

EXTENDED TO NOVEMBER 16, 2020

Short Form

OMB No 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

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

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2019 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	FAIR LAWN CHAMBER OF COMMERCE, INC.		86-1162614
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	12-45 RIVER ROAD		201-796-7050
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► N/A
<input type="checkbox"/> Amended return	FAIR LAWN, NJ 07410		00
<input type="checkbox"/> Application pending			

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.FAIRLAWNCHAMBER.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527K Form of organization. Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 69708.

[Part II] Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 11428.
3 Membership dues and assessments	3 36395.
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c NOV 20 2020
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 21885.
c Less: direct expenses from gaming and fundraising events	6c 15977.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5908.
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 53731.
10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O
11 Benefits paid to or for members	10 5000.
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12 20800.
14 Occupancy, rent, utilities, and maintenance	13
15 Printing, publications, postage, and shipping	14 7398.
16 Other expenses (describe in Schedule O)	15
17 Total expenses. Add lines 10 through 16	16 20717.
18 Excess or (deficit) for the year (subtract line 17 from line 9)	17 53915.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18 -184.
20 Other changes in net assets or fund balances (explain in Schedule O)	19 7192.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 0.
	21 7008.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

C10

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

 b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

 b Did the organization file Form 1120-POL for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

 b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter 39a N/A

 a Initiation fees and capital contributions included on line 9 39b N/A

 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A ; section 4911 N/A ; section 4912 N/A ; section 4955 N/A

 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A

 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A

 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A

 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed NONE

42 a The organization's books are in care of FAIR LAWN CHAMBER OF COMMERCE Telephone no. 201-796-7050
Located at 12-45 RIVER ROAD, FAIR LAWN, NJ ZIP + 4 07410

 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

 If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

 c At any time during the calendar year, did the organization maintain an office outside the United States?

 If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

Yes	No
<input type="checkbox"/> 42b <input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 42c <input checked="" type="checkbox"/> X	<input type="checkbox"/>

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

 c Did the organization receive any payments for indoor tanning services during the year? 44c X

 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

Yes	No
<input type="checkbox"/> 44a <input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/> 44b <input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/> 44c <input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/> 44d <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 45a <input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/> 45b <input type="checkbox"/>	<input type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I

46 Yes No
X

[Part.VII] Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

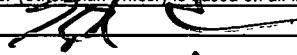
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ► Signature of officer  Date _____
► Type or print name and title Tod Christiansen VP 11/16/20

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			Phone no.
	Firm's address ►				

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number
86-1162614

FAIR LAWN CHAMBER OF COMMERCE, INC.

86-1162614

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 CHARITABLE GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
1 Gross receipts	21885.			21885.
2 Less Contributions				
3 Gross income (line 1 minus line 2)	21885.			21885.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	15977.			15977.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				► 15977.
11 Net income summary Subtract line 10 from line 3, column (d)				► 5908.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part IV Supplemental Information (continued)

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.

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2019

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Name of the organization

FAIR LAWN CHAMBER OF COMMERCE, INC.

Employer identification number
86-1162614

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: CHARITABLE DONATION

GRANTEE NAME: FAIR LAWN HUMAN SERVICES TRUST (FOOD BANK)

GRANTEE ADDRESS: 8-01 FAIR LAWN AVENUE FAIR LAWN, NJ 07410

DATE OF GIFT: 06/18/19

AMOUNT GIVEN: 3000.

ACTIVITY CLASSIFICATION: COLLEGE SCHOLARSHIPS

DATE OF GIFT: 06/18/19

AMOUNT GIVEN: 2000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE AND MISCELLANEOUS	4044.
INSURANCE	1710.
TELEPHONE EXPENSE	1164.
PAYROLL TAX EXPENSE	3487.
MEETING EXPENSES	3309.
CREDIT CARD FEES	1784.
DUES TO FAIR LAWN EDC	500.
LOCAL TRAVEL	501.
PURCHASE OF AMERICAN FLAGS	4218.
TOTAL TO FORM 990-EZ, LINE 16	20717.

Name of the organization

FAIR LAWN CHAMBER OF COMMERCE, INC.

Employer identification number
86-1162614FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT PAID	1800.	1200.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CIVIC FUNCTIONS THAT
PROMOTE MEMBERS AND LOCAL CHARITABLE ORGANIZATIONSFORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.