det.990-7 120720

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ✓ ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

B Cheese, Selection Selection Page 2000 Community of the	A	For th	e 2019 calendar year, or tax year beginning and	ending		
Dono business as a 33 5 ADMS STREET 2700 (718) 875-1000 (3 Great-receipts) (718) 875-1000 (3 Great-receipts) (718) 875-1000 (3 Great-receipts) (718) 875-1000 (4 Great-receipts) (718) (4 Great-receipts)			C Name of organization		D Employer identific	cation number
Number and street (or P.0. post of mail is not delivered to street address) Rooms/lut 270.00 335 ADAMS STREET City or frown, state or province, country, and 2IP or foreign postal code ROOMS/LIN, NY 11201 Rooms/lut 270.00 G. cres necess 1 975, 887. Hall is the a group return of the state of province, country, and 2IP or foreign postal code ROOMS/LIN, NY 11201 Rooms/lut Roo		chang Name	BROOKLYN CHAMBER OF COMMERCE INC		11-05770	7.0
City or town, state or province, country, and ZIP or foreign postal code G Goossenseps SROOKLYN, NY 1201 Holl is this a group return for subordinates? Yes No No SAME AS C ABOVE FName and address of principal officer. RANDOLPH PEERS FName and address of principal officer. RANDOLPH PEERS Holl is the a group return for subordinates? Yes No No Tax-excempts status: S01(24) X S01(c) 6 √4 (insert no.) 4947(a)(1) for 527 Holl Status and the subordinates Yes No Tax-excempts status: S01(24) X S01(c) 6 √4 (insert no.) 4947(a)(1) for 527 Holl Status and the subordinates Yes No Tax-excempts status: S01(24) X S01(c) 5 √4 (insert no.) 4947(a)(1) for 527 Holl Status and the status S01(24) X		Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
Name and address of principal officer; RANDOLPH PEERS Tax-example status: \$50[c]3 X 501[c] 6 4 (Insertino) 4947[a]1] 592 15 No. 940 15 No. 940		termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	975,887.
Tex-exempt status:		Apple	F Name and address of principal officer. RANDOLPH PEERS	<(0	for subordinates	? Yes X No
Rent Commany			empt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1)	or) 4 ₅₂	If "No," attach a	list. (see instructions)
PRIMARY PURPOSE IS TO ASSIST BROOKLYN BUSINESSES BY PROVIDING	K	Form o	organization: X Corporation Trust Association Other	L Year		
Value of independent voting members of the governing body (Part VI, line 1b) 4 44 44 44 44 44 44 4						
Value of independent voting members of the governing body (Part VI, line 1b) 4 44 44 44 44 5 5 1.5 1.	ernai	2	, ,	ed of more	1 1	
B Net Unrolated Distribusion Radiation (Commit Prolif Point Poin		4				
B Net Unrolated Distribusion Radiation (Commit Prolif Point Poin	Sec	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	
B Net Unrolated Distribus tablob in Confir From 1950-1, line 39 Prior Year Current Year Current Year Current Year 6.1.4, 5.3.1. 0.		6			<u> </u>	
B Net Unrolated Distribusion Radiation (Commit Prolif Point Poin	ΠŞ	7 a	• • • • • • • • • • • • • • • • • • • •			
8	<u> </u>	⊢ b	Net unrelated business taxable income from Form 990-1, line 39	·	,	——————————————————————————————————————
Program service revenue (Part VIII, inle 2g) 1,0 426,233. 370,9338.	נ נ	۵	Contributions and grants (Part VIII June 1b)	-	•	
11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)	۾ ج					
11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)	ۆ <u>ب</u>	10				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total fundraising expenses (Part IX, column (A), line 11d, 11f.24e) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 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. Print/Type preparer's name Paid Print/Type preparer's name Preparer Print/Type preparer's name DAVID ROTTKAMP Preparer Firm's address	20;	1		-		
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Signature Block 26 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. Print/Type preparer's name Paid Print/Type preparer's name Particle (Part X) Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's address S D JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166			<u> </u>			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eese (Part IX, column (A), line 11e) b Total fundraising eese (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 11 Jay 13 Jay 14 Legariti Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer Print/Type preparer's name Preparer Prim's address S J JERICHO QUADRANGLE JERICHO, NY 11753 Phone no.212-661-6166		1			0.	0.
Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or print name and title Preparer's signature Date Check PTIN	က္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		489,526.	428,345.
Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or print name and title Preparer's signature Date Check PTIN	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or print name and title Preparer's signature Date Check PTIN	9	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	•	
19 Revenue less expenses. Subtract line 18 from line 12 6,331318,410.	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year 2, 071, 338. 2, 170, 849. 2, 071, 338. 2, 170, 849. 1, 359, 384. 1, 777, 305. 2, Net assets or fund balances. Subtract line 21 from line 20 1, 359, 384. 1, 777, 305. 1, 359, 384.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>		
Total lassets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Partition Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Print/Type or print name and title Print/Type preparer's name Preparer Preparer Firm's name GRASSI & CO., CPAS, P.C. Firm's address 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166			Revenue less expenses. Subtract line 18 from line 12		6,331.	-318,410.
Net assets or fund balances. Subtract line 21 from line 20 711,954. 393,544. Partition Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	5 or	4		B		
Net assets or fund balances. Subtract line 21 from line 20 711,954. 393,544. Partition Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	sset	20	•	_		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN self-employed P01303468 Preparer Use Only Firm's address 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166	at A	21	•			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Firm's name → GRASSI & CO., CPAS, P.C. Firm's address → 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166	Ž	22			711,954.	393,544.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Date Check PTIN Check PTIN If BAVID ROTTKAMP Firm's name ▶ GRASSI & CO., CPAS, P.C. Firm's EIN ▶ 11-3266576 Use Only Firm's address ▶ 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166						t
Sign Here RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name DAVID ROTTKAMP Preparer Use Only Date Date Check PTIN PT		•			•	knowledge and belief, it is
Sign Here RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Date Preparer's signature Date Check PTIN Greeck PTIN Paid DAVID ROTTKAMP Firm's name ▶ GRASSI & CO., CPAS, P.C. Firm's address ▶ 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166	11 11 11	, correc		icii preparei		n —
Here RANDOLPH PEERS, PRESIDENT Type or print name and title Print/Type preparer's name DAVID ROTTKAMP Preparer Use Only Prim's address ► 50 JERICHO QUADRANGLE JERICHO, NY 11753 Preparer Prim's name Preparer's signature Preparer's signature Date Check PTIN PO1303468 P01303468 Prim's ElN ► 11-3266576 Phone no. 212-661-6166	Qi.	-			Date	
Type or print name and title Print/Type preparer's name Paid DAVID ROTTKAMP Preparer Firm's name GRASSI & CO., CPAS, P.C. Firm's address 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166	_		l' -			
Paid DAVID ROTTKAMP Firm's name GRASSI & CO., CPAS, P.C. Firm's EIN 11-3266576	1101	•				
Preparer Use Only Firm's address → GRASSI & CO., CPAS, P.C. Firm's address → 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166	Pair		Print/Type preparer's name Preparer's signature		ıf	
Use Only Firm's address 50 JERICHO QUADRANGLE JERICHO, NY 11753 Phone no. 212-661-6166						
JERICHO, NY 11753 Phone no. 212-661-6166		-				
		•			Phone no. 21	2-661-6166
	May	y the II				

4d Other program services (Describe on Schedule O.)

(Expenses \$ Including grants of \$

) (Revenue \$

4e Total program service expenses ▶

Form **990** (2019)

f			
Form	990	(2019)	

BROOKLYN CHAMBER OF COMMERCE INC

Partily Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا	v	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		A
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	–		
٠	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	ادمما	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated financial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	, <u>.</u>		
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
. •	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\pi}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		Х
32003	01-20-20	Form	990 (2019)

09591116 792240 009891000

BROOKLYN CHAMBER OF COMMERCE INC 11-0577070 Form 990 (2019) Page 4 [Part IV] Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes." complete Schedule L. Part IV 28b

- c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If* "Yes," *complete Schedule M*
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

 If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

 Note: All Form 990 filers are required to complete Schedule O

Rart V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a 9 1b 0 1c X Form 990 (2019)

28c

29

30

31

32

33

34

35a

35b

36

37

38

X

X

Х

Х

X

X

X

X

X

X

932004 01-20-20

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 15 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10h 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Form 990 (2019) [Partivi] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 45			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		;	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u>.</u>	<u>. </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.5	X	
_	The organization's CEO, Executive Director, or top management official	15a	Α.	
b	Other officers or key employees of the organization	15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		X
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	Lion		
	11017			
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	c only)	avada	hle
18	·	orny)	avalla	UI C
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
40	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	nal ler	
19		i iii idill	nai	
00	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CHANDRABAN MOTILALL - (718) 875-1000			
	335 ADAMS STREET NO. 2700, BROOKLYN, NY 11201			
033009	01-20-20	Form	990	(2019)
少いといしじ	V 1-6V-6V			· ·-/

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Note	(A) Name and title	(B) Average hours per		not c	Pos	more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
ANA OLIVEIRA		week (list any hours for related organizations below	director	cer an	dad	recto	r/trus	tee)	from the organization	from related organizations	other compensation from the organization and related
Carrenge Carrenge			ļ					l		•	
TREASURER			X		X	ļ	ļ	<u> </u>	0.	0.	0.
RANDOLPH PERS 20.00 20.00 X X 69,231. 7,692. 0.			ł			ŀ		1		•	•
PRESIDENT & CEO (AS OF 9/19) 20.00 X X 69,231. 7,692. 0.			X.		X	<u> </u>		<u> </u>	0.	0.	<u> </u>
A HECTOR BATISTA 20.00 X X 74,600. 72,981. 0.			١.,		,,	Ì			60 001	7 (00	0
PRESIDENT & CEO (OUTGOING) 20.00 X X X 74,600. 72,981. 0.			X		X	-	-	⊢	69,231.	7,692.	0.
SUSAN DOBAN D. 50 X	• •				,,				74 600	70 001	•
SECRETARY			X		<u>X</u>			<u> </u>	/4,600.	72,981.	<u> </u>
MEMBER	•••		ļ ,,		3,5					0	•
MEMBER			X	_	X	-	\vdash	⊢	<u> </u>	0.	<u> </u>
TUCKER REED		0.50							,	0	^
MEMBER		0.50	^				_	⊢	0.	<u>U•</u>	<u> </u>
(8) NATANIEL RUBINOV 0.50 MEMBER X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		0.50	·						0	0	0
MEMBER		0.50	^	H					0.	0.	<u> </u>
Selizabeth Segal S	·	0.30	v						۱ ،	n	0
MEMBER X 0. 0. 0. (10) THOMAS SORRENTINO 0.50 0. 0. 0. MEMBER X 0. 0. 0. (11) DOMINICK STANZIONE 0.50 0. 0. 0. MEMBER X 0. 0. 0. (12) JOY SWEET 0.50 0. 0. 0. MEMBER X 0. 0. 0. (13) KEVIN M. THOMPSON 0.50 0. 0. 0. MEMBER X 0. 0. 0. (14) JED WALENTAS 0.50 0. 0. 0. MEMBER X 0. 0. 0. (15) PENDA AIKEN 0.50 0. 0. 0. MEMBER X 0. 0. 0. (16) GINA ARGENTO 0.50 0. 0. 0. MEMBER X 0. 0. 0.		0.50	<u> </u>	-	-		┢	\vdash		0.	<u></u>
MEMBER		0.30	v						۱ ،	0	n
MEMBER		0.50	-	H		_	\vdash		ļ		
MEMBER		0.30	x						0.1	0.	0 -
MEMBER X 0. 0. 0. MEMBER X 0. 0. 0. (13) KEVIN M. THOMPSON 0.50 0. 0. 0. MEMBER X 0. 0. 0. (14) JED WALENTAS 0. 0. 0. 0. MEMBER X 0. 0. 0. (15) PENDA AIKEN 0.50 0. 0. 0. MEMBER X 0. 0. 0. (16) GINA ARGENTO 0.50 0. 0. 0. MEMBER X 0. 0. 0. (17) KAREN AUSTER 0.50 ' '		0.50	<u> </u>	\vdash							
MEMBER	• •	- 0130	x				ŀ		0.	0.	0.
MEMBER X 0. 0. 0. (13) KEVIN M. THOMPSON 0.50 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (14) JED WALENTAS X 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (15) PENDA AIKEN 0.50 0. 0. 0. 0. (16) GINA ARGENTO 0.50 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (17) KAREN AUSTER 0.50 0. 0. 0. 0. 0.		0.50					i –		•		
MEMBER X 0. 0. 0.		0.00	x						0.	0.	0.
MEMBER X 0. 0. 0. (14) JED WALENTAS 0.50 0. 0. 0. MEMBER X 0. 0. 0. (15) PENDA AIKEN 0.50 0. 0. 0. MEMBER X 0. 0. 0. (16) GINA ARGENTO X 0. 0. 0. MEMBER X 0. 0. 0. (17) KAREN AUSTER 0.50 * *	(13) KEVIN M. THOMPSON	0.50					_				
MEMBER X 0. 0. 0. 0.	MEMBER		x						0.1	0.	0.
MEMBER X 0. 0. 0. (15) PENDA AIKEN 0.50 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (16) GINA ARGENTO X 0.	(14) JED WALENTAS	0.50		П				\vdash			
(15) PENDA AIKEN 0.50 MEMBER X 0.0.0.0. (16) GINA ARGENTO 0.50 X 0.0.0.0. MEMBER X 0.0.0.0. 0.0.0. (17) KAREN AUSTER 0.50 0.50 0.0.0.0.	MEMBER		\mathbf{x}						0.	0.	0.
MEMBER X 0. 0. 0. (16) GINA ARGENTO 0.50 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (17) KAREN AUSTER 0.50 * * *	(15) PENDA AIKEN	0.50									
MEMBER X 0. 0. 0. (17) KAREN AUSTER 0.50 * *	MEMBER		Х						0.	0.	0.
(17) KAREN AUSTER 0.50	(16) GINA ARGENTO	0.50									
(17) KAREN AUSTER 0.50	MEMBER		Х				L		0.	0.	0.
MEMBER X 0. 0. 0.	(17) KAREN AUSTER	0.50									
	MEMBER		X				<u> </u>		0.	0.	0.

932007 01-20-20

Form **990** (2019)

Part VII Section A. Officers, Directors, Trus		<u>ploy</u> I	ees,		<u>3 Hi</u> C)	ghes	st C	I		\neg	(E)
(A)	(B) Average			Pos	•	1		(D) Reportable	(E) Reportable		(F) Estimated
Name and title	hours per			heck ss pe	more	than		compensation	compensation		amount of
	week	offi	cer ar	nd a d				from	from related		other
	(list any	ctor						the	organizations	İ	compensation
	hours for	l dire				Eg.		organization	(W-2/1099-MISC	<i>)</i>	from the
	related	stee (ruste			Bensa	ļ	(W-2/1099-MISC)			organization
	organizations below	lal tru	onalt		ptoye	E 8					and related
	line)	pivipu	Institutional trustee	Officer	ey em	Highest compensated employee	ormer	•			organizations
(18) LISA BING	0.50	<u> </u>	<u> </u>	۲	<u>×</u>					寸	
MEMBER		X						0.		0.	0.
(19) DONALD R. BOOMGAARDEN	0.50	┨									_
MEMBER PROPERTY	0 50	X	 		<u> </u>	├	ļ	0.	(0.	0.
(20) ELAINE BRODSKY MEMBER	0.50	x				ļ		0.		0.	0.
(21) BLADIA CAUSIL-RODRIQUEZ	0.50	┢	┢	\vdash	┢	┢	⊢	0.	•	' +	
MEMBER	0.30	x	ŀ					0.		٥.	0.
(22) KENDALL CHRISTIANSEN	0.50	 								Ť	
MEMBER		x						0.		0.	0.
(23) OFER COHEN	0.50										
MEMBER	2 = 2	X	<u> </u>			<u> </u>	<u> </u>	0.		0.	0.
(24) RUDOLPH CREW	0.50	١,,								,	0
MEMBER (25) GIL CYGLER	0.50	X	┢		-	-	-	0.		0.	0.
MEMBER	0.50	x						0.	(0.	0.
(26) DAVID DESANTI	0.50	<u> </u>			-		\vdash			7	
MEMBER		x						0.		0.	0.
1b Subtotal							>	143,831.	80,67		0.
c Total from continuation sheets to Part V	II, Section A							146,413.	457,12		14,400.
d Total (add lines 1b and 1c)								290,244.	537,800	<u>) . </u>	14,400.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		0
compensation from the organization											Yes No
3 Did the organization list any former officer	. director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on	Γ	1100
line 1a? If "Yes," complete Schedule J for s		,	-, -		-,-	-, -	J	,	.,		3 X
4 For any individual listed on line 1a, is the si		е со	mpe	ensa	tion	and	oth	er compensation from th	ne organization		
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual			4 X
5 Did any person listed on line 1a receive or									lual for services	Ļ	
rendered to the organization? If "Yes." con	nplete Schedule	<u>€ J. f</u> (or su	ıch r	oers	on			•	丄	5 X
Section B. Independent Contractors						4	41-		100.000 - 1		
 Complete this table for your five highest co the organization. Report compensation for 										ารสถ	on from
(A)	trie Galeridai ye	,ai C		ig **		/ VV !		(B)	sar.		(C)
Name and business	address	NC	ONE	2				Description of s	ervices	Cc	ompensation
							\dashv				~
							\dashv				
									, , ,		
							\dashv	 			
1											
2 Total number of independent contractors (i	neludina but ar	at lin	nıter	l to t	hoe	e lie	L ted	ahove) who received mo	re than		
\$100,000 of compensation from the organi		,	mu		0		·ou	above, who received me			
SEE PART VII, SECTION		IN	IJA	TI	ON	S	HE	ETS			orm 990 (2019)

Form 990 BROOKLYN	CHAMBER	<u> </u>	<u></u>					1110	<u> 11-057</u>	7070
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(E)	(F)								
Name and title	Average			Pos	sition	1		Reportable	Reportable	Estimated
	hours	(с	heck	all	that	арр	ly)	compensation	compensation	amount of
	per	Г						from	from related	other
	week	_				loyee		the .	organizations	compensation
	(list any hours for	Irecto				ешо		organization	(W-2/1099-MISC)	from the
	related	e or d	tee tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		yee	mpen				organizations
	below	Individual trustee or director	ution		oldm	Highest compensated employee	₌			Organizations
	line)	Indiv	Institutional trustee	Officer	Key employee	#g#	Рогтег			
(27) DAVID EHRENBERG	0.50									
MEMBER		x						0.	0.	0.
(28) ALI ESMAILZADEH	0.50									
MEMBER		X						0.	0.	0.
(29) KENNETH FISHER	0.50									
MEMBER		Х						0.	0.	0.
(30) COLVIN W. GRANNUM	0.50									
MEMBER		Х						0.	0.	0.
(31) MAGGIE GU	0.50									
MEMBER		X						0.	0.	0.
(32) PHILIP GUARNIERI	0.50									
MEMBER		Х			╙	$oxed{oxed}$		0.	0.	0.
(33) DOZER HASTY	0.50				ł					
MEMBER		X						0.	0.	0.
(34) ANDREW H. KIMBALL	0.50									
KEMBER	ļ	X			L	Ш		0.	0.	0.
(35) TIMOTHY KING	0.50							_	_	_
MEMBER	<u> </u>	Х			L	Щ		0.	0.	0.
(36) BRADLEY KORN	0.50								•	
MEMBER	0.50	X	-			Н		0.	0.	0.
(37) ROBERT GUIMENTO	0.50							2	•	
MEMBER TO THE PROPERTY OF THE	0.50	X			_			0.	0.	0.
(38) STEVEN KLEIN	0.50	,,		!					0	•
MEMBER	0.50	X						0.	0.	0.
(39) JOSEPH J. LHOTA	0.50		ı					0	0	0
MEMBER (40) JEFF LINDOR	0.50	X	\dashv			\vdash		0.	0.	0.
(40) SEFF LINDOR MEMBER	0.50	х						0.	0.	0.
(41) SAYAR LONIAL	0.50	<u> </u>	\dashv			Н		0.		0.
MEMBER	0.30	х						0.	0.	0.
(42) TRISH MARTIN	0.50		\dashv		\vdash	Н	-	0.		<u> </u>
MEMBER	0.50	х						0.	0.	0.
(43) MIGUEL MARTINEZ-SAENZ	0.50		\blacksquare		\vdash	Н		<u> </u>		
MEMBER	3.55	х						. 0.	0.	0.
(44) RENEE MCCLURE	0.50	Ħ				П				
MEMBER		$ \mathbf{x} $						0.	0.	0.
(45) PAUL MICHELS	0.50		\neg							
MEMBER		х	- 1					0.	0.1	0.
	0 50		\dashv		П					
(46) EDWARD O'DONNELL	1 0.50									
(46) EDWARD O'DONNELL MEMBER	0.50	х						0.	0.	0.

Form 990 BROOKLYN	CHAMBER	<u>C</u>)F	CO	MM	ER	<u>CE</u>	INC	11-057	7070
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		Position			1		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5		ŀ		Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct		ĺ		demo		(W-2/1099-MISC)	(VV-2/1099-MISC)	organization
	related	5 8	stee			nsate		(***2/1005*****100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	om be		1		organizations
	below	ndual	tution	5	id ma	esto	 =			
	line)	ģ	Insti	Officer	Key	F g	Former			
(47) IRVIN MITCHEL GIPSON	0.00									
CHIEF PROGRAM & ECON. DEVEL OFFICER	40.00			X				0.	145,640.	0.
(48) CHANDRABAN MOTILALL	20.00									
CHIEF FINANCIAL OFFICER	20.00			X		$ldsymbol{ld}}}}}}$	L_	34,238.	106,512.	8,400.
(49) RICHARD RUSSO	20.00						ļ			
CHIEF OPERATING OFFICER	20.00		Ш	X	L		<u> </u>	32,000.	108,000.	6,000.
(50) SAMARA KARASYK	20.00									
EVP & CHIEF POLICY OFFICER	20.00	_	L.,		X		<u> </u>	80,175.	96,975.	0.
	-		<u> </u>							
					١,					
					\vdash		<u> </u>	<u> </u>		
-			├─				_			
	 							·····		
			L.,		Ш					
					Щ	Ш				
	-		<u> </u>							
	 	<u> </u>	Н				<u> </u>			
	 					_	_		<u>-</u>	
				ľ						
	<u> </u>		Н							
	<u> </u>									
		_	П							
Total to Part VII, Section A, line 1c								146,413.	457,127.	14,400.

8335	A PARTY N	A 16.52	Check if Schedule O	cont	ains a i	resnonse	or note to any lir	ne in this Part VIII			· -
			Officer in Gerheddie O	COINC	unis u i	, '	or note to any m	(A) .Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included in Noncash contributions included in Total. Add lines 1a-1f	gran abov	ts, and ve	1a 1b 1c 1d 1e 1f 1g \$				The All Indicates and the Control of	indicated an amount of the second of the sec
Program Service	2		MEMBERSHIP DU			SHO	Business Code 900099 900099	453,427. 117,531.	453,427. 117,531.		- '
P.			f All other program service revenue g Total. Add lines 2a-2f					570,958.	Total Continues to the Continues of the		
	3		Investment income (included other similar amounts) Income from investment of	_	•		· •	17.		-	17.
•	5 6	a b	Gross rents Less rental expenses	6a 6b	(1)	Real .	(II) Personal				
		d a ·	Rental income or (loss) 6c		(ii) Other						
er Revenue	o.	С	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi	7b 7c	ents (n		>				
Othe		a , b	including \$	-		of ee 8a	389,230. 270,947.				
	9	c a	Net income or (loss) from Gross income from gamin Part IV, line 19 Less direct expenses			events	>	118,283.			118,283.
		a b	Net income or (loss) from Gross sales of inventory, I and allowances Less, cost of goods sold	ess i	returns	10a	Ť				
nneous	,		OTHER PROGRAM		-		Business Code 900009	15,682.	15,682.		
Miscellaneous Revenue	7	e	All other revenue Total. Add lines 11a-11d					15,682.			
	12		Total revenue. See instruction	ns			<u> </u>	704,940.	586,640.	0.	118,300.

Form 990 (2019) BROOKLYN CHAMBER OF COMMERCE INC Partix Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			ripiete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			THE RESERVE TO SHARE THE PROPERTY OF THE PROPE	THE COLORS TO CO
2	Grants and other assistance to domestic	a .			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	304 644			
_	trustees, and key employees	304,644.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	105,823.	 		
7 8	Pension plan accruals and contributions (include	103,023.			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,878.			•
11	Fees for services (nonemployees)				
·· a	Management				
b	Legal	4,296.			
c	Accounting	•		•	
d	Lobbying	148,238.		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		-		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	49,390.	,		
12	Advertising and promotion				
13	Office expenses	21,529.			
14	Information technology	10,839.			
15	Royalties	100 450			
16	Occupancy	108,458.			
17	Travel	41,709.			· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	94,965.			·
19	Conferences, conventions, and meetings	2,832.			
20	Interest Payments to affiliates	2,032.			
21 22	Depreciation, depletion, and amortization	2,121.			
23	Insurance	10,226.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	40,500.			
ь	BANK CHARGES	25,370.			
С	DUES AND SUBSCRIPTIONS	17,360.			
ď	EQUIPMENT RENTAL AND MA	1,007.			
е	All other expenses	16,165.			
25	Total functional expenses. Add lines 1 through 24e	1,023,350.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			,	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			

2,170,849. Form **990** (2019)

393,544.

32

and complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

31 Retained earnings, endowment, accumulated income, or other funds

711,954.

071,338.

29

30

31

32

33

, .	• •								
	990 (2019)		CHAMBER OF	COMMERCE I	INC	<u> 11-</u>	0577070	Pag	_{qe} 12
Pa	<u>-</u>	iation of Net Assets							
	Check if Sc	hedule O contains a respo	onse or note to any lin	e in this Part XI					<u>L.J.</u>
							70	• 0	4.0
1	•	ist equal Part VIII, column	• •			1		1,94	
2	, .	nust equal Part IX, column				2	1,023		
3	·	enses. Subtract line 2 fror				3	-318		
4		d balances at beginning of	-	t X, line 32, column (A))	4	/13	L,95	<u> </u>
5	•	ins (losses) on investment	S			5			
6		and use of facilities		•		6	-		
7	Investment expen					7			
8	Prior period adjus					8			
9	•	net assets or fund balance	•	·		9			0.
10		d balances at end of year.	Combine lines 3 throi	ugh 9 (must equal Pa	art X, line 32,		201		
(Da	column (B))					10	393	3,54	14.
:P,ai		Statements and Re	-						TT.
	Check if Sc	hedule O contains a respo	onse or note to any lin	e in this Part XII			· Т		X
				चिं	¬			Yes	No
1	_	od used to prepare the Fo		X Accrual	Other		I ss ii		
	-	•	- ·	=	ther," explain in Schedule	Ο.			نعيد
2a	•	tion's financial statement	•	•			2a		<u> </u>
				ements for the year v	vere compiled or reviewed	l on a			
	<u> </u>	onsolidated basis, or both:					-		
	Separate ba	<u> </u>		oth consolidated and	separate basis				
b	-	tion's financial statement	= -				2b	X	
			ther the financial state	ements for the year w	vere audited on a separate	e basis,			
	consolidated basis	<u> </u>	🗆 -						
	Separate ba			oth consolidated and	•			▝	
С				•	nsibility for oversight of the	e audit,		x	
	•	ition of its financial statem		•			2c		
_	•	-	- :	· ·	e tax year, explain on Sch				
За			nization required to ui	ndergo an audit or au	idits as set forth in the Sir	igie Audi			v
	Act and OMB Circ			0 16 41	alial make makemba klassissis		3a	\dashv	<u> </u>
b			•	-	did not undergo the requi	rea audi		ŀ	
	or audits, explain	why on Schedule O and d	escribe any steps tak	en to undergo such a	audits		J 3b Form ⁹	<u> </u>	
							⊦orm ३	33U (2	2019)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501	(c)(4), (5), or (6) organiza	tions Complete Part III.			
	ne of organiz				Empl	oyer identification number
		BROOKLY	N CHAMBER OF COMM	ERCE INC		11-0577070
Pa	art I-A	Complete if the org	ganization is exempt under	r section 501(c) o	r is a section 527 or	ganization.
1	Provide a c	lescription of the organia	zation's direct and indirect political	campaign activities in		
2	Political ca	mpaign activity expendi	tures		▶\$	
3	Volunteer h	nours for political campa	ign activities			
Pa	art I-B	Complete if the org	ganization is exempt under	section 501(c)(3).	
1	Enter the a	mount of any excise tax	incurred by the organization under	section 4955	▶\$	
2	Enter the a	mount of any excise tax	incurred by organization managers	s under section 4955	▶\$	
3	If the organ	nization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes 🔲 No
4 a	Was a com	ection made?				Yes No
	If "Yes," de	scribe in Part IV.				
Pa	irt I-C C	Complete if the org	ganization is exempt under	section 501(c), e		
1	Enter the a	mount directly expended	d by the filing organization for secti	on 527 exempt function	on activities > \$	
2	Enter the a	mount of the filing orgar	nization's funds contributed to othe	r organizations for sec	ction 527	
	exempt fun	iction activities			▶\$	
3	Total exem	pt function expenditures	s. Add lines 1 and 2 Enter here and	on Form 1120-POL,		
	line 17b				▶\$	Yes No
4	Did the filin	g organization file Form	1120-POL for this year?			Yes No
5		•	nployer identification number (EIN)	•		
			ition listed, enter the amount paid f			,
		•	omptly and directly delivered to a s		•	e segregated fund or a
	political act	tion committee (PAC). If	additional space is needed, provid	e information in Part IV	/ T	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
					idias. Il fiorie, effer o.	delivered to a separate
						political organization.
					· · · · · · · · · · · · · · · · · · ·	If none, enter -0
					_	
						
				 		
						<u> </u>
						'

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	BROOKLYN CH	AMBER OF CO	MMERCE INC	11-0	0577070 Page 2
Part II-A Complete if the org	janization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
			n Part IV each affiliated o	group member's nam	ne, address, EIN,
. — '	re of excess lobbying	•			
B Check L if the filing organiza	ation checked box A a	nd "limited control" pr	ovisions apply.		1
	its on Lobbying Expe ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infli	uence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	·	•	-		
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a) o		bying nontaxable an			
Not over \$500,000	-	the amount on line 1e	11		
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
					+
g Grassroots nontaxable amount (er			-		-
h Subtract line 1g from line 1a. If zer			}		
i Subtract line 1f from line 1c. If zero			L		
j If there is an amount other than ze		line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		eraging Period Under	Coation FO1/h		Yes No
(Some organizations t	hat made a section 5		have to complete all of	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	ř.				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))			 	•	
f Grassroots lobbying expenditures					
	<u> </u>	·			·

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 BROOKLYN CHAMBER OF COMMERCE INC 11-05770 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description					
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or		· · · · · · · · · · · · · · · · · · ·		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
a	Volunteers?				
t	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
1	Grants to other organizations for lobbying purposes?				
ç	· · · · · · · · · · · · · · · · · · ·				
r	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	1			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				-
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-1	diam.	
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	က ၁၀ ၊ (င)(ႏ	oj, or sec	uon	
	501(c)(6).			Yes	NI-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	X
3 Da	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).				_
ı a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
	answered "Yes."	110 011	(b) i aici	II-74, III IC	0, 13
1	Dues, assessments and similar amounts from members		1	453	3,427.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
_	expenses for which the section 527(f) tax was paid).				
а	Current year			148	,238.
	Carryover from last year		2b		,209.
c	Total		2c		029.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		3,357.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			<u> </u>
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4	-15	,238.
5			5		,910.
_	t IV Supplemental Information				
 Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 ai	nd 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information.	,,		,	
	HEDULE C PART III-B				
AS	A MEMBERSHIP ORGANIZATION, ONE OF ITS ACTIVITIES IS	S TO PR	ESENT	ITS	
					
MEI	MBERS CONCERNS TO ELECTED OFFICIALS AND BE AN ADVOCA	ATE ON	THEIR	BEHAL	F.
				_	
TH:	IS IS ACCOMPLISHED THROUGH FACE-TO-FACE MEETINGS AND	OTHER			
				·	
COI	MUNICATIONS BETWEEN DIRECTORS, MEMBERS AND AGENTS (OF THE	ORGAN	IZATIO	N .
					<u>·</u>
ANI	D ELECTED OFFICIALS.				_
		Cabadu	- O (F	000 000	E7) 2010

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization

BROOKLYN CHAMBER OF COMMERCE INC

Employer identification number 11-0577070

Ŗа	rtil Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	***	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor ad	<u>-</u>	 ·
	for charitable purposes and not for the benefit of the donor or	- ·	•
	impermissible private benefit?		Yes No
Pa	till Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	· 	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	_	2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	e l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.		
∖Raı	tilli Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial g	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	,
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets			N CHAMBER				0::				Page 2
a Public whibition d Loan or exchange program b Scholarly research e Other C Preservation for future generations d Dung the year, dot the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dot the organization solicit or receive dinaritions of air, historical treasures, or other similar assets to be sed for uses funds a familiar than to be maintained as part of the organization of the similar assets to be sed for uses funds a familiar than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2.1. 1a Is the organization an agent, flustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2.1. 1b Is the organization an agent, flustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2.1. 1c Beginning balance 1d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 2.1, for escrew or custodial account liability? Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back										(continu	red)
a Public achibition d	3		on, and other record	is, check	any of the f	ollowing that	t make sig	nıfıcant	use of its		
b Scholarly research c Preservation for future generations c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds a familiar than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV, line 21. 1c Beginning balance c Beginning balance d Additions during the year c Distributions during the year c Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1 If Yes' cybian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Prowder the estimated precentage of the current year and balance (line 1g, column (a)) held as a Board designated or quasi-endowment Meanument Meanu											
c Personation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization solicitor? Part IV] Excrow and Custodial Arrangements. Organization an asent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an alegnit, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance 2 Bighning balance 3 Dot the organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 10. 1a Beginning of year balance b Contributions 1b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 10. 1a Beginning of year balance b Contributions 1b If "Yes or the explanation answered the explanation has been provided on Part XIII 1b Intervent expenses g End of year balance b Contributions 1c Term andownent Funds not in the possession of the organization that are held and administered for the organization by D Unrelated organizations (in) Related organizations (in) R											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Fart IVI Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization and an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization than a rangement in Part XIII and complete the following table Contributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions C Net investment earnings, gains, and losses G Cherical Part Y Endowment Funds. Complete stimuted percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasis endowment Part Y Line 22. Zeb, and 2c should equal 100%. A return the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasis endowment Part Y Line 32(0), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of th		•	•	e(other						
5 Dung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, flusties, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance d Additions during the year e Distributions during the year 1 d		-								van	
to be solid to raise funds rather than to be maintained as part of the organization's collection?	-	· · · · · · · · · · · · · · · · · · ·				-			se in Part	XIII.	
Earri V Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5						er similar a	issets	_	٦	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Contributions c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	Da										No_
Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Admount 1c Amount 1c Id Id Id Id Id Id Id I	Fai			lete if the	organizatio	n answered '	'Yes" on F	orm 990), Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance and I to I t			·								
b if "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1 to	1a		an or other intermed	diary for co	ontributions	s or other ass	sets not in	ciuaea	_	٦.,	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If I'ves,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'ves' on Form 990, Part IV, line 10. [a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years		•								_ Yes	∟ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Wes No If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e)	b	if "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	bie				1		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment B Permanent endowment 96 Permanent endowment 97 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 15 If Yes' on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 16 Land 17 Jones Popper Poperty 18 Land 19 Jones Popper Poperty 19 Jones Popper Poper Poperty 10 Locs or other basis (other) 10 Locs or other basis (other) 11 Land 12 Land 13 Land 14 Land 15 Land 16 Equipment 17 Jones Popper Popper Popper Poperty 18 Land 19 Jones Popper Popper Poperty 19 Land 10 Land 10 Land 11 Land 10 Land 11 Land 11 Land 12 Land 13 Land 14 Land 15 Land 16 Equipment 17 Jones Popper Pop										Amount	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Term endowment Martin Ma											
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?	đ	- ·									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year [b] Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Fou		₹ •									
Bill Part V Endowment Funds. Complete if the explanation has been provided on Part XIII		-	000 5	04 (٦.,	<u> </u>
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (e) Fo		<u> </u>		-				4,5	<u> </u>	」 Yes	⊢ No
1a Beginning of year balance								`			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	1 41	Endowment rands: Complete	1	1		1			roore book	(a) Four v	ooro book
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment		Daniel and the second and the second	(a) Current year	(a) Pr	for year	(c) Two year	rs back (a) inree	years back	(e) Four y	ears back
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as a Board designated or quasi-endowment										<u> </u>	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	-									 	
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment		• •		-							
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112.		•		-			-			1	
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment be permanent endowment by	е	•					ŀ				
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	_	· · ·									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		•		 							
a Board designated or quasi-endowment		-				\	L.				
b Permanent endowment	2		rent year end balanc		column (a)) held as					
Term endowment				%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112.	_										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements d Equipment 79,082. 59,970. 19,112. e Other	С	Tomi chaowinent									
by (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112.	_		•								
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) c Leasehold improvements d Equipment e Other	За	·	ssion of the organiza	ation that	are neid an	a administer	ea for the	organiza	ation	<u></u>	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112. e Other		•									es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112. e Other										F	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112.			1		L - J. J. DO						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation ta Land b Buildings c Leasehold improvements d Equipment Other		1,7	•							<u>3b</u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112.				wment tu	nds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 79,082. 59,970. 19,112.	rai) Dort N	line 11 = C	00 Form 000	Dort V III	no 10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other										(-1\ D1	
1a Land b Buildings c Leasehold improvements d Equipment 79,082. 59,970. 19,112. e Other		Description of property	' '							(a) Rook	value
b Buildings c Leasehold improvements d Equipment e Other			Dasis (investr	nent)	มสราร (ouier)	uepr	eciation			
c Leasehold improvements 79,082. 59,970. 19,112. e Other 9,082. 19,082.			-			-	*		-		
d Equipment 79,082. 59,970. 19,112. e Other		_									
e Other		,			7	0 000		EQ 0'	70	10	110
		• •	-			J,UO4•		JJ, J	, , , , , , , , , , , , , , , , , , , 		, 114.
				V ==!:=	- /D) t 11					10	112

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			COTTO Tage
Complete if the organization answered "Yes" o	n Form 990. Part iV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-c	of-year market value
(1) Financial derivatives	<u> </u>		-
(2) Closely held equity interests	·		
(3) Other			
(A)			
(B)			·
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			, - Et - 104
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	****		
(7)			t
(8)			-
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		<u> </u>	• •
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	114. 666 1 6171 666, 1 4.11 2, 1116 16.	(b) Book value
(1) DUE FROM AFFILIATES	·		1,947,083.
(2)			
(3)		·	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		1,947,083.
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			1,511,182.
(3)			
(4)	······		
(5)			
(6)			
(7)		·	
(8)			

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

Schedule D (Form 990) 2019

1,511,182.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b

4b 4c 5

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CHAMBER APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS (FASB ASC TOPIC 740) AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE CHAMBER IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE CHAMBER BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITIES REVENUE

3,027,298.

PART XI, LINE 4B - OTHER ADJUSTMENTS: EVENT EXPENSES NETTED AGAINST EVENT REVENUE -41,813. FART XII, LINE 2D - OTHER ADJUSTMENTS: RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813. TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,325,391.	Schedule D (Form 990) 2019 BROOKLYN CHAMBER OF COMMERCE INC	11-0577070 Page 5
EVENT EXPENSES NETTED AGAINST EVENT REVENUE PART XII, LINE 2D - OTHER ADJUSTMENTS: RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.	Schedule D (Form 990) 2019 BROOKLYN CHAMBER OF COMMERCE INC Part XIII Supplemental Information (continued)	·
PART XII, LINE 2D - OTHER ADJUSTMENTS: RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PART XII, LINE 2D - OTHER ADJUSTMENTS: RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.	EVENT EXPENSES NETTED AGAINST EVENT REVENUE	-41.813.
RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.	EVERT DITTINGS TOTAL STATE TO STATE	
RELATED ENTITIES EXPENSES 3,283,578. EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.		
EVENT EXPENSES NETTED AGAINST EVENT REVENUE 41,813.	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	RELATED ENTITIES EXPENSES	3,283,578.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,325,391.	EVENT EXPENSES NETTED AGAINST EVENT REVENUE	41,813.
	TOTAL TO SCHEDULE D. PART XII. LINE 2D	3.325.391.
		<u> </u>

		· · · · · · · · · · · · · · · · · · ·
•		
	•	

Schedule D (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Name of the organization BROOKLY	N CHAMBER OF COMME	RCE	IN	C	11-0577	070
Part I Fundraising Activities	- Complete if the organization answer					
required to complete this par				Oh a ala all all ala an ala		
 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (include professi	non-g gover asing ding of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						. "
Total		•	•			,
List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from re	gistration
			TTW	-		
			_			
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. S	Schedule G (Form 9	90 or 990-EZ) 2Q19

<u>Sche</u>	dule G (Form 990 or 990-EZ) 2019 BROOKLYN CHAMBER OF COMMERCE INC 11-	<u>-0577070</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
С	of gaming revenue retained by the third party ►\$ If "Yes," enter name and address of the third party		
	Name >		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	THIS CO. T. C.		
	NATURAL CONTRACTOR OF THE PROPERTY OF THE PROP		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), and P	art III, lines 9, 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	,
			
			

932083 09-11-19

Schedule G	(Form 990 or 990-EZ)	BROOKLYN	CHAMBER	OF	COMMERCE	INC	11-0577070	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued	d) '					
					<u>_</u>			
							· · · · · ·	
								-

					•		·	
		<u>'</u>						
-								
						 		···-
				····				
-								
								
-								
								
					· .			
			7		,		<u> </u>	
								
						-		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

2019

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

BROOKLYN CHAMBER OF COMMERCE INC

Employer identification number 11-0577070

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لـــــــ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Ì		1
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of.			
а	The organization?	5a		
b	Any related organization?	5b		 .
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	——		
а	The organization?	<u>6a</u>		
b	Any related organization?	6b		 ;
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		 ,
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		 i
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	 -		
	Regulations section 53 4958-6(c)?	u I		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	=
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	in column (B) reported as deferred on prior Form 990
(1) SAMARA KARASYK	Θ	80,175.	0	0	0	0	80,175.	0
EVP & CHIEF POLICY OFFICER	(ii)	96,975.	0	0	0	0	96,975.	
	(i)							
	(ii)							
	(i)							
	l(ii)							
	8							
	▣							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(3)							
	(ii)							
	(i)							
	(ii)							
	Θ							
	(ii)							
	Θ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	▣							
	Ξ							
	⊞							
	8							
	Ξ							

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

2019
Open to Public Inspection

Name of the organization

BROOKLYN CHAMBER OF COMMERCE INC

Employer identification number 11-0577070

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES, INCLUDING MARKETING, EDUCATION AND ADVOCACY, IN WAYS THAT
PROMOTE COMMERCE AND STIMULATE ECONOMIC GROWTH.
FORM 990, PART VI, SECTION A, LINE 6:
ANY PERSON, ASSOCIATION, FIRM, CORPORATION, PARTNERSHIP, TRUST OR ESTATE
HAVING AN INTEREST IN THE OBJECTIVES OF THE CORPORATION SHALL BE ELIGIBLE
TO APPLY FOR MEMBERSHIP. ANY MEMBER SO APPROVED SHALL BE NOTIFIED IN
WRITING OF HIS OR HER ACCEPTANCE AND MEMBERSHIP (EACH, A "MEMBER").
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S PAYING MEMBERS VOTE ANNUALLY TO ELECT BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT. THE BOARD OF DIRECTORS
('BOD") DELEGATES THE AUTHORITY TO REVIEW AND APPROVE THE PREPARED FORM 990
TO THE PRESIDENT/CEO AND SENIOR VP/CFO. ONCE APPROVED, COPIES ARE PROVIDED
TO MEMBERS OF THE EXECUTIVE COMMITTEE PRIOR TO FILING AND ARE MADE
AVAILABLE TO THE REMAINING BOARD MEMBERS UPON REQUEST AFTER FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUESTS ALL NEW AND EXISTING BOARD MEMBERS TO DISCLOSE
ANNUALLY ANY EXISITING OR POTENTIAL CONFLICT OF INTEREST ACTIVITIES.
FORM 990, PART VI, SECTION B, LINE 15A:

THE BOD MUST APPROVE ALL COMPENSATION PAID TO THE PRESIDENT AND BASE THEIR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2019 Open to Pub

OMB No 1545-0047

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

BROOKLYN CHAMBER OF COMMERCE INC

Employer identification number 11-0577070

(a) Name, address, and EIN (if applicable) of disreparded entity	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		loreign country)				iliy
			···			
				+	-	
	1				-	
						i
			·-			
Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.		the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, bo	ecause it had one	or more related tax-exen	ıpt
(a)	(a)	(2)	(Đ)	(e)	(j)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
BROOKLYN ALLIANCE, INC - 11-2145956						
335 ADAMS STREET	DEVELOPMENT OF THE				BROOKLYN CHAMBER	
BROOKLYN, NY 11201	BROOKLYN COMMUNITY	NEW YORK	501(C)(3)	LINE 7	OF COMMERCE, INC	×
BROOKLYN ALLIANCE CAPITAL, INC - 81-5483293						
335 ADAMS STREET					BROOKLYN CHAMBER	
BROOKLYN, NY 11201	MICRO-LOAN PROGRAM	NEW YORK	501(C)(3)	LINE 7	OF COMMERCE, INC	×
				i		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Schedule R (Form 990) 2019
•						

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. BROOKLYN CHAMBER OF COMMERCE INC Schedule R (Form 990) 2019

Part III

Page 2

11-0577070

Percentage yownership 3 General or F managing c Yes No \equiv Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) **Disproportionate** Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a conocration or trust cluing the tax year. Part IV

		ر ق ق	å										
	(3)	Section 512(b)(1 controlle entity?	Yes	\vdash	_	\vdash		\vdash		\vdash		 \vdash	 -
	(y)	Percentage 512(b)(13) OWNErship contolled	<u> </u> >										
	(6)	Share of end-of-year	assets										
	(£)	Share of total											
	(e)	Type of entity corp, S corp	or trust)								-		
	(P)	Orrect controlling entity							`				
	(2)	Legal domicile (state or foreign	country)										
ing the tax year.	(q)	Primary activity											
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization										1	

Schedule R (Form 990) 2019

Partiv Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

						١
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Α	Yes	, S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£			1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan quarantees to or for related organization(s)				7		×
				2 ,	<u> </u> 	,
e Loans of loan guarantees by related organization(s)				<u>e</u>		4
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				9		×
				=		×
				F		×
				Ŧ		: ×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ë		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			├	×	
o Sharing of paid employees with related organization(s)				╀	×	
					: -	
p Reimbursement paid to related organization(s) for expenses				10	×	
				⊢	×	
r Other transfer of cash or property to related organization(s)				 +	<u> </u>	×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered r	relationships and transaction thresholds.			
(a)	(q)	(0)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	olved		
(1)						
(2)						
(6)						
(4)	1					
(9)	-					
(9)					i	
32163 09-10-19			Schedule R (Form 990) 2019	3 (Form	390) 20	019

Schedule R (Form 990) 2019 BROOKLYN CHAMBER OF COMMERCE INC

Page 4

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN			Are			- :	=	€	3
	Primary activity	Legal domicile (state or foreign country)	Predominant income parties sec (related, unrelated, 90(c)(3) excluded from tax under sections 512-514) Yes No.	Share of total total	Share of end-of-year assets	Olspropor- tronate allocations?	Obsproper Code V-UBI General or Percentage intolers amount in box 20 managing allocations? Of Schedule K-1 parner? ownership vec. NA (Form 1065) vec. NA	General or managing partner?	Percentage ownership
						2	(222)	S	
						-			
						_			•
							•		
						1		$\frac{1}{1}$	
								_	
							i		
								F	
								7	
		•							
						_			

Schedule R (Form 990) 2019