSHIPS WITH LOCAL GOVERNMENT, TRAIN NEW LEADERS, CHAMPION THE ADVANCEMENT OF WOMEN AND MINORITIES AND PROMOTE THE DEVELOPMENT OF NEW TECHNOLOGY.

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH ORTIZ CHAIR OF THE BOARD	5.00	X		X				0	0	0
ANDREW WALCKER PAST CHAIR/CHAIR GRCCPAC	2.00	X		X				0	0	0
BOB HICKS VICE-CHAIR - CHAIR ELECT	2.00	X		X				0	0	0
HOWARD SANER VICE CHAIR - GOVERNMENTAL AFFAIRS	2.00	X		X				0	0	0
KATHY MICHALAK VICE CHAIR - MARKETING/MEMBERSHIP	2.00	X		X				0	0	0
BRIAN HAWLEY VICE-CHAIR - FINANCE/TREAS	2.00	X		X				0	0	0
GARY MONTGOMERY LEGAL COUNSEL	2.00	X		X				0	0	0
AL ARGUELLO MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
JUDY CARPENTER MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
JULIO FIGUEROA MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM FUSON MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
PATTY MOORMAN MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
STEVE POPKIN MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
ROB STARR MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
RANDAL WISBEY MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0
PATRICK BRILLIANT MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
LEA PETERSEN MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
DR CYNTHIA LARIVE MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
PETER HUBBARD MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
TOM NIGHTINGALE MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON THOMPSON MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
RONALD ELLIS MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
DEBBI GUTHRIE MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
DAVID HANSEN MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
ROSE MAYES MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
MARK RUBIN MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
ZAREH SARRAFIAN MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
MATT WEBB MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
VITA WILLET MEMBER - 1 YEAR TO SERVE	1.00	X						0	0	0
STEPHANIE RUIZ PRESIDENT - ARLINGTON BUS.	1.00	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT MCCOY PRESIDENT - DOWNTOWN BUS.	1.00	X						0	0	0
MATT FRIEDLANDER PRESIDENT - HUNTER PARK BU	1.00	X						0	0	0
ANA MIRAMONTES PRESIDENT - LA SIERRA BUS.	1.00	X						0	0	0
PAUL BORDWELL PRESIDENT - MAGNOLIA CTR.	1.00	X						0	0	0
JUSTIN GILBERT CHAIR - AMBASSADORS	1.00	X						0	0	0
TINA COVINGTON CHAIR - BUSINESS EDUCATION	1.00	X						0	0	0
SCOTT MEINERT CHAIR - BUSINESS IN ACTION	1.00	X						0	0	0
RICH ERICKSON CHAIR - ECONOMIC DEVELOPME	1.00	X						0	0	0
LARRY BURNS CHAIR - GOLF COMMITTEE	1.00	X						0	0	0
CARL DAMERON PRESIDENT - I.E. AFRICAN A	1.00	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF VAN WAGENEN CHAIR - LEADERSHIP RIVERSI	1.00	X						0	0	0
BRIGADIER GENERAL-SELECT M BURGER COMMANDER - MARCH AIR RESE	1.00	X						0	0	0
JAMIL DADA CO-CHAIR - MILITARY AFFAIR	1.00	X						0	0	0
VINAY GUPTA PRESIDENT - ASIAN INDIAN C	1.00	X						0	0	0
EMILIO RAMIREZ PRESIDENT - G.R. HISPANIC	1.00	X						0	0	0
PEPI JACKSON PRESIDENT - RIVERSIDE CNTY	1.00	X						0	0	0
MICHAEL LEWIN VICE CHAIR - ECONOMIC DEV.	2.00	X		X				0	0	0
JOSEPH ZICHICHI VICE CHAIR - COMMUNITY DEV	2.00	X		X				0	0	0
JD FRANKLIN VICE CHAIR - BUSINESS COUN	2.00	X		X				0	0	0
JIM MAURER MEMBER - 2 YEARS TO SERVE	1.00	X						0	0	0

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

(A) Name and Title	(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT MEGNA VICE-CHAIR - BUSINESS COUNCILS	1.00	X		X				0	0	0
DR WOLDE-AB ISAAC MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
MIKE BLAKELY CHAIR - KRCS	1.00	X						0	0	0
GEORGE HOANZL MEMBER - 3 YEARS TO SERVE	1.00	X						0	0	0
ROBERT BEATTY VICE CHAIR - BUSINESS COUN	1.00	X		X				0	0	0
DEBBIE JOHNSON PRESIDENT - EAST HILLS BUS.	1.00	X						0	0	0
CINDY ROTH PRESIDENT/CEO	40.00					X		207,500	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

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 GREATER RIVERSIDE CHAMBERS OF COMMERCE	Employer identification number 95-1154480
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions)

Part I-B 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 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C 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? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

Name of the organization
GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number
95-1154480

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		
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 advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part 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 certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a 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 the organization during the tax year ▶ _____

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 violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		113,980		113,980
b Buildings		226,949	134,301	92,648
c Leasehold improvements		411,661	242,893	168,768
d Equipment		105,312	92,661	12,651
e Other		62,058	58,608	3,450
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				391,497

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERFUND PAYABLES	7,551
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,551

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

1	Total revenue, gains, and other support per audited financial statements		1	1,927,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,927,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-60,053	
c	Add lines 4a and 4b		4c	-60,053
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,867,146

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.

1	Total expenses and losses per audited financial statements		1	1,882,876
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	60,053	
e	Add lines 2a through 2d		2e	60,053
3	Subtract line 2e from line 1		3	1,822,823
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,822,823

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1154480

Name: GREATER RIVERSIDE CHAMBERS OF COMMERCE

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED AGAINST REVENUES PER FORM 990 -33,846. FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FORM 990 -14,210. COST OF GOODS SOLD NETTED AGAINST SALES PER FORM 990 -11,997.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED AGAINST REVENUES PER FORM 990 33,846. FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FORM 990 14,210. COST OF GOODS SOLD NETTED AGAINST SALES PER FORM 990 11,997.

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)
		GOLF TOURN. (event type)	SILENT AUCTION (event type)	(total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	67,410	10,995		78,405
2	Less: Contributions	57,539			57,539
3	Gross income (line 1 minus line 2)	9,871	10,995		20,866
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,624			4,624
	7 Food and beverages	5,247			5,247
	8 Entertainment				
	9 Other direct expenses	4,339			4,339
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,210
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				6,656

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 provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization GREATER RIVERSIDE CHAMBERS OF COMMERCE	Employer identification number 95-1154480
--	--

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III **Supplemental Information**

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.

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

GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number

95-1154480

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS PRESENTED TO AND REVIEWED BY THE BOARD AT THE GENERAL BOARD MEETING HELD ON JUNE 25, 2020 PRIOR TO THE EXTENDED FILING DEADLINE OF JULY 15, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ANNUALLY MONITORS ITS CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	EMPLOYEES ARE EVALUATED ANNUALLY BY THE PRESIDENT/CEO. THE ORGANIZATION'S PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAIALBLE UPON WRITTEN REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC</p>	<p>JOSEPH ORTIZ - 3390 UNIVERSITY AVENUE 5TH FLOOR, RIVERSIDE, CA 92501. ANDREW WALCKER - 216 1 SAINT LAWRENCE STREET, RIVERSIDE, CA 92504. BOB HICKS - 3403 TENTH STREET, SUITE 700, RIVERSIDE, CA 92501. HOWARD SANER - 1650 IOWA AVENUE #220, RIVERSIDE, CA 92507. KATHY MICHAL AK - 2180 IOWA AVENUE, RIVERSIDE, CA 92507. BRIAN HAWLEY - 871 MARLBOROUGH AVENUE #100, RIVERSIDE, CA 92507. GARY MONTGOMERY - 3610 FOURTEENTH STREET, RIVERSIDE, CA 92502. AL ARGUE LLO - 3650 14TH STREET #204, RIVERSIDE, CA 92501. JUDY CARPENTER - 3660 ARLINGTON AVENUE, RIVERSIDE, CA 92506. JULIO FIGUEROA - 3580 ORANGE AVENUE #201, RIVERSIDE, CA 92501. JIM FU SON - 1299 GALLERIA AT TYLER, RIVERSIDE, CA 92503. PATTY MOORMAN - 1200 COLUMBIA AVENUE, RIVERSIDE, CA 92507. STEVE POPKIN - 3865 JACKSON STREET, RIVERSIDE, CA 92503. ROB STARR - 5 825 JASMINE STREET, RIVERSIDE, CA 92504. RANDAL WISBEY - 4500 RIVERWALK PARKWAY, RIVERSIDE, CA 92515. PATRICK BRILLIANT - 4445 MAGNOLIA AVENUE, RIVERSIDE, CA 92501. LEA PETERSEN - 7000 INDIANA AVENUE #105, RIVERSIDE, CA 92506. DR. CYNTHIA LARIVE - 900 UNIVERSITY AVENUE, RIVERSIDE, CA 92521. PETER HUBBARD - 879 MARLBOROUGH AVENUE, RIVERSIDE, CA 92507. TOM NIG HTINGALE - 4141 INLAND EMIRE BLVD #350, ONTARIO, CA 91764. RON THOMPSON - 8200 ARLINGTON A VENUE, RIVERSIDE, CA 92503. RONALD ELLIS - 8432 MAGNOLIA AVENUE, RIVERSIDE, CA 92504. DEBB I GUTHRIE - 1451 RESEARCH PARK DRIVE #200, RIVERSIDE, CA 92507. DAVID HANSEN - 3380 14TH S TREET, RIVERSIDE, CA 92501. ROSE MAYES - 3933 MISSION INN AVENUE, RIVERSIDE, CA 92501. MAR K RUBIN - 321 E. ALESSANDRO BLVD #2B, RIVERSIDE, CA 92508. ZAREH SARRAFIAN - 26520 CACTUS AVENUE, MORENO VALLEY, CA 92555. MATT WEBB - 3788 MCCRAY STREET, RIVERSIDE, CA 92506. VITA WILLET - 10800 MAGNOLIA AVENUE, RIVERSIDE, CA 92505. STEPHANIE RUIZ - 5030 ARLINGTON AVENUE, RIVERSIDE, CA 92504. VINCENT MCCOY - 3780 MARKET STREET, RIVERSIDE, CA 92501. MATT FRI EDLANDER - 2180 IOWA AVENUE, RIVERSIDE, CA 92507. ANA MIRAMONTES - 10297 MAGNOLIA AVENUE, RIVERSIDE, CA 92503. PAUL BORDWELL - 3400 CENTRAL AVENUE #300, RIVERSIDE, CA 92506. JUSTIN GILBERT - 9719 FOOTHILL BLVD, RANCHO CUCAMONGA, CA 91730. TINA COVINGTON - 2847 CAMPUS PA RKWAY, RIVERSIDE, CA 92507. SCOTT MEINERT - 333 S. ANITA DRIVE #875, ORANGE, CA 92868. RIC H ERICKSON - 3240 MISSION INN AVENUE, RIVERSIDE, CA 92507. LARRY BURNS - 4178 CHESTNUT STR EET, RIVERSIDE, CA 92501. CARL DAMERON - 2407 W. VICTORIA STREET, SAN BERNARDINO, CA 92410 . JEFF VAN WAGENEN - 4080 LEMON STREET 4TH FLOOR, RIVERSIDE, CA 92501. BRIGADIER GENERAL-S ELECT M. BURGER - 2145 GRAEBER STREET #117, MARCH ARB, CA 92518. JAMIL DADA - 3756 CENTRAL AVENUE, RIVERSIDE, CA 92506. EMILIO RAMIREZ - 2023 CHICAGO AVENUE #B15, RIVERSIDE, CA 925 07. PEPI JACKSON - 2060 CHIGACO AVENUE #A13, RIVERSIDE, CA 92507. MICHAEL LEWIN - 5055 CAN YON CREST DRIVE #209, RIVERSIDE, CA 92507. JOSEPH ZICHICHI - 7337 CENTRAL AVENUE, RIVERSID E, CA 92504. JD FRANKLIN - 1155 MOUNT VERNON AVENUE, RIVERSIDE, CA 92507. JIM MAURER - 182 5 CHICAGO AVENUE #100, RIVERSI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	DE, CA 92507. SCOTT MEGNA - 3637 5TH STREET, RIVERSIDE, CA 92501. DR. WOLDE-AB ISAAC - 380 1 MARKET STREET, RIVERSIDE, CA 92501. GEORGE HOANZL - 4135 INDUS WAY, RIVERSIDE, CA 92503. ROBERT BEATTY - 7085 BROCKTON AVENUE, RIVERSIDE, CA 92506. DEBBIE JOHNSON - 5225 CANYON C REST D. BLDG 200 #256, RIVERSIDE, CA 92507.