

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization, number and street, city, town, state, and ZIP code GREATER CICERO CHAMBER OF COMMERCE PO BOX 1269 CICERO NY 13039- | D Employer identification number 20-3610655 |
| | | E Telephone number | |
| | | F Group Exemption Number | |
| | | | |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify) _____

I Website: _____

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

J Organization type (check only one): ☒ 501(c)(6) (insert no.) _____ 4947(a)(1) or _____ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 38,486.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

| | | | | |
|------------|--|--|---------|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 7,020. |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | 6 | |
| | 6a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 30,203. |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 23,531. | |
| 6c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | 6,672. | |
| Expenses | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | Less: cost of goods sold | 7b | |
| | 7c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | |
| | 8 | Other revenue (describe: ADVERTISING 75, LUNCHEON 188) | 8 | 1,263. |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 14,955. |
| | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 6,920. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 182. |
| Net Assets | 14 | Occupancy, rent, utilities, and maintenance | 14 | 871. |
| | 15 | Printing, publications, postage, and shipping | 15 | 1,181. |
| | 16 | Other expenses (describe: INSURANCE 1136, LUNCHEON FE 872) | 16 | 2,008. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 11,162. |
| | 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | 3,793. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 1,593. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 5,386. |

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions) | | (A) Beginning of year | (B) End of year |
|------------------------|---|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 1,593. | 5,385. |
| 23 | Land and buildings | | |
| 24 | Other assets (describe: _____) | | |
| 25 | Total assets | 1,593. | 5,385. |
| 26 | Total liabilities (describe: _____) | | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,593. | 5,385. |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See the instructions)What is the organization's primary exempt purpose? PROMOTE BUSINESS WITHIN CICERO

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 COMMUNITY FESTIVAL(Grants \$) If this amount includes foreign grants, check here ☐**28a** 23,531.**29 NETWORKING LUNCHEONS**(Grants \$) If this amount includes foreign grants, check here ☐**29a** 872.**30 MONTHLY NEWSLETTER**(Grants \$) If this amount includes foreign grants, check here ☐**30a** 1,051.**31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses** (add lines 28a through 31a)**32** 25,454.**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See the instr.)

| (A) Name and address | (B) Title & average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred comp. | (E) Expense account and other allowances |
|----------------------|--|--|--|--|
| LAURA MADDALON | PRESIDENT | | | |
| BALDWINVILLE | 1 | | | |
| DANIEL SPINK | VICE-PRES | | | |
| CICERO NY | 1 | | | |
| SHARI GAMLEN | SECRETARY | | | |
| CICERO NY | 1 | | | |
| DENISE GALLAGH | TREASURER | | | |
| CICERO NY | 1 | | | |

Part V Other Information (Note the statement requirement in General Instruction V)

| | Yes | No |
|---|-----|----|
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 | | |
| b Did the organization file Form 1120-POL for this year? | | |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b | | |
| 39 501(c)(7) organizations. Enter. | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |

Form 990-EZ (2007)

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

- 40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____
- b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____
- d** Enter amount of tax on line 40c reimbursed by the organization ▶ _____
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
- 41** List the states with which a copy of this return is filed. ▶ NY
- 42a** The books are in care of ▶ DENISE GALLAGHER Telephone no. ▶ 315-676-5766
Located at ▶ 5500 BARTELL ROAD, BREWERTON, NY ZIP + 4 ▶ 13029-
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If "Yes," enter the name of the foreign country. ▶ _____
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S. ?
- 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 ▶ ☐
- and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

| | | | |
|---------------------------------|---|------------|---|
| Please Sign Here | 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. | | |
| | <p>Signature of officer <u><i>Denise Gallagher</i></u> Date <u>10/13/10</u></p> <p>DENISE GALLAGHER TREASURER</p> <p>Type or print name and title</p> | | |
| Paid Preparer's Use Only | Preparer's signature ▶ | Date | Check if self-employed ▶ <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Preparer's SSN or PTIN (See Gen. Inst. X) |
| | | Phone no ▶ | |

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