Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Open to Public Inspection

A F	or the 2	2022 calendar year, or tax year beginning , 2022, and ending		, 20
	eck if app			entification number
Па	dress c	hange OSSINING CHAMBER OF COMMERCE	13-172379	
ΠN	ame cha	E Telephone nu		
	itial retu	(914)886-	-5043	
	nal retur mended	F Group Exemp	otion	
		n pending Ossining, NY 10562	Number	
		ng Method: X Cash Accrual Other (specify)	Check 📗 if the	organization is not
_	ebsite:		required to attach	Schedule B
			(Form 990).	
	orm of	organization: X Corporation Trust Association Other		
ι Δ	dd lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as:	sets	
(Par	t II, colu	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>\$</u>	59,459
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstructions for	Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	<u></u>	X
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	27,78 <u>2</u>
	3	Membership dues and assessments	3	11,959
	4	Investment income	4	
	-т 5а	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	а	Gross income from gaming (attach Schedule G if greater than		
Ø	а	\$15,000)		
Š	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the		
Ľ		sum of such gross income and contributions exceeds \$15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	"	line 6c)	6d	
	7a		,707	
	b	Less: cost of goods sold	3,562	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	15,145
	8	Other revenue (describe in Schedule O)	8	1,011
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		55,897
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	1,054
	12	Salaries, other compensation, and employee benefits	12	
es	13	Professional fees and other payments to independent contractors	13	3,600
Expenses	14	Occupancy, rent, utilities, and maintenance	14	15,570
Š	15	Printing, publications, postage, and shipping	15	1,741
ш	16	Other expenses (describe in Schedule O)	16	41,379
	17	Total expenses. Add lines 10 through 16	17	63,344
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(7,447
ī.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		2700
se		end-of-year figure reported on prior year's return)	19	60,409
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		52,962
	141	nact dooped of faile period of the St. Jean. Cambridge St.		Form 990-F7 (2022)

art II Balance Sheets (see the instru	uctions for Part II)					
Check if the organization used	Schedule O to re	espond to any que	stion in this Part			• • • •	
				(A) Beginnin			(B) End of year
2 Cash, savings, and investments					60,409	22	52,962
3 Land and buildings					0	23	
4 Other assets (describe in Schedule O) .					0	24	
5 Total assets				-	60,409	25	52,962
6 Total liabilities (describe in Schedule O)					0	26	
7 Net assets or fund balances (line 27 of c	column (B) must a	gree with line 21)			60,409	27	52,962
art III Statement of Program Service	ce Accomplishr	nents (see the in	structions for Pa	rt III)		i	Expenses
Check if the organization used	Schedule O to	respond to any qu	estion in this Pa	<u>π. III</u>	•••□	(Requ	ired for section
nat is the organization's primary exempt purpos	se? <u>Networkin</u>	g and inform	meetings To	r Ossi		501(c))(3) and 501(c)(4)
scribe the organization's program service acco	omplishments for ea	ach of its three large	st program service	s,		organ	izations; optional for
measured by expenses. In a clear and concise	e manner, describe	the services provide	ed, the number of			others	s.)
sons benefited, and other relevant information						-	
280rganization holds monthly me			ing				
Business Community for network	rking, educa	tional and					
informative meetings.) If this amount in	cludes foreign grant	s check here		. П	28a	
(Grants \$) Il tills amount in	iciddes foreign grant	s, oncor noro		<u> </u>		
29							
(Grants \$) If this amount in	cludes foreign grant	s. check here		. []	29a	
) Il tillo difficulti	olddoo fol olgin gilain					
30							
		20 At 1600 2000 At				20-	
(Grants \$) If this amount in	icludes foreign grant	s, check here	<u>.</u>	•	30a	
(Grants \$		ncludes foreign grant			· <u> </u>	30a	
31 Other program services (describe in Sche	dule O)					30a 31a	
31 Other program services (describe in Scher (Grants \$	dule O)) If this amount in	ncludes foreign grant	s, check here	<u></u>	. 🗆		
Other program services (describe in Scher (Grants \$ Total program service expenses (add line	dule O)) If this amount in es 28a through 31a	ncludes foreign grant	s, check here	<u></u>	· □	31a 32	ns for Part IV)
Other program services (describe in Scher (Grants \$ Total program service expenses (add line Part IV List of Officers, Directors, Trus	odule O)	ncludes foreign grant a)	s, check here	npensated - s		31a 32	ns for Part IV)
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Other program services (describe in Scheen (Grants \$ Total program service expenses (add lines are in the information of the i	odule O)	ncludes foreign grant a)	s, check here one even if not conthis Part IV (c) Reportable compensation	npensated - s (d) Hea	ee the inst	31a 32 truction	e) Estimated amount of
Other program services (describe in Scher (Grants \$ Total program service expenses (add line Part IV List of Officers, Directors, Trus	odule O)	ncludes foreign grant i)	s, check here one even if not conthis Part IV (c) Reportable	npensated - s (d) Heacontribution sc/ benefit	ee the inst	31a 32 truction	
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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			\Box
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			200
	detailed description of each activity in Schedule O	33		<u>x</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	60.00000	<u> </u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	(%) No. 22(6) 41 614	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	The same of the	<u> </u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	-00		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
b		-		
39	Section 501(c)(7) organizations. Enter:			
а		- 1		
b		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912 : ; section 4955:			
b				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b	0.000.04	entra arti
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	400		
C				
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		
d				
	40c reimbursed by the organization	-		
е		40e	0900000	X
	transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed: The ergonization's books are in care of: Gay 1 e	886-5	043	
42 a	The organization's books are in care of: Gayle Telephone no. 914- Located at: Marchica, Ossining, NY ZIP+4 1056			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes." enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		<u> </u>
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		х
(completed instead of Form 990-EZ	44b 44c		x
(completed instead of Form 990-EZ	44c		
(completed instead of Form 990-EZ	44c 44d		x
(completed instead of Form 990-EZ	44c		
45 :	completed instead of Form 990-EZ	44c 44d		X
45 :	completed instead of Form 990-EZ	44d 44d 45a		x
45 :	completed instead of Form 990-EZ	44c 44d		X

					Yes No				
46 D	old the organization engage, directly or indirectly	y, in political campaign a	ctivities on behalf of or in	opposition					
	o candidates for public office? If "Yes," complete				46 X				
Part V	Section 501(c)(3) Organizations	Only		•					
I are v	All section 501(c)(3) organizations	s must answer ques	tions 47 - 49b and 5	52, and complete th	e tables for lines				
	50 and 51.	•							
	Check if the organization used So	hedule O to respon	d to any question in	this Part VI	<u></u>				
	Official trie organization accuracy				Yes No				
4 7 D	Did the organization engage in Johbving activitie	es or have a section 501	h) election in effect during	g the tax					
41 L	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								
40 le	year? If "Yes," complete Schedule C, Part II								
40 R	Did the organization make any transfers to an e	vemnt non-charitable rela	ated organization?		49a				
49a 🗅	f "Yes," was the related organization a section s	527 organization?	ned organization.		. 49b				
b 11	f "Yes," was the related organization a section of Complete this table for the organization's five hig	bet componented emplo	wees (other than officers	directors trustees and k	ev ev				
50 C	complete this table for the organization's live high employees) who each received more than \$100	nest compensated emplo	m the organization. If the	re is none enter "None."	,				
е	employees) who each received more than \$100	,000 of compensation no	(c) Reportable	(d) Health benefits,					
		(b) Average	compensation	contributions to employee	(e) Estimated amount of				
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	benefit plans, and deferred compensation	other compensation				
		devoted to position	1000 1120)						
					 				
	<u> </u>								
			<u></u>						
f	Total number of other employees paid over \$10	00,000	• • • •		•				
	Complete this table for the organization's five hig			each received more than					
	\$100,000 of compensation from the organization	n. If there is none, enter '	"None."						
	(a) Name and business address of each independent contra	otor	(b) Type of service	e	(c) Compensation				
	(a) Name and business address of each independent contra		(2) 1) 1	-					
			<u> </u>		-				
	Total number of other independent contractors								
52	Did the organization complete Schedule A? No	ote: All section 501(c)(3)	organizations must atta	ch a					
	completed Schedule A								
Under pena	Ities of perjury, I declare that I have examined this ret	turn, including accompanying	g schedules and statements,	and to the best of my know	ledge and belief, it is				
true, correct	t, and complete. Declaration of preparer (other than o	officer) is based on all inform	nation of which preparer has	any knowledge.					
	Gayle Marchiica								
Sign	Signature of officer			Date					
Here	Gayle Marchiica, Presider	nt							
	Type or print name and title								
		Preparer's signature	Date	Check if	PTIN				
Paid	Kerry Molloy		08-11-2	023 self-employed	P00534930				
Prepare		A		Firm's EIN					
Use On									
	Ossining NY 105			Phone no. 914	-944-0415				
May the IF	RS discuss this return with the preparer shown				Yes 🗓 No				
	P. P.				Form 990-EZ (2022				

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Inspection

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

13-1723792 OSSINING CHAMBER OF COMMERCE 01. Description of other revenue (Part I, line 8) Amount Description 900 Rental Income 111 Reimbursed Expenses 02. Description of other expenses (Part I, line 16) Amount Description 5,000 <u>Administrative</u> 5,500 Advertising 42 Bank Charges 1,633 Banner 4,170 Clerical Support 142 Board Meetings Ossining Contractual Agreement 6,713 11,642 Food Truck 1,935 Insurance 3,537 Office and Miscellaneous 1,065 Repairs

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

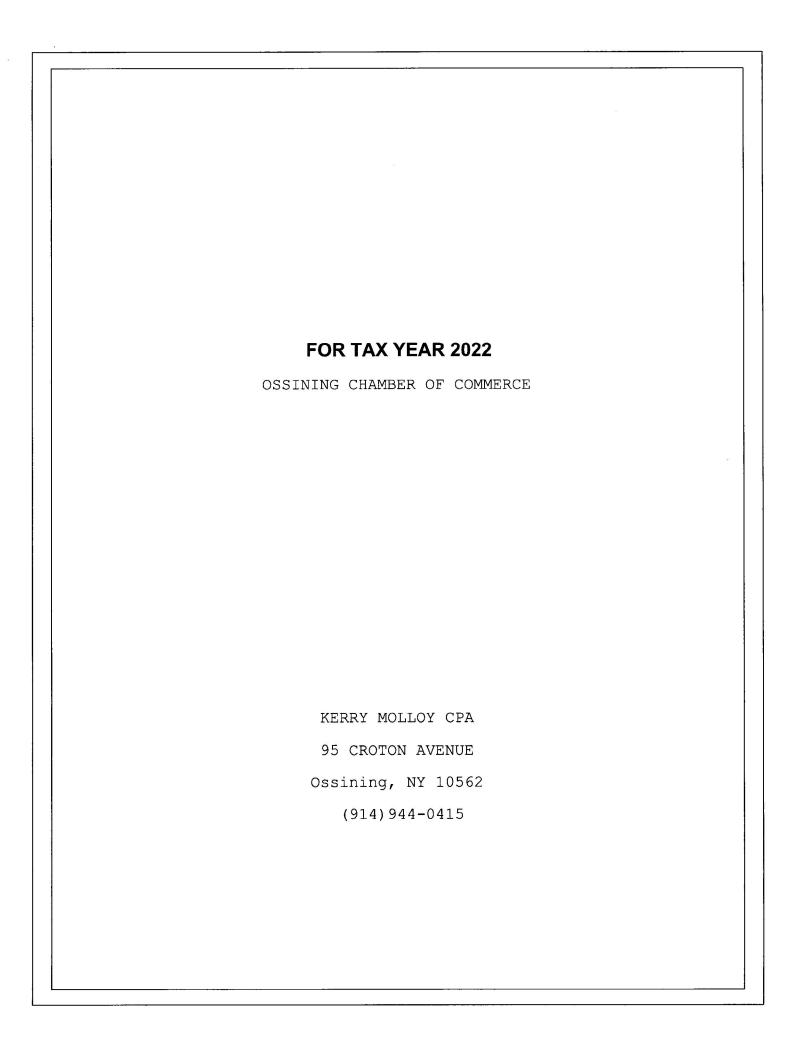
Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or 13-1723792 print OSSINING CHAMBER OF COMMERCE Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 09 CROTON AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See instructions. Ossining NY 10562 0 Return Return Application **Application** Code Is For Code Is For 01 Form 1041-A Form 990 or Form 990-EZ 09 Form 4720 (other than individual) 03 Form 4720 (individual) 10 Form 5227 Form 990-PF 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 06 Form 8870 Form 990-T (trust other than above) 07 Form 990-T (corporation) The books are in the care of ► Gayle, Marchica Ossining NY 10562 FAX No.▶ Telephone No ▶ 914-886-5043 _ . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ 🗌 . If it is for part of the group, check this box. ▶ 🗍 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until ______ 11-15 ____ , 20 _____ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 22 or _____, 20 _____, and ending ______, 20 _____ ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment



2022 Filing Instructions OSSINING CHAMBER OF COMMERCE Tax year ending 12-31-2022

Form filed:

Form 990-EZ and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2023

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

8868 Filing Instructions OSSINING CHAMBER OF COMMERCE Tax year ending 12-31-2022

Form filed:

Form 8868

Filing method:

The extension will be e-filed; do not mail the extension to the IRS.

Due date:

05-15-2023

KERRY MOLLOY CPA

95 CROT ON AVENUE
Ossining, NY 10562
Kerry@MolloyCP A.com
Phone: (914)944-0415 | Fax: (914)944-0416

August 11, 2023

OSSINING CHAMBER OF COMMERCE 109 CROTON AVENUE Ossining, NY 10562

Subject: Preparation of 2022 Tax Returns

OSSINING CHAMBER OF COMMERCE:

Thank you for choosing KERRY MOLLOY CPA to assist with the 2022 taxes for OSSINING CHAMBER OF COMMERCE. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for OSSINING CHAMBER OF COMMERCE. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of OSSINING CHAMBER OF COMMERCE, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (914)944-0415.
Sincerely,
Kerry Molloy KERRY MOLLOY CPA
Accepted By:
Officer
Date

KERRY MOLLOY CPA

95 CROTON AVENUE
Ossining, NY 10562
Kerry@MolloyCPA.com
Phone: (914)944-0415 | Fax: (914)944-0416

August 11, 2023

OSSINING CHAMBER OF COMMERCE 109 CROTON AVENUE Ossining, NY 10562

OSSINING CHAMBER OF COMMERCE:

Enclosed is a copy of 2022 Form 8868, Federal Application for Extension of Time To File an Exempt Organization Return, prepared for OSSINING CHAMBER OF COMMERCE. This form will be e-filed with the IRS. OSSINING CHAMBER OF COMMERCE will not be notified upon approval of an initial extension. The IRS will send notification only if the request for extension is denied.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (914)944-0415.

Sincerely,

Kerry Molloy KERRY MOLLOY CPA

KERRY MOLLOY CPA

95 CROTON AVENUE
Ossining, NY 10562
Kerry@MolloyCP A.com
Phone: (914)944-0415 | Fax: (914)944-0416

August 11, 2023

OSSINING CHAMBER OF COMMERCE 109 CROTON AVENUE Ossining, NY 10562

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (914)944-0415.

Sincerely,

Kerry Molloy KERRY MOLLOY CPA

Tax Exempt 2022 990 **Diagnostic Summary** Employer Identification # Name 13-1723792 OSSINING CHAMBER OF COMMERCE

Demographics

Mailing Address:

Phone: (914)886-5043

109 CROTON AVENUE Ossining, NY 10562

Resident State:

Diagnostics

Preparer: Kerry Molloy Invoice:

Date: 08-11-2023

Return Information

	2022	2021 Federal
Item on Return	Federal	(If available)
Total Revenue	55,897	
Total Expenses	63,344	
Net Excess (Deficit)	(7,447)	
Net Assets or Fund		
Balances	52,962	60,409

State/City Information

State/City Total Change Fund <u>UBIT</u> **Total** Refund/ <u>Taxable</u> (Balance Due) **Balance** Tax Revenue Expenses

Form 990-N

ELECTRONIC NOTICE (e-Postcard)

For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.

2021

Open to Public Inspection

Information about Form 990-N is at www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard.

NOTE: This is not an IRS form. This form was created by Drake Software and is intended for information purposes only. **Do NOT mail this form to the IRS.**

A. Tax Period:

Start: 01-01-2021 Ending: 12-31-2021

B. Employer Identification Number (EIN)

13-1723792

C. Legal Name:

OSSINING CHAMBER OF COMMERCE

D. Mailing Address:

109 CROTON AVENUE Ossining, NY 10562

E. Doing Business As:

OSSINING CHAMBER OF COMMERCE

F. Gross receipts not greater than:

\$50,000

- G. Organization has terminated:
- H. Principal Officer's Name and Address:

Gayle Marchica 109 CROTON AVENUE Ossining, NY 10562

I. Website URL:

Form **990-N**

ELECTRONIC NOTICE (e-Postcard)

For Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ.

2020

Open to Public Inspection

Information about Form 990-N is at www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard.

NOTE: This is not an IRS form. This form was created by Drake Software and is intended for information purposes only. **Do NOT mail this form to the IRS.**

A. Tax Period:

Start: 01-01-2020 Ending: 12-31-2020

B. Employer Identification Number (EIN)

13-1723792

C. Legal Name:

OSSINING CHAMBER OF COMMERCE

D. Mailing Address:

109 CROTON AVENUE Ossining, NY 10562

E. Doing Business As:

OSSINING CHAMBER OF COMMERCE

F. Gross receipts not greater than:

\$50,000

- G. Organization has terminated:
- H. Principal Officer's Name and Address:

Gayle Marchica 109 CROTON AVENUE Ossining, NY 10562

I. Website URL:

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

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 instructions and the latest information.

Open to Public Inspection

A	For the 2	2019 calenda	r year, or tax year beginning , 20	19, and ending		, 20
_	_ 12 11 1 1 1 1 1 1		C Name of organization		D Employer ide	ntification number
X	Address cha	ange	OSSINING CHAMBER OF COMMERCE		13-1723	792
Ш	Name chan	ge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone nur	mber
	Initial return)				
						1-0009
	Amended return City or town, state or province, country, and ZIP or foreign postal code F Grou					tion
	Application	pending	Number ▶			
G	Accountii	H Check ► 🗷 if t	he organization is not			
1	Website:	× www.	OSSININGCHAMBER.ORG/		required to attach	Schedule B
J	Tax-exe	mpt status (d	theck only one) - ☐ 501(c)(3) 🗓 501(c)(6) ◀ (insert no.) ☐ 49	47(a)(1) or 527	(Form 990, 990-E2	Z, or 990-PF)
K	Form of o	organization:		Other		
L	Add lines	5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more, or if total	assets	
(Pa	ırt II, colu	mn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ		> \$	73,676
P	art l	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balances (see t	he instructions for	Part I)
		Check if	the organization used Schedule O to respond to any questi	ion in this Part I		<u>x</u>
	1	Contribution	s, gifts, grants, and similar amounts received		1	
	2	Program ser	vice revenue including government fees and contracts · · · ·		2	
	3	Membership	dues and assessments	**)		16,519
	4	Investment i	ncome		4	8
	5a	Gross amou	nt from sale of assets other than inventory	5a		
	b	Less: cost o	r other basis and sales expenses · · · · · · · · · · · · · · · · · ·	5b		
	C	Gain or (loss	s) from sale of assets other than inventory (Subtract the 5b from the	5a) • • • • • •	5c	
	6	Gaming and	fundraising events:			
	a	Gross incom	e from gaming (attach Schedule G if greater than			
9		\$15,000) •		- 6a		
Revenue	b	Gross incom	ne from fundraising events (not including \$	of contributions		
Se e		from fundrais	sing events reported on line 1) (attach Scaledule G if the			
			gross income and contributions exceeds \$15,000)	. 6b	57,149	
	C		expenses from gaming and and ising events		8,222	
	d	Net income	or (loss) from gaming and fund a sing events (add lines 6a and 6b ar	nd subtract		
		line 6c) · ·		******	6d	48,927
	7a	Gross sales	of inventory, less returns and allowances	. 7a	4 i	
	b	Less: cost o	f goods sold · · · · 🍇 · · · · · · · · · · · · · ·			
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a) · · ·		· · 7c	
	8		ue (describe in Schedus O)			
	9		ue. Add lines 2, 3, 4, 56, 6d, 7c, and 8 · · · · · · · · · · · · ·			65,454
	10	Grants and	similare mounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·		10	
	11	Benefits paid	defenor for members		11	
s	12	Salaries, oth	ner compensation, and employee benefits		12	
Se	13	Professiona	lees and ther payments to independent contractors		13	2,750
Expenses	14	Occupancy,	rent, utilities, and maintenance		14	10,901
X	15	Printing, put	olications postage, and shipping		15	56
	16	Other exper	ises (describe in Schedule O)		16	25,155
	17	Total exper	ses Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		▶ 17	38,862
	18	Excess or (lericit) for the year (Subtract line 17 from line 9)		18	26,592
efs	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (mus	t agree with		
954		end-of-year	figure reported on prior year's return)		19	17,911
Net Assets	20	Other chang	ges in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 · · ·		▶ 21	44,503
_			to a state of the companie instructions			Form 990-EZ (2019)

Partille	Balance Sheets (see the instructions for Par	rt II)	····			
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part I			<u>.</u>
				(A) Beginning of year		(B) End of year
22 Cash.	savings, and investments		<u></u>	17,911	22	44,503
	and buildings			0	23	0
	assets (describe in Schedule O)			0	24	0
	assets			17,911	25	44,503
	liabilities (describe in Schedule O)		<u>-</u>	0	26	0
27 Netas	ssets or fund balances (line 27 of column (B) must ag	ree with line 21)	. .	17,911	27	44,503
Part III		shments (see the ins	structions for Part I			
Mary Control of the Control	Check if the organization used Schedule O					Expenses
What is th	e organization's primary exempt purpose? ASSISTI					uired for section
	· · · · · · · · · · · · · · · · · · ·					c)(3) and 501(c)(4)
as measu	the organization's program service accomplishments for red by expenses. In a clear and concise manner, descri enefited, and other relevant information for each progra	ibe the services provide	d, the number of		other	nizations; optional for s.)
28 ORGA	NIZATION HOLDS MONTHLY MEETINGS AN	D INVITES OSSIN	ING	···.		
BUSI	NESS COMMUNITY. NETWORKING, EDUCAT	IONAL AND INFOR	MATIVE		1	
MEET	INGS. OPEN TO THE PUBLIC.					
(Gran		unt includes foreign gra		▶ []	28a	
	JAL VILLAGE FAIR IS HELD IN THE MAI				1	
PURI	POSE IS TO DRAW PUBLIC TO LEARN OF	LOCAL BUSINESSE	s.		İ	
(Gran	ts \$) If this amo	unt includes foreign gra	nts-eheck here	▶ 📋	29a	
30						
			·		İ	ļ
	101.00			<u> </u>	200	
(Gran	the state of the s	ount includes foreign gr			30a	
	program services (accorde in concado e)			,	240	
(Gran		ountriadades le nign gra			31a 32	
MANAGER AND LOCATION OF A PROPERTY.	program service expenses (add lines 28a through 3)	//		ated see the instructi		or Part IVA
Barit III						
	Check if the organization used Schedule O to res	and to any question in		(d) Health benefits,		<u> </u>
		(b) wage	(c) Reportable compensation	contributions to employe	e ((e) Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation		other compensation
			(If not paid, enter -0-)	deterred compensation		· · · · · · · · · · · · · · · · · · ·
	YLE MARCHICA	5.00	0		,	0
PRESID		3.00				
	TYLIANOU	3.00	0	1 .	,	0
	RESIDENT JESION-ADAMS	3.00				
DIANS TREASU	The second secon	3.00	o		0	0
	SCHOFIELD					
DAVID DIRECT		1.00	0	1	0	0
	NUKA RAO-BIROOR					
		1.00	٥		0	0
DIRECT		1.00	Ţ,			
	BRIONES	1.00	o	1	0	0_
DIRECT		1.00				
	CAMPHULL	1.00	o	1	0	0
DIRECT		1.00		1		
	RY PERRY	1.00	0		0	0
DIRECT		1.00				
	M RIORDAN	3.00	0		0	. 0
SECRET		3.00	1		\top	
MIKE I		1.00	0		o _	0
DIREC'		1.00	1			
NEIL V		1.00	0		0	0
DIREC	FOR	1.00	<u> </u>			
			1		丁	
	N 0 NN		<u> </u>	<u> </u>		Earn 000 E7 /2010

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723792	Pa
143134	1 4

Form 9	90-EZ (2019) OSSINING CHAMBER OF COMMERCE 13-172	3792	P	age 3
Par				
2	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	<u> ۷</u>		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	l i	x
25.0	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
JJ a	activities (such as those reported on lines 2, 6a, and 7a, among others)? • • • • • • • • • • • • • • • • • • •	35a		x
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O · · · · ·	000		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	. 35c		v
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	330	+-1	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	. 36		
	during the year? If "Yes," complete applicable parts of Schedule N	30		<u> </u>
37 a	· ·			Link .
	Did the organization file Form 1120-POL for this year?	· 37b		<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	00-		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a	(A. 151)	<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter:	2 (10)		
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			W V
b		—		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 >; section 4912 >; section 4955 >			1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If thes," complete Schedule L, Part I- · · · · · · · · · · · · · · · · · ·	· 40b	SA ESPAINTMENT	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	j.		
	on organization managers or disqualified persons during the year under sections 4912,		100	100
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	_ 1		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization Enter amount tax on line			
	40c reimbursed by the organization	_		
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	144		1.0
	transaction? If "Yes," complete Form 8886-T	· 40e		X
41	List the states with which a copy of this return is VY			
42 a	The organization's books are in care of DIANE JUSTION-ADAMS Telephone no. > 914	1-941-0	0009	·
	Located at ▶ 109 CROTON AVENUE OSSUNING, NY ZIP+4 ▶ 105	562		
b	At any time during the calendar year, didding organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42t) 	X
	If "Yes," enter the name of the foreign country		4	rid
	See the instructions for exceptions and ling requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar wear, of the organization maintain an office outside the United States?	. 420	<u> </u>	X
	If "Vac " enter the name white foreign country	_		
43	Section 4947(a) The experimental plantable trusts filling Form 990-EZ in lieu of Form 1041-Check here		•	' Ц
	and enter the amount of tax-exempt interest received or accrued during the tax year	3	V	I NI-
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Section 100 Section 1	
	completed installs of Form 990-EZ	• 44	et	X
k	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	40		
	completed instead of Form 990-F7	. 44	-	X
	Did the organization receive any payments for indoor tanning services during the year?	. 44	C	X
	4. It loop "to line 44c, has the organization filed a Form 720 to report these payments? It "No," provide an	444		9.1
	and the state of the Colored to C	. 44	-	+
45 2	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45	a	X_
1	b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the	, i		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions			(2019)
		FORM	MMUNEZ	. (2019)

Did the		Schedule C. Part I					6	
	idates for public office? If "Yes," complete	Only						
rt VI	Section 501(c)(3) Organization All section 501(c)(3) organization	s Ulliy se must answer duest	tions 47 - 49h and 5	2 and co	mplete the	tables	for lines	;
		15 Illust allswell ques	10113 47 - 401 0110 0	<u>, </u>				
	50 and 51. Check if the organization used S	shadula O ta respon	to any question in	this Part	VI			. Г
	Check if the organization used 5	chedule O to respon	to diff quodion in	<u> </u>			Yes	N
	to take a material	a- have a coation 501/h) al	action in affect during the	tay				
Did the	organization engage in lobbying activities	or have a section 50 (ii) ei	ection in enect during the			4	17	
year?	f "Yes," complete Schedule C, Part II		Into Cohodulo E			T	48	
Is the c	organization a school as described in section	on 170(b)(1)(A)(ii)? if "Yes,"	complete scriedule = .				9a	Т
Did the	organization make any transfers to an exe	empt non-chantable related	organization?			_	9b	
If "Yes,	" was the related organization a section 52	?7 organization?	as (ethar than afficers di	ractore true	tees and key	- С		Ь
Compl	ete this table for the organization's five high	nest compensated employe	es (other than officers, di	o none ente	er "None "			
employ	vees) who each received more than \$100,0	000 of compensation from t	ne organization. Il there i	S HOHE, CHIL	er reorie.			
		(b) Average	(c) Reportable	contributio	ith benefits, ns to employee		mated amou	
	(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC)		ns, and deferred pensation	oth	er compensa	tion
		devoted to position	(Forms VV-2/1099-WISC)		periodici			
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			3	-		-		_
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**								
Comp	number of other employees paid over \$100 lete this table for the organization's five hig 000 of compensation from the organization	hest compensated indeper	recess contractors who each	ch received	more than			
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d Total Did ti comp der penalte, correct,	number of other independent connections of page 17. It is and complete. Declaration of preparer (other the Declaration of preparer (other the CAYLE MARCHICA, PRESIDING OF PRINTING OF PRESIDING OF PRINTING OF PRESIDING OF PRINTING OF PRESIDING OF PRESID	each receiving over \$100,00 e: All section 501(c)(3) organism an officer) is based on all information.	(b) Type of serving (b) Type of serving (c) (c) Type of serving (c) Type o	and to the bany knowled	est of my knowle ge.	▶ ☐ dge and b	Yes X elief, it is	
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Openatorable :

Employer identification number

OSSINING CHAMBE	OF COMMERCE	O		- (*			13-1723	792	
	Sing Activities. -EZ filers are not				wered "Yes" on I	-orm 990, i	Part IV, lin	e 17.	
					ies. Check all that ap	nlv			
a Mail solicitation		a lanco un ough a			f non-government gr				
b 🔲 Internet and en	b Internet and email solicitations f Solicitation of government grants								
c 🔲 Phone solicitati	c Phone solicitations g Special fundraising events								
d In-person solicitations									
2a Did the organization							_	_	
					ional fundraising sen		Yes	x No	
b If "Yes," list the 10			idraisers) pu	rsuant to agi	reements under which	th the fundrais	er is to be		
compensated at le	ast \$5,000 by the or	ganization.	Ŧ						
(i) Name and addre or entity (fund		(ii) Activity	(iii) Did fund custody or contrib		(Iv) Gross receipts from activity	(v) Amount (or retaine fundraiser l col. (ed by) sted in	(vi) Amount paid to (or retained by) organization	
			Yes	No		, , , , , , , , , , , , , , , , , , ,	·		
1					1				
2				1	1				
3					V	,			
4									
5		4		4					
6)					
7									
8		N	*						
9									
10									
Total	V	1							
3 List all states in wh	h the opposization	registered or lice	ensed to solid	cit contributio	ons or has been notif	ied it is exemp	ot from		
registration or licens	sing								
New York									
	4								
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					<u></u>				
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			-						

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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through SPECIAL EVEN VILLAGE FAIR NONE col. (c)) (total number) (event type) (event type) Revenue Gross receipts 54,962 57,149 2,187 2 Less: Contributions Gross income (line 1 minus 57,149 line 2) 2,187 54,962 Cash prizes Noncash prizes Rent/facility costs · · · · · · · Expenses Food and beverages Entertainment 8,222 Other direct expenses 8,222 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 48,927 Gaming. Complete if the organization answered "Y 990, Part IV, line 19, or reported more than Pantill \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Full tabs/instant (c) Other gaming (a) B col. (a) through col. (c)) go/progressive bingo Gross revenue Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes No Volunteer labor No Jines 2 through 5 in column (d) Direct expense st mary. ming income summa. Subtract line 7 from line 1, column (d) Enter the late(s) in which he organization conducts gaming activities: sed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

Employer identification number OSSINING CHAMBER OF COMMERCE 13-1723792 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT TELEPHONE, FAX AND INTERNET 1,597 INSURANCE 1,001 OFFICE EXPENSE 974 OFFICE SUPPLIES 3,030 MEETING EXPENSE ADVERTISING ,180 CLERICAL SUPPORT LICENSES & PERMITS WEB SITE EXPENSES SOFTWARE BANK CHARGES DUES & SUBSCRIPTIONS PRINTING 378 MOVING EXPENSES 2,750 TRAVEL 680

(Rev. January 2020)

Department of the Treasury

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 13-1723792 OSSINING CHAMBER OF COMMERCE Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for STE 250 109 CROTON AVENUE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See instructions. DSSINING, NY 10562 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Return Application Code Is For Code Is For Form 999 T (corporation 07 01 Form 990 or Form 990-EZ 80 1041-7 Form 990-BL 02 than individual) 09 Form 4720 (individual) 03 4720 (oth 10 04 Form 990-PF 11 05 606 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form³ Form 990-T (trust other than above) TODD PLACE, OSSINING, NY 10562 The books are in the care of ► OSSINING CHAMBER Q COMMERCE FAX N Telephone No. ▶ 914-941-0009 If the organization does not have an office or place of business.
 United States, check this box If this is for a Group Return, enter the organization's four digit Group emption Number (GEN) . If it is for part of the group, check this box · · · · for the whole group, check this box a list with the names and TINs of all members the extension 11-16 , 20 20 , to file the exempt organization return for 1 I request an automatic 6-month extension on is for the rganization's return for: the organization named above. The extent ➤ X calendar year 20 19 or , 20 , and ending tax year beginning 12 months, check reason: Initial return 2 If the tax year entered in the 1 is Change in accounting period 3a If this applications or Forms 90-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated taxogayments made. Include any prior year overpayment allowed as a credit. c Balance due. Stietract lim 3b from line 3a. Include your payment with this form, if required, by 3c using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019,	or fiscal year beginning	, and ending

OMB No. 1545-1878

Department of the Treasury	➤ Do not send to	the IRS. Keep for your records.		2019
Internal Revenue Service	► Go to www.irs.gov/Form	n8879EO for the latest information.		
Name of exempt organization	22.5		Employer identific	cation number
OSSINING CHAMBER	OF COMMERCE		13-172379	2
Name and title of officer				
Rankl Type of Re	RESIDENT eturn and Return Information (W	hole Dollars Only)		
111111111111111111111111111111111111111	n for which you are using this Form 8879-EO	···	, from the values of	
check the box on line 1a, 2a	a, 3a, 4a, or 5a, below, and the amount on th	nat line for the return being filed with this	form was blank, th	en
	* 5b, whichever is applicable, blank (do not el o not complete more than one line in Part I.	nter -0-). But, if you entered -0- on the re	eturn, then enter -0-	- on
1a Form 990 check here	▶ D b Total revenue, if any (Form 990), Part VIII, column (A), line 12)		1b
2a Form 990-EZ check he	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2b 65,454
3a Form 1120-POL check		•	,	3b
4a Form 990-PF check he		income (Form 990-PF, Part VI, line 5)		4b
5a Form 8868 check here	▶ ☐ b Balance Due (Form 8868, line 3	3c)		5b
Partil Declaration	on and Signature Authorization o	of Officer		
**************************************	declare that I am an officer of the above org		ony of the	
organization's 2019 electror	nic return and accompanying schedules and	statements and to the best of the knowledge	ledge and belief, th	еу
are true, correct, and comp	lete. I further declare that the amount in Part	I above is the amount show the co	py of the	
	rum. I consent to allow my intermediate servi eturn to the IRS and to receive from the IRS			
	ason for any delay in processing the return of)i
authorize the U.S. Treasury	and its designated Financial Agent to initiate	e an electronic wads witherawal (direct	debit) entry to the	
financial institution account	indicated in the tax preparation software for	payment the organization's federal ta	ixes owed on this	
return, and the financial inst	titution to debit the entry to this account. To r	evole a payment, I must contact the U.	S. Treasury Finance	ial ·
Agent at 1-888-353-4537 no	o later than 2 business days prior to the payr of the electronic payment of taxes to receive	ment settlement date. I also authorize	the financial institut	cons
	e payment. I have selected a personal identi			
	licable, the organization's consent of electron		or the organization.	•
Officer's PIN: check one b	The state of the s			
X I authorize FRAN	W WAGALLO	to enter my PIN 13172	as my signatu	IFA
X I authorize FRAN	ERO firm name	to enter my PIN 13172 Enter five numbers,		110
		do not enter all zero	98	
on the organization	's tax year 2019 electronically filed return. If	I have indicated within this return that a	copy of the return	is etiened
	tate agency(ies) regulating charities as part of IN on the return's disclosure consent creen		nonze the atoreme	nuonea
LINO to enter my r	IN ON the retains discounter configuration con	···		
As an officer of the	organization, I withouter my Physis my signa	ature on the organization's tax year 2019	9 electronically filed	I return.
If I have indicated v	within this return that alsopy of the return is be program, I will state my. It on the return's d	peing filed with a state agency(ies) regul	lating charities as p	art of
the IRS Fed/State	program, I will stater my that on the return's o	lisclosure consent screen.		
Officer's signature		Date	▶ 09-27-20	20
Partille Certificat	ion and Authentication			
	r six-digit electronic filing identification			
number (EFIN) followed by	your five-self-selected PIN.	<u>1</u>	30132 0964	:2 enter all zeros
			Do not	enter an Zeros
I certify that the bove num	eric try is my PIN, which is my signature of	on the 2019 electronically filed return for	the organization	AE)
Indicated above a contirm to	hat I on submitting this return in accordance RS offile Providers for Business Returns.	with the requirements of Pub. 4163, Mi	Oueilikeu e-rae (W	
miorination for Asimotized I	I TOTAGE OF BUSINESS TRUMPIS.			
ERO's signature		Date	11-08-20	20
	EDO Must Datain T	his Form - See Instructions		
		the IRS Unless Requested T	o Do So	W3

Acknowledgement and General Information for 2019 **Entities That File Returns Electronically** Employer Identification Number Name(s) as shown on return **-***3792 OSSINING CHAMBER OF COMMERCE Entity address 109 CROTON AVENUE OSSINING, NY 10562 Thank you for participating in IRS e-file. was filed electronically. income tax return for Federal 1. x 2019 8868 The electronic filing services were provided by FRANK VASSALLO using a Personal Identification Number (PIN) as 05-25-2020 income tax return was accepted on 2. X an electronic signature. The entity entered a PIN or authorized the Electronic Reterminator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 1301322020146jlwf1f PLEASE DO NOT SEND A PAPER COPY OF ENTLY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

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)

2018

OMB No. 1545-1150

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

	ment of the		► Go to www.irs.gov/Form990EZ for instructions and the latest	information.		
Internal	Revenue :	Service	r year, or tax year beginning , 2018, and endin	g		, 20
	1000 100 100		C Name of organization	D Employe		fication number
	eck if applic		OSSINING CHAMBER OF COMMERCE	13-1	172379	2
\equiv	dress chan		Number and street (or P.O. box, if mail is not delivered to street address) Room/su	ite E Telephor	ne numbe	er
\equiv	me change		Number and 3300 (5. v.o. 23), a.			
\equiv	ial return		o monn ni Ade		4)941-	
\exists	nal return/te		2 TODD PLACE City or town, state or province, country, and ZIP or foreign postal code	F Group E	xemption	1
=	nended retu			Number	•	
	plication pe		OSSINING, NY 10562 X Cash Accrual Other (specify)			organization is not
		g Method:	Z Cash C Accidal Other (speedily)	required to a	attach Sc	hedule B
	ebsite:	► N/A	check only one) - 501(c)(3)	(Form 990,	990-EZ, d	or 990-PF)
KF	om of or	ganization:	Corporation Trust Association Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets		
L A	dd lines :		000 '		▶ \$	55,002
		D	Expenses and Changes in Net Assets or Fund Balances	see the instruction	ns for P	art I)
Fa	rt I	Chook if	the organization used Schedule O to respond to any question in this Fe	1111		<u>x</u>
		CHECKII	ns, gifts, grants, and similar amounts received		1	
	1 (Contribution	rvice revenue including government fees and contracts		2	5,324
			the and appropriate		3	16,342
	3 1	Membersnip	income		4	10
	4	Investment	unt from sale of assets other than inventory			
	5a	Gross amol	or other basis and sales expenses			
	b	Less: cost o	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	C	Gain or (los	is) from sale of assets other trial liveritory (cooling trial)			
	6	Gaming and	d fundraising events:			
•	а	Gross incor	me from gaming (attach Schedule G if greater than			
Ž				ntributions		
Revenue	b	Gross incor	THE HOTH TURISHING CVCING (MACANING CO.			
ď		from tundra	aising events reported on line 1) (attach Schedule G if the	33,326		
		sum of suc	h gross income and contributions exceeds \$15,000) · · · · · 6b t expenses from gaming and fundraising events · · · · · · 6c	6,888		
	С	Less: direc	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	d	Net income	e or (loss) from gaming and fundialising events (and lines of this extension)		6d	26,438
		line 6c)	s of inventory, less returns and allowances			
	7a	Gross sale	of goods sold · · · · · · · · · · · · · · · · · · ·			
	b	Less: cost	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	C	Gross prot	nue (describe in Schedule O)		8	
		Other reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	48,114
_	9	Total reve	d similar amounts paid (list in Schedule O)		10	
	10	Grants and	aid to or for members		11	
	11	Benefits pa	Inter compensation, and employee benefits		12	
S	12	Salaries, o	all fees and other payments to independent contractors		13	1,423
use	13	Protession	y, rent, utilities, and maintenance		14	17,245
Expenses	14	Occupanc	ublications, postage, and shipping		15	50
ú		Printing, p	ublications, postage, and snipping		16	26,897
	16	Other exp	enses (describe in Schedule O)		17	45,615
	17	Total exp	(deficit) for the year (Subtract line 17 from line 9)		18	2,499
ø	18	Excess or	(deficit) for the year (Subtract line 17 from line 3) to the substances at beginning of year (from line 27, column (A)) (must agree with		m v	
set	19	Net assets	ar figure reported on prior year's return)		19	15,412
Net Assets		end-of-yea	ar figure reported on prior years return)	******	20	
<u>√</u> et	20	Other cha	nges in net assets or fund balances (explain in Scriedule C) · · · · · · · · · · · · · · · · · ·		21	17,91
_	21	Net assets	s or fund balances at end of year. Combine lines to through 20			Form 990 E7 /2018

100.00	100
Page	2
, ago	•

EE A

Form 990-EZ (2018) OSSINING CHAMBER OF COMMI	SKCE				
Part II Balance Sheets (see the instructions for Part II)		in thic Dart II			
Check if the organization used Schedule O to resp	ond to any question	in this Part II	ning of voc-	· · ·	(B) End of year
			nning of year	22	17,911
22 Cash, savings, and investments			15,412	23	17,911
3 Land and buildings		• • • • • • • • • • • • • • • • • • • •	0	24	0
24 Other assets (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	0	25	
75 Total assets	* * * * * * * * * * * * * * * * * * * *		15,412		17,911
26 Total liabilities (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	0	26	0
P7 Net assets or fund balances (line 27 of column (B) must agree with	line 21) • • • • • • •		15,412	27	17,911
Part III Statement of Program Service Accomplishmen	its (see the instruction	ons for Part III)			Expenses
Check if the organization used Schedule O to res	pond to any question	n in this Part III	• • • • • • • • • • • • • • • • • • • •	(Req	uired for section
What is the organization's primary exempt purpose? ASSISTING B	USINESS IN THE	OSSINING COM	M	501(0	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				orgar	nizations; optional for
as measured by expenses. In a clear and concise manner, describe the	services provided, the	number of		other	s.)
persons benefited, and other relevant information for each program title.				-	T
28 ORGANIZATION HOLDS MONTHLY MEETINGS AND IN	VITES OSSINING				
BUSINESS COMMUNITY. NETWORKING, EDUCATIONAL	L AND INFORMAT	VE			1
MEETINGS OPEN TO THE PUBLIC.					
(Grants \$) If this amount incl	udes foreign grants, ch	eck here · · · ·	▶ 📋	28a	
29 ANNUAL VILLAGE FAIR IS HELD IN THE MAIN BU	SINESS DISTRIC	<u>r. \\ \</u>			
PURPOSE IS TO DRAW PUBLIC TO LEARN OF LOCA	L BUSINESSES.				
				-	
(Grants \$) If this amount inc	ludes foreign grants, ch	eck here • • • • •	▶ ∐	29a	
30					
	<u> </u>				
		<i>[</i>			
(Grants \$) If this amount inc	ludes f oréign grants, cl	eck here · · · ·	▶ ∐	30a	
31 Other program services (describe in Schedule O)					
(Cranto 6) If this amount inc	ludes foreign grants, cr	neck nere	· · · · - <u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a) · ·	<u> </u>		<u>P</u>	32	<u> </u>
Part IV List of Officers, Directors, Trustees, and Key Employe	es (list each one even	if not compensated -	see the mande	tions i	or Partiv)
Check if the organization used Schedule O to respond to	any question in this Pa	<u> </u>	(d) Health benef		
	(b) Average	(c) Reportable compensation	contributions to en		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, a		other compensation
	devoted to position	(if not paid, enter -0-)	deferred compens	sation	
GAYLE MARCHICA	2 00	o		o	0
PRESIDENT	3.00				
JOHN STYLIANOU		0		0	0
VICE PRESIDENT	1.00				
DIANE JESION-ADAMS	1 00	o		0	0
TREASURER	1.00				
DAVID SCHOFIELD				0	Ö
DIRECTOR	1.00				
DR. RENUKA RAO-BIJOOR	1 00	0		0	0
DIRECTOR	1.00				
JOHN GIROLAMO	10.00	11,158	1	0	0
DIRECTOR & OFFICE ADMIN	10.00	11,150			
DAYSI BRIONES	1 00		,	0	0
DIRECTOR	1.00		<u> </u>		
HARRY CAMPBELL	1 00		,	0	0
DIRECTOR	1.00	 	<u></u>		
GREGORY PERRY			,	0	0
DIRECTOR	1.00		1		, , , , , , , , , , , , , , , , , , ,
SUSAN RIORDAN				C	0
SECRETARY	1.00	 	0		
MIKE RISKO				C	0
DIRECTOR	1.00		0		,
NEIL WOOLF		1	o	c	0
DIRECTOR	1.00			`	, <u></u>
	<u> </u>	<u> </u>			Form 990-EZ (2018

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the		9	
1.41	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		* * *.	<u> </u>
	institution for fact vi circuit as		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
33	detailed description of each activity in Schedule O	33		<u>X</u>
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
34	Were any significant changes made to the organization of governing documents: If you were the propriet of the			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		X
	change on Schedule O. See instructions			
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		Х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Scriedule O	330		
C	Mas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	05.		37
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes " complete applicable parts of Schedule N	36	eminora-"Sc	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
h	Did the organization file Form 1120-POL for this year?	37b	everlymus, es	<u>X</u>
20.2	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>X</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
	If "Yes," complete Schedule L, Part II and enter the total amount mondo			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
а	Initiation tees and capital contributions included of file 5.	7.6.		
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 section 4915 section 4955			
	SPCIBILITY TO SECTION TO LE			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b	1 1	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NY			
	The organization's books are in care of DIANE JESION-ADAMS Telephone no. 914-9	41-(009	
72 0	Located at ▶ 2 TODD PLACE, OSSINING, NY Z P+4 ▶ 10563	<u> </u>		
	At any time during the calendar year, dig the organization have an interest in or a signature or other authority over		Yes	No
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_X_
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
	At any time during the calendaryear, did the organization maintain an office outside the United States?	42c		_X_
(If "Yes," enter the name of the foreign country	%		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year			-
	and enter the amount of tax-exempt interest received of accided during the tax years		Yes	No
	the state of the state of the second of "You " Form 990 must be		1.75	
44 :	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	448		Х
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·			14.
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441		X
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	440		X
	Did the organization receive any payments for indoor tanning services during the year?			
	4. If II/on II to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1000000	2000000	ue (70%)
	evidencian in Schedule O	440		V
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a	X
	o Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	506		
	Form 990-F7 See instructions	45	b	X

Page 4

Form 990-EZ (2018)

46	Did the	organization engage, directly or indirectly, in	political campaign activiti	es on behalf	of or in oppos	sition		51	Yes	No
		idates for public office? If "Yes," complete So						40	3	X
Part	VI.	Section 501(c)(3) Organizations	Only		100 N W 100 CC 90 N					111
		All section 501(c)(3) organizations		ions 47 - 4	49b and 50	and c	omplete the	tables f	or line	10
		50 and 51.	made another quote	10110 11	TOD GITG OZ	-, and c	ompicie inc	, labics i	01 11110	,3
		Check if the organization used Sch	aedule O to respond	l to any ai	lection in t	hie Dar	F \ /I			
		eneek if the organization used oci	reduie O to respond	i to any qu	aestion in t	IIIS Fai	(VI	• • • • •		
47	Did tha	i-dian annual is talk to a satur.							Yes	No
		organization engage in lobbying activities or							_	
		"Yes," complete Schedule C, Part II							<u> </u>	↓
		rganization a school as described in section		0 0 1.214					3	↓
		organization make any transfers to an exem							а	
		was the related organization a section 527 of						49	b	
50	Comple	te this table for the organization's five highes	t compensated employee	s (other than	n officers, dire	ctors, tru	stees and key			
	employe	ees) who each received more than \$100,000	of compensation from th	e organizatio	n. If there is	none, ent	er "None."			
			(b) Average	(c) R	eportable	(d) Hea	alth benefits,		N 1975	
		(a) Name and title of each employee	hours per week		ensation		ons to employee ns, and deferred	(e) Estim		
			devoted to position	(Forms W-2	2/1099-MISC)		pensation	outer	compensa	HOH
			, =		4					
					TAL					
				4.2	No.					
•	-			and the same		· · · · · · · · · · · · · · · · · · ·		 		
					<i>2</i> 3					
-f	Total nu	where of other amplement and area \$400.000			***					
		mber of other employees paid over \$100,000	April 1	<i>- 19</i>						
		te this table for the organization's five highes			ors who each	received	more than			
	\$100,00	0 of compensation from the organization. If	there is none, enter "Non	e."	• • • • • • • • • • • • • • • • • • • •					
	(a)	Name and business address of each independent contra	octor The Control of the Control of	(b) Type of service			c) Compensa	tion	
							<u> </u>			
			WE CONTROL OF THE PROPERTY OF							
		The state of the s	*					*		
			<u> </u>							
							Į			
										
		mber of other independent contractors each								
		organization complete Schedule A? Note: All								
	complet	ed Schedule A)	► 🗌 Ye	s 🛚	No
Under p	enalties	of perjury, I declare that I have examined this retu	rn, including accompanying s	schedules and	statements, ar	nd to the be	est of my knowled	dge and beli	ef, it is	
true, co	rrect, an	d complete. Declaration of preparer (other than of	ficer) is based on all informa	tion of which p	oreparer has an	y knowled	ge.			
		GAYLE MARCHICA								
Sign		Signature of officer			200 2 200 0	Date	W-5 *V			
Here		GAYLE MARCHICA, PRESIDENT	1							
		Type or print name and title				3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
		Print/Type preparer's name P	reparer's signature		Date		Check X if	PTIN		
Paid		FRANK VASSALLO AFSP			09-09-20	19	self-employed	P0042	8984	
Prepa	arer	Firm's name FRANK VASSALLO			, U <u>2</u> U.		s EIN ▶	F 00 424	U T	
Use (Firm's address > 99 CROTON AVENUE	?			1 010	O EIIN E			
5 (((((((((((((((((((•	OSSINING NY 1056		, ,		Phor	A DO ON A	762-500	١.	
May the	e IRS di	iscuss this return with the preparer shown at				FILOR	.,,,,, h	762-300 ► X Ye		No
		1 -b						E-71 . C		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

►Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OSSINING CHAMBER OF COMMERC	CE		,	1187 "	13-17	23792
Part I Fundraising Activities				swered "Yes" on F	orm 990, Part IV,	line 1/.
Form 990-EZ filers are n						
1 Indicate whether the organization ra	ised funds through a					
a Mail solicitations				of non-government gra	nts	
b Internet and email solicitations		_		of government grants		
c Phone solicitations		g 📙	Special fun	draising events		
d In-person solicitations						
2a Did the organization have a written of						
or key employees listed in Form 990						
b If "Yes," list the 10 highest paid indiv	iduals or entities (fur	ndraisers) p	ursuant to a	greements under which	h the fundraiser is to be	1
compensated at least \$5,000 by the	organization.					
		· · · · · · · · · · · · · · · · · · ·				I
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
				XA.	col. (i)	
		Yes	No			
1						
				ATTENDA		
2		1	يُ ا			1
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7				•		
8						
	.nin-42		-			
9			İ			
40		-				
10						
Total	7					
3 List all states in which the organization	on is registered or lic	ensed to so	licit contribu	itions or has been notif	ied it is exempt from	
registration or licensing.	mins registered or inc	ensed to se	AICH COINTIDE	ations of has been hour	ica it io oxompt irom	
New York	•					
New IOIR		-10.5				
			· · · · · · · · · · · · · · · · · · ·			
	<u> </u>	******				
100						
		**	·····			

13-1723792

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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through SPECIAL EVEN VILLAGE FAIR NONE col. (c)) (event type) (event type) (total number) Gross receipts 3,434 29,892 33,326 Less: Contributions 2 Gross income (line 1 minus 33,326 3,434 29,892 Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 8 9 Other direct expenses 3,892 6,888 Direct expense summary. Add lines 4 through 9 in column (d) 6,888 11 Net income summary. Subtract line 10 from line 3, column (d) 26,438 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

13-1723792 OSSINING CHAMBER OF COMMERCE 01. Description of other expenses (Part I, line 16) TRUOMA DESCRIPTION 1,952 TELEPHONE, FAX AND INTERNET 1,031 PROMOTION & SIGNAGE 564 INSURANCE 999 OFFICE EXPENSE 670 OFFICE SUPPLIES 626 MEETING EXPENSE **ADVERTISING** CLERICAL SUPPORT LICENSES & PERMITS WEB SITE EXPENSES 815 SOFTWARE MEMBERSHIP DISCOUNTS 167 BANK CHARGES DUES & SUBSCRIPTIONS 158 MOVING EXPENSES 1,005

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	this form, visit <i>www.irs.gov/e-file-providers/e-file-for-ch</i>	D ANDONE POSSES PARK DOLLARDOS TARE AT		iore details on the t	510011	TOTAL
	matic 6-Month Extension of Time. Only					
	orations required to file an income tax return other tha		me			usts ber, see instructions
Туре о	Name of exempt organization or other filer, s	ee instruction:			tification number (EIN) or	
print	OSSINING CHAMBER OF COMMERCE			13-172379		, ,
File by the	Number street and ream ar quite no If a D					(SSN)
due date i						
filing your return. Se	City town or post office state and ZIP code	. For a foreign	address, see instructions.			
instruction						
Enter th	e Return Code for the return that this application is for	r (file a separa	ate application for each return)			0 1
Appli	cation	Return	Application			Return
Is For Code Is For			Is For			Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07	
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other than individ	dual)		09
Form 990-PF 04 Form 5227					10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11		
Form	990-T (trust other than above)	06	Form 8870			12
Tele If the If thi for the valist wi	phone No. 914-941-0009 e organization does not have an office or place of busing its for a Group Return, enter the organization's four dwhole group, check this box	From From From From From From From From	emption Number (GEN) of the group, check this box		 is ach	▶ [
	request an automatic 6-month extension of time untiler the organization named above. The extension is for X calendar year 20 18 or		-15 , 20 <u>19</u> , to file the ex on's return for:	empt organization	retur	n
	tax year beginning the tax year entered in line 1 is for less than 12 month Change in accounting period	hs, check reas		Final return	20	
	this application is for Forms 990-BL, 990-PF, 990-T, 4 ny nonrefundable credits. See instructions.	4720, or 6069,	enter the tentative tax, less		3a	\$
b 11	this application is for Forms 990-PF, 990-T, 4720, or	6069, enter ar	ny refundable credits and			
e	stimated tax payments made. Include any prior year	overpayment	allowed as a credit.		3b	\$
	Balance due. Subtract line 3b from line 3a. Include you					
	sing EFTPS (Electronic Federal Tax Payment System				3с	\$
Cautio	n: If you are going to make an electronic funds withdra	wal (direct del	oit) with this Form 8868, see Fo	rm 8453-EO and Fo	orm 8	3879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

IRS e-file Signature Authorization for an Exempt Organization

OMB	Nο	1545-1878	

, and ending For calendar year 2018, or fiscal year beginning 2018 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization 13-1723792 OSSINING CHAMBER OF COMMERCE Name and title of officer GAYLE MARCHICA, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ ☐ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ► 🗵 b Total revenue, if any (Form 990-EZ, line 9) 2b Form 1120-POL check here Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only as my signature to enter my PIN 23792 lauthorize FRANK VASSALLO Enter five numbers, but ERO firm name on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 130132 09642 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. confirm that am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So