Use Only

			1	EXTENDI	D TO F	EBRUARY :	18, 20	20 2 -		
	ΩΩ	n	Return o	f Organ	nizatior	Exempt	From	Income Ta	ЭX	OMB No 1545-0047
For	<u>, 99</u>	JU	Under section 501(c),	, 527, or 494	7(a)(1) of the	Internal Reven	ue Code (ex	cept private foun	dations)	ZU18
		he Treasury			-			be made public.	11/3	Open to Public
	al Rovenia					r instructions a			71/6/	Inspection
_			ar year, or tax year be	ginning A	APR 1,	2018 an	d ending		019	
В	heck if pplicable	C Name of	forganization					D Employer id	entincati	on number
Γ-	Addruss change	CONN	ECTED COMMER	CB COL	INCTI.			83	1 <i>D</i> I	
F	Yarne change		usiness as					│ ॐ	***	3113
X	initial roturn		and street (or P.O. box if	f mail is not de	livered to stree	t address)	Room/sulte			
Ē	Final return/		ST SE			,				6-1101
	termin- ated	City or to	own, state or province,	country, and	ZIP or foreig	n postal code		G. Gross receipts \$		1,651,317.
	Amended	MWDU	INGTON, DC	20003				H(a) Is this a gre	oup retur	n
	Applica-		nd address of principal			D		for subordi	nates?	Yes X No
	pending	19 D	ST SE, WASHI		DC 2	0003	-4	H(b) Are all subordi	nates includ	lod? Yes No
		not status, L	501(c)(3) X 501)◀ (insert no	.) 4947(a)(1) or L/ 1/52	,		. (see Instructions)
			ECTEDCOUNCIL			100 > 4	<u>u</u>	H(c) Group exe		
			X CorporationT	rust A	ssociation [Other -	L Year	of formation, ZU.	T R W S	ate of legal domicile DC
Pie	rt I S	Summary				111212	COMME	TOWN	7DCE	COINCIL
8	1 Bı	neffy describ	e the organization's mis A NON-PROFI	SSIOR OF MOS	t significant a	OPCANTZ	TANTON	TED COMMI	COTON	TTO
Activities & Governance	_									
Ver			x if the organ ing members of the government.		-		iosea oi moi	e man 25% Or its	3	.s.
Ĝ			ependent voting memb		•		٠	•	4	
eğ y			of individuals employed	-			,		5	
ıtie.			of volunteers (estimate		•	21.0,12.0 20,			6	
į			d business revenue from		• •	e 12		••	7a	0.
⋖			business taxable incom	-				··· ·· ·	7b	0.
								Prior Year		Current Year
<u>a</u>	8 C	ontributions	and grants (Part VIII, lin	e 1h) .						1,650,000.
Revenue	9 Pr	rogram servi	ce revenue (Part VIII, lin	e 2g) ,						0.
£			come (Part VIII, column)							1,317.
_			(Part VIII, Ediumin (A), I		1		 -			0. 1,651,317.
	12 To	otal revenue	add lines 8 through 11	(must ebus	Part VIII, col	umn (A), line 12)				1,631,317.
	13 G	rants and sin	filar amounts pald (Par o or for members (Part	hixaconing)	(A), lines 1·3)		· -			0.
			compensation employ			 νn (Δ) lines 5.10	, <u> </u>			110,886.
Expenses			undra(Sing teles (Partil)X.			rur (A), taries 5-10	" · -	 		0.
ě	h To	ntal fundralsi	ng-expenses (Earl IX 'c	Option (D) pr	19 25) >	" 118,9	969.			
ũ			s (Part IX, column (A), I		_					682,230.
		•	s Add lines 13-17 (mus), line 25)	·			793,116.
	19 R	•	expenses Subtract line	•		· · · · · · · · · · · · · · · · · · ·	🖵			858,201.
Net Assets or Fund Balances							В	eginning of Current	Year	End of Year
sets	20 To	otal assets (F	Part X, line 16)							894,948.
at As	21 To	otal liabilities	(Part X, line 26)				·			36,747.
Ž.	22 No		fund balances Subtrac	t line 21 from	n line 20				L_	858,201.
		Signature								
		es of perjury, i				,			t of my kn	owledge and belief, it is
true,	COTTBCE, a	and complete	Declaration preparer (6	ther than offic	er) is based on	all information of \	wnich prepare	r nas any knowledge	16	
٠.		Signature	of officer	<u> </u>				Date	a/ [7_	
Sigr			B WARD, PRES	יימאַמד					•	
Her	' 		rint name and title				·			
		rint/Type pred			Preparer's sig	nature		Date (,te	ick T	PTIN
Daid	1					ี ๙ ๙๐๐๖	21D	11/06/19	·	D00357837

May the IRS discuss this return with the preparer shown above? (see instructions)
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

NORTH BETHESDA, MD 20852

Preparer Firm's name LOBEL, COOPER & ASSOCIATES,

Firm's address 6309 EXECUTIVE BLVD.

X Yes No Form **990** (2018)

Firm's EIN

Phone no 301-637-7080

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018) CONNECTED COMMERCE COUNCIL
Part IV 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_	X	
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	١.		
_	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	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	l	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VII, VIII, IX, or X			
	as applicable	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	 -{	X
l4a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ.
-	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	ľ	X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		}	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
0	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x _
na 'Oa	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	
1	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 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2018) CONNECTED COMMERCE COUNCIL

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	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ľ		ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	<u> </u>	
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	<u> </u>	
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	ľ		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Х
2.	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L. Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
04	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
-	Schedule N, Part II	32		X
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	33	· [X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Ì	
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- 1	
~	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
36	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par		<u> </u>	-43	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	"		
	(gambling) winnings to prize winners?	1c	X	
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	1990 (2018) CONNECTED COMMERCE COUNCIL		83-1013	<u> </u>	<u> </u>	age 3
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance (continued)					
•			ī] ~ map#/4	Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			***		
	filed for the calendar year ending with or within the year covered by this return	_2a	<u> 3</u>		12.3	ا المؤلود المؤلود
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	_4a		_x
b	If "Yes," enter the name of the foreign country				\$. \$ e \$	77.7
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)	ا نشد		/ k) -2
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		X
С	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	he ord	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	ĺ	Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions	or aifts			
	were not tax deductible?		ŭ	6b		
7	Organizations that may receive deductible contributions under section 170(c).				17:	have t
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	rvices	provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		F • • • • • • • • • • • • • • • • • • •	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	nuired	_ 		
_	to file Form 8282?		44	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			4 1.17 . Îc.	3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	. 10.	here or 5 t
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7 f	<u> </u>	
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		\vdash
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained				ا الأحراث <u>.</u>	513.4
_	sponsoring organization have excess business holdings at any time during the year?	. . , .,	.0	8	"· • -	12 2-44 K
9	Sponsoring organizations maintaining donor advised funds.					7
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		
10	Section 501(c)(7) organizations. Enter			- 	, ,	- , ³ ' (;
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	,A	,	13
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			2	19.
11	Section 501(c)(12) organizations. Enter		' ,	155	, ,	30,000
	Gross income from members or shareholders	11a	1	2 2		. ;
	Gross income from other sources (Do not net amounts due or paid to other sources against	- · · · ·	<u> </u>		3.1	1 m
•	amounts due or received from them)	11b	1	- 4,	, ' ,	3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		2.	C 75, 73
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u> </u>		14	4
	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	L
•	Note. See the instructions for additional information the organization must report on Schedule O			~ 10a	, T. P.	
h	Enter the amount of reserves the organization is required to maintain by the states in which the			3.12		1,1
U	organization is licensed to issue qualified health plans	13b	1	: · · ·	*	
_	Enter the amount of reserves on hand	13c	1	P. 7.	* * * * * * * * * * * * * * * * * * *	. 3
	Did the organization receive any payments for indoor tanning services during the tax year?	130	L			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	- 0		14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or	_14b_		
		rauUl	0	45		X
	excess parachute payment(s) during the year?			15 3.2.1	. 4.1.3	
	If "Yes," see instructions and file Form 4720, Schedule N	t inna	ma?		المسائة	ज्यात्री प
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	LINCO	1111C '	<u>16</u>	~	X
	If "Yes," complete Form 4720, Schedule O				990	
				1 0111		(2010)

832005 12-31-18

_	n 990 (2018) CONNECTED COMMERCE COUNCIL 83-1013 rt.VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			age 6 se
•	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{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 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 in Schedule 0.	<u>'</u>	·	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
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, or 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		_X_
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 in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			7.7
12a		12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	- 	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
15			.	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
a		15b		X
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		•
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a	* -	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	-	
Ü	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		-
Sec	tion C. Disclosure			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	avaıla	ble
	for public inspection Indicate how you made these available Check all that apply	,,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
-	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-769-3003			
	1701 PHODE ICLAND AVE NW WASHINGTON DC 20036			

832006 12-31-18

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organize	ation nor any related	orga	anıza	ation	CO	npe	nsat	ted any current officer,	director, or trustee	
(A)	(B))			C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)				lee)	from	from related	other
	(list any	lecte						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	D oc	ತ್ರ			sated	ŀ	organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	ruste	şt		95	шъеш		(***2/1099****100)		and related
	below	gat	ltona	_	nplo)	stco		,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			· ·
(1) JACOB WARD	40.00									-
CHAIR		X		X				33,333.	0.	0.
(2) JEREMY HOWIE	40.00								_	_
VICE CHAIR		X		X		<u> </u>		0.	0.	0.
(3) VICTORIA WISE	5.00							_		
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(4) TARA GENTILE	5.00							_	_	
BOARD MEMBER		X						0.	0.	0.
(5) MARLENE ROMO	5.00									
BOARD MEMBER		X					_	0.	0.	0.
(6) STELLA CREWSE	5.00						İ			•
BOARD MEMBER		Х						0.	0.	0.
(7) ANDREA MATEI	5.00									•
TREASURER/BOARD MEMBER	-	Х	_					0.	0.	0.
			L					_		
										
					_					
										
							<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		L		<u> </u>		L		<u> </u>		

га	rt VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st (ŧ					
•	(A)	(B) (C) Average Position							(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportabl			stimate	
		week					ıs bot or/trus		compensation	compensati from relate		ar	mount other	
		(list any	ğ						the	organizatio		con	npensa	
		hours for	j j	ļ	ļ	1	B		organization	(W-2/1099-M			rom th	
		related	stee o	nstee			eusa		(W-2/1099-MISC)			org	ganızat	tion
		organizations	a ţi	nal tr		loyee	mo es					i	d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anızatı	ions
			Ē	=	5	ᇂ	∃ 2	<u>ड</u>	 			\vdash		
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1b	Sub-total	·	•					<u> </u>	33,333.		0.			0.
С	Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
d	Total (add lines 1b and 1c)								33,333.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportat	ole			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated er	mployee on		٠ ٠	,	. '
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su	um of reportabl	le co	mpe	ensa	ation	and	otl	her compensation from t	he organization		• •		i
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a	accrue comper	nsat	on f	rom	any	unr	elat	ed organization or indivi	dual for services	3	- `		
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	uch	pers	on		<u></u>			5	لـــــا	<u> X</u>
Sec	tion B. Independent Contractors	·												
1	Complete this table for your five highest co										npensa	ation f	rom	
	the organization Report compensation for	the calendar y	ear e	endı	ng v	vith (or w	thir		ear	r			
	(A) Name and business	addrass							(B) Description of s	anaa) (C		_
-		address						٠,	<u></u>	ervices	ļ	ompei	nsatio	
	JARED COMMUNICATIONS	50.000		_					STRATEGIC	/ D.:.D.: T		4.1		10
144	10 G ST NW, WASHINGTON	, DC 200	10:					_{	COMMUNICATION	NS\ LORLI		<u> 1 T</u>	0,1	10.
		·						-						
			_					\dashv						
		·		-				\dashv	-	· -				
2	Total number of independent contractors (i	ncluding but o	ot lir	nıter	d to	thos	عا م	ted	ahove) who received m	ore than	لد موث			
_	\$100,000 of compensation from the organic		J. III		0	1	JU 113		above, who received in	C. C triair		Ł	`	
	w. 55,555 or 55 inperiodition from the organic												<u> </u>	

Form 990 (201)	
Part VIII	Statement of Revenu
	Check if Schedule O contain
AT 4: 1 313 01 11 (0) (0) 1 (1)	The way was the water that the time a beauty and the

_	Check if Schedule O contains a response or note to any line in this Part VIII											
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514				
at s	1 a	Federated campaigns	1a									
irar	ь	Membership dues	1ь 1,	250,000.								
S, G	С	Fundraising events	1c									
ar Zitt	d	Related organizations	1d									
E, C	е	Government grants (contribut	ions) 1e									
tion S	f	All other contributions, gifts, gran										
ğ.		similar amounts not included abo	ve 1f	400,000.								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$									
<u>8 0</u>	h	Total. Add lines 1a-1f			1,650,000.	THE REPORT OF THE PARTY OF THE	CHARLES AND	AND AND AND A STATE OF THE STAT				
				Business Code								
<u> </u>	2 a											
erv ne	b	· · · · · · · · · · · · · · · · · · ·						` `				
E S	С				·			· · · · · · · · · · · · · · · · · · ·				
gra	d		-			<u>.</u>		 -				
Program Service Revenue	e	All other program service reve					,					
_			inue .	•			SHY GRAPHIE	ATALAS ATABAT				
	3	Total. Add lines 2a-2f Investment income (including	dividends intere			-40,2 a harry has now 1981, 150 here, and 150 economic a	home one and the transfer of	NAME OF THE PARTY ASSESSED.				
	"	other similar amounts)	arriacrias, intere) (i, u/id	1,317.		,	1,317.				
	4	Income from investment of ta	x-exempt bond p	roceeds	-73=:3							
	5	Royalties	,	>	-							
		·	(i) Real	(II) Personal			TO THE STATE OF	第二章				
	6 a	Gross rents										
	b	Less rental expenses										
	С	Rental income or (loss)	L					三级				
	d	Net rental income or (loss)			Me of Law The No. 1994 Art. The Rest.	marketing a second of the second	as an about the second states to	e distribution when a limit is \$250.000				
	7 a	Gross amount from sales of	(i) Securities	(II) Other								
		assets other than inventory										
	b	Less cost or other basis										
		and sales expenses										
7	C	• •						EARL AND A				
	d	• , ,	a avanta (aat	_ <u>P</u> _	The Orange Control of the		NUMBER OF SERVICE					
une	8 a	Gross income from fundraising including \$	of		7.05							
		contributions reported on line										
æ		Part IV, line 18	а									
Other Reve	b	Less direct expenses	b	-								
0		Net income or (loss) from fund	Iraising events	>	and the second s							
1		Gross income from gaming ac	_	,	V. Carlotte			AND THE				
		Part IV, line 19	а									
	b	Less direct expenses	b									
	С	Net income or (loss) from gam	ing activities				E. M					
	10 a	Gross sales of inventory, less	returns									
		and allowances	а									
		Less cost of goods sold	b					THE PROPERTY OF THE PARTY.				
	С	Net income or (loss) from sales			\$400 \$564-155450\$\$\@\@\@\@\	3232 v. v. 1, 4 1 1672 v. 1384 v. 1222	""A Sel" Combined Alberta.	7550 TOP 2540 TO 15500 P				
		Miscellaneous Revenu	e	Business Code				Control of the Contro				
	11 a		 .									
	b											
	بر 2	All other revenue										
	u _	Total. Add lines 11a-11d	1	•	-			医内侧性皮肤				
	12	Total revenue See instructions			1,651,317.	0.	0.	1.317.				
								5 000 (00 (0)				

832009 12-31-18

Form 990 (2018) CONNECTED COMMERCE COUNCIL
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All ot	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				建筑
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			这些意义是否的	を の
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1950 AND	别战(Per "公司改建
5	Compensation of current officers, directors,				
_	trustees, and key employees	33,333.	23,333.	5,000.	5,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	50.000	40.000	-0.000	0.000
7	Other salaries and wages	60,000.	42,000.	9,000.	9,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			4 6 4 =	4 045
9	Other employee benefits	8,303.		1,245.	1,245 1,388
10	Payroll taxes	9,250.	6,474.	1,388.	1,388
11	Fees for services (non-employees)	465 046	226 002	60 077	60 077
а	Management	465,846.		69,87 <u>7</u> . 194.	69,877 194
b	Legal	1,292.	904.	194.	194
C	Accounting		 		
d	Lobbying Drafessional fundrations assures. See Part IV. Inc. 17.			CONTRACTOR CONTRACTOR	
e	Professional fundraising services. See Part IV, line 17 Investment management fees		ASSESSMENT (CARROLL CARROLL CA	PACINES NELL MEDITAGE AND THE LANGER.	
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	169,091.	118,363.	25,364.	25,364
12	Advertising and promotion	9,377.		1,407.	1,407
13	Office expenses	7,231.	5,061.	1,085.	1,085
14	Information technology				,
15	Royalties				
16	Occupancy	12,000.	8,400.	1,800.	1,800
17	Travel	11,182.	7,828.	1,677.	1,677
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		0.500		
23	Insurance	3,760.	2,632.	564.	564
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFFING FEES	2,374.	1,662.	356.	356.
b	MEALS	65.		10.	10.
c d	POSTAGE	12.	8.	2.	2.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	793,116.	555,178.	118,969.	118,969.
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)				Form 990 (2018

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	819,948.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	75,000.
	5	Loans and other receivables from current and former officers, directors,	思想了了我的对对	3	AND CONTRACTOR OF THE PARTY OF
		trustees, key employees, and highest compensated employees. Complete		A NO	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	SEATTING.	学	の記録する時間的
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		4	
		employers and sponsoring organizations of section 501(c)(9) voluntary		13.00	
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6_	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	STANCE AND ALL	1.2	The state of the s
		basis Complete Part VI of Schedule D 10a		1.50	A THE STREET
	ь	Less accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	,
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	894,948.
	17	Accounts payable and accrued expenses		17	36,747.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		7	
Ě		key employees, highest compensated employees, and disqualified persons	Process of the second	- 12/2	Circuit Analysis
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		_24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	26 545
	26	Total liabilities. Add lines 17 through 25	0.	26	36,747.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ë		complete lines 27 through 29, and lines 33 and 34.		EDE	Estimate and the
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets	The south die out the south	29	THE WAR OF THE THE PARTY AND A THE TEN
Net Assets or Fund Balances	• • ′	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X		1	10 mm 1
o.	*	and complete lines 30 through 34.	Carrie and a large	1.36.13	MELENITUS INCANAL
sets	30 -	Capital stock or trust principal, or current funds	0.	30	0.
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.		0.
<u>ĕ</u> :`	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	858,201.
4	33	Total net assets or fund balances	0.		858,201.
رزر	34	Total liabilities and net assets/fund balances	0.	34_	894,948.

	:				
Form	990 (2018) CONNECTED COMMERCE COUNCIL	83-101	3113	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>3,1</u>	
3	Revenue less expenses Subtract line 2 from line 1	3	<u>. 85</u>	8,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>0.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>85</u>	<u>8,2</u>	<u>01.</u>
Pa	rt XIII Financial Statements and Reporting				<u>г</u> -
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			•
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ı	
	consolidated basis, or both				e
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

OMB No 1545-0047 Open to Public ! Inspection

► Go to www.rs.gov/Form990 for the latest information. Name of the organization Employer identification number CONNECTED COMMEDCE COINCIL 1012112

CONNECTED COMMERCE COUNCIL 63-1013113
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE SMALL BUSINESSES' ACCESS TO ESSENTIAL DIGITAL TECHNOLOGIES AND
TOOLS. 3C PROVIDES SMALL BUSINESSES WITH ACCESS TO THE MARKET'S MOST
EFFECTIVE DIGITAL TOOLS AVAILABLE, PROVIDES COACHING TO OPTIMIZE GROWTH
AND EFFICIENCY, AND WORKS TO CULTIVATE A POLICY ENVIRONMENT THAT
CONSIDERS AND RESPECTS THE INTERESTS OF TODAY'S SMALL BUSINESSES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS PROVIDED FOR REVIEW BY THE PRESIDENT AND THE TREASURER
BEFORE THE RETURN WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
DURING MEETINGS, STAFF AND/OR BOARD MEMBERS ARE ASKED TO REPORT ANY
CONFLICT OF INTEREST THAT MIGHT HAVE ARISEN.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ALL OF IT'S PUBLIC DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ALL OF IT'S PUBLIC DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G, OTHER FEES:
PAYROLL PROCESSING:
PROGRAM SERVICE EXPENSES 4,613
MANAGEMENT AND GENERAL EXPENSES 989
FUNDRAISING EXPENSES 989
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization CONNECTED COMMERCE COUNCIL	Employer identification number 83-1013113
TOTAL EXPENSES	6,591.
RESEARCH PROJECT FEES:	
PROGRAM SERVICE EXPENSES	113,750.
MANAGEMENT AND GENERAL EXPENSES	24,375.
FUNDRAISING EXPENSES	24,375.
TOTAL EXPENSES	162,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	169,091.
• · · · · · · · · · · · · · · · · · · ·	
	Berg British Berg