

# SSURANCE, LLC (Certified Public Accountants) Extending Expectations of Excellent Service

## CAS Assurance, LLC

3600 S State Road 7 Suite 48 Miramar, FL 33023 mob@casas surance.com Phone: (954)362-7113 | Fax: (954)362-7113

November 14, 2022

Miramar-Pembroke Pines Chamber of Commerce, Inc. 15800 Pines Boulevard Suite 313 Pembroke Pines, FL 33027

Miramar-Pembroke Pines Chamber of Commerce, Inc.:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Miramar-Pembroke Pines Chamber of Commerce, Inc. from the information provided. The return was e-filed with the IRS and was accepted on November 14, 2022.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (954)362-7113.

Sincerely,

Michael Bayere CAS Assurance, LLC

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

_		OCCA II		·······			_	nispection 2000			
			vear, or tax year beg			, 2021, and end		06-30 ,2022			
		applicable:	C Name of organization	Miramar-Pembroke Pine	es Chamber	of Commerc	e, Inc.	Employer identification number			
=	Address o	change	Doing business as					59-1660741			
=	Name cha	ange	Number and street (or	P.O. box if mail is not delivered to street	address)	Room/s	uite E	Telephone number			
Ш	nitial retu	ırn	15800 Pines 1	Soulevard Suite 313				(954)432-9808			
	Final retu	rn/terminated	City or town, state or p	rovince, country, and ZIP or foreign post	al code		G	G Gross receipts			
	Amended	return	Pembroke Pine	es, FL 33027				\$ 317,059			
	Applicatio	n pending	F Name and address of	principal officer: Patricia Arc	her		H(a) Is this a group	return for subordinates? Yes X No			
			Same as C abo	ove			H(b) Are all subo	ordinates included? Yes No			
1	Tax-exem	npt status: 501	(c)(3) X 501(c) ( 6	) ◀ (insert no.) 4947(a)(1	) or 527		If "No," atta	ch a list. See instructions			
J	Website:	▶ www.m:	iramarpembrok		, <u> </u>		H(c) Group exen	nption number			
ĸ	Form of o	rganization: X Corp		Association Other	L Yea	ar of formation: 19	'	of legal domicile: <b>FL</b>			
	rt I	Summary			1 - 1		<u> </u>	<b>= =</b>			
- 0	1		the organization's mi	ssion or most significant activitie	es. The Cha	amber is o	rganized f	or the purpose of			
	'			industrial, profess	-						
ė				rea; assisting small							
au						growen thi	ough nost	ing of networking			
ern				development programs		th 050/ -f	ita autanasta				
Š	2			on discontinued its operations of				0			
∞ ∞	3	`		verning body (Part VI, line 1a)		$\overline{}$		3 17			
es	4		_	ers of the governing body (Part				4 17			
Activities & Governance	5			in calendar year 2021 (Part V,				5 3			
₽cti	6		,	if necessary)			· · · · · ·	6			
_				m Part VIII, column (C), line 12			• • • • •	7a 0			
	b	Net unrelated bu	usiness taxable incor	ne from Form 990-T, Part I, line	11			7b 0			
							Prior Year	Current Year			
	8	Contributions and	d grants (Part VIII, lir	ne 1h)			164,1	.87 198,887			
e	9	Program service	e revenue (Part VIII, I	ine 2g)			12,4	102,209			
Revenue	10	Investment incon	me (Part VIII, column	(A), lines 3, 4, and 7d)				0			
Re	11	Other revenue (F	Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e	e)		17,9	15,963			
	12	Total revenue - a	add lines 8 through 1	1 (must equal Part VIII, column (	A), line 12) .		194,6	317,059			
	13	Grants and simila	ar amounts paid (Pai	t IX, column (A), lines 1-3) .				0			
	14	Benefits paid to	or for members (Part	IX, column (A), line 4)				0			
	15	Salaries, other co	ompensation, employ	ee benefits (Part IX, column (A)	), lines 5-10)		148,2	115,712			
Ses	16a			(, column (A), line 11e)				0			
Expenses				column (D), line 25)		0					
꼾	17		7 '				76,5	126,743			
_	18	. ,		st equal Part IX, column (A), lin	e 25)		224,7				
	19	•		e 18 from line 12	•		(30,1				
							inning of Current				
Net Assets or	20	Total assets (Pa	rt X line 16)				43,2				
essi	21	Total liabilities (F					26,9				
let A	22	,	. ,	ct line 21 from line 20		· · · · · —	16,2				
	rt II	Signature I		et iiie 21 nom iiie 20	<u> </u>		10,2	31,231			
				eturn, including accompanying schedules	and statements, and	to the best of my kno	wledge and belief. i	t is			
				officer) is based on all information of which							
		No beni di	a Amaham								
Sig	n	Signature of co	ia Archer					Date			
								Jaio			
Hei	e		La Archer, Pre	esident/CEO							
		Print/Type preparer		Preparer's signature	Dat	Δ	[	] <sub>if</sub> PTIN			
D	اء			, ,			Check X				
Pai		Michael Ba	_	Michael Bayere	11-	-14-2022	self-employ	ed <b>P02003354</b>			
	parer			surance, LLC			Firm's EIN				
Use	Only	Firm's address ►		State Road 7 Suite	48		Phone no.				
				FL 33023			9	54-362-7113			
Mav	the IRS	S discuss this retu	ım with the preparer	shown above? See instructions				X Yes No			

59-1660741

			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
7	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
0	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,"	8		.,
9	complete Schedule D, Part III	0		х
9	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		Х
10	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,	10		
••	VII, VIII, IX, or X as applicable.			
а				
-	complete Schedule D, Part VI	11a		х
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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		х
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		Х
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		Х
16	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	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?	40		•
20 -	If "Yes," complete Schedule G, Part III	202		X
20 a h		20a 20b		Х
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	aomosiio govoriment on rat iz, column (z), ine r: ir res, complete solieude i, Edits I dilu II	41		_ ^

Page 4

Form 990 (2021) Miramar-Pembroke Pines Chamber of Commerce, Inc.

Part IV Checklist of Required Schedules (continued)

	and the state of t		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	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 Schedule J	23		x
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 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		
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 Schedule L, Part I	25b		<u> </u>
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%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	27		X
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, key employee, creator or founder, or substantial contributor? If	200		
h	"Yes," complete Schedule L, Part IV	28a 28b		X
b C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		X
C	"Yes," complete Schedule L, Part IV	28c		v
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	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	-		
-	complete Schedule N, Part II	32		х
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		х
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	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
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	35b	х	
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	36		
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	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$oxedsymbol{oxedsymbol{oxedsymbol{\square}}}$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form 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	İ

Form	990 (2021) Miramar-Pembroke Pines Chamber of Commerce, Inc. 59-16607	41	F	age 5
Par	t V 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, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	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?	3a		x
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	x	
7	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			
u	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	7.0		
Ü	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
8	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.			
а	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:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
u 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.			
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	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		x
	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		х
-	If "Yes," complete Form 4720, Schedule O.	_		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6

Part VI

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 in Schedule O. See instructions.

responds to line sa, ob, or resident, asserbe the should be of characters, processes, or charges in constant constants.	
Check if Schedule O contains a response or note to any line in this Part VI	. X

Se	ction 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 on Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2								
	any other officer, director, trustee, or key employee?	2		Х				
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		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	Х					
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		Х				
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	X					
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	Х					
11a	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.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х					
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	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
a	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-						
	with a taxable entity during the year?	16a		Х				
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	4.Ch						
500	organization's exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed Florida  Section 6104 requires an exemptation to make its Forms 1033 (1034 or 1034 A if applicable) 900 and 900 T (Section 501(a))							
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) available for public inspection. Indicate how you made these available. Check all that apply.							
10	▼ Own website							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,							
20	and financial 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							
	Anyoli Bailey (954)432-9808, 15800 Pines Boulevard Suite 313, Pembroke Pines, FL 3	3027						

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Page 7

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

				(	C)	.,				
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	,				nan one		Reportable	Reportable	Estimated amount
Name and the	hours					s both a /trustee		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	악파	_ <u></u>	Q	2	9 <u>I</u>	77	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC	related organizations
	related organizations	ctor	liona		뒝	yee yee				-
	below	rust	ŧ		yee	mpe				
	dotted line)	ее	stee		40	insa				
						ed		Ť		
(1) Patricia Archer				7						
President/CEO		X		х		х		32,400	0	0
(2) Ismael Monroig										
Director		x						20,990	0	0
(3) Stan Bostic										
Director		х						0	0	0
(4) Annette Alvarez										
Director		х						0	0	0
(5) Steven Sarduy										
Director		х						0	0	0
(6) Michelle Watson										
Director		х						0	0	0
(7) Vedner Gerrier										
Director		х						0	0	0
(8) Tony Gordon										
Director		х						0	0	0
(9) Anita Taylor										
Director		х						0	0	0
(10)Michael Stamm										
Director		х						0	0	0
(11)Marc Liebeskind										
Chair Elect/Vice Chair of Finance		х						0	0	0_
(12)Lisa F Perez										
Vice Chair of Governance		х						0	0	0_
(13)Henry Rose										
Board Chair		x						0	0	0
(14)Leah A Carpenter										
Immediate Past Board Chair		х						0	0	0

Form 990 (2021)

Part V	Section A. Officers, Directors, Trustee	os, rey Emp	loyee	3, ai		(C)	031 01	Jiiip	Ensured Employe				
	40	(B)				sition			(5)	(5)		<b>(F)</b>	
	(A)	(B)	(do i	not ch	eck m	nore t	han one		(D)	(E)		(F)	
	Name and title	Average	1				s both a		Reportable compensation	Reportable compensation	Estim	ated am of other	
		hours per week	OTTIC	er an	a a ai	recto	r/trustee	)	from the	from related	cor	npensat	
		(list any		_		J _			organization (W-2/	organizations (W-2/		rom the	
		hours for	or di	nstitutional trus	Officer	Key employee	amp High	Forme	1099-MISC/	1099-MISC/	-	nization	
		related	rect	T To	ĕ	em p	loye	l er	1099-NEC)	1099-NEC)	related	d organi:	zations
		organizations	] Y E	na		l ox	e						
		below	or director	rust		ő	pens						
		dotted line)		8			Highest compensated employee						
(1E) To a	rina Duramaka												
Direct	sica Busquets		x						0	0			0
									0	0			
	es_Knapp												_
Direct			Х						0	0			0
	n_Saldias												
	r of Membership & Ext Relatn		Х						0	0			0
(18)Tif:	fany Panciera												
Secret			Х						0	0			0
(19)		L											
(20)													
(21)													
\ _/													
(22)													
<u>\</u> /													
(22)						4							
(23)						'							
(24)													
(24)													
(DE)													
(25)													
		$\leftarrow$											
	Subtotal		. ·					_					
	Total from continuation sheets to Part VII, Sect							-					
	Total (add lines 1b and 1c)									0			0
2 7	Total number of individuals (including but not limit	ted to those	listed a	bove	e) wl	ho re	eceive	d m	ore than \$100,000	of			
r	eportable compensation from the organization												ı
												Yes	No
3 [	Did the organization list any former officer, direct	tor, trustee,	key en	nplo	yee,	or h	nighes	t cor	mpensated				
$\epsilon$	employee on line 1a? If "Yes," complete Schedu	le J for such	individ	dual							3		x
<b>4</b> F	For any individual listed on line 1a, is the sum of re	eportable co	mpens	ation	and	d oth	er con	npen	sation from the				
	organization and related organizations greater th												
	ndividual					,					4		х
	Did any person listed on line 1a receive or accrue				· ·	· ·	od ora	· ·	ation or individual		-		
	or services rendered to the organization? If "Yes	•		-			-				5		37
		s, complete	Scriec	iui <del>e</del> .	JIOI	Suc	in pers	SOII	• • • • • • •	• • • • • • • • •	<u> </u>		Х
	n B. Independent Contractors	ta d'a dan an			-1					20 -1			
	Complete this table for your five highest compensa												
C	compensation from the organization. Report comp	ensation for	the ca	lenda	ar ye	ear e	ending	with	or within the orgai	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	ss							Description of service	es	Compens	ation	
<del></del>													
-													
2 7	Total number of independent contractors (includin	a but not lim	ited to	thos	se lis	sted	above	) wh	10				
	eceived more than \$100.000 of compensation fro	-						,					

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Tunction revenue	business revenue	sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b	178,055				
ants ints	С	Fundraising events	1c					
ນີ້ ດີ	d	Related organizations	1d					
ifts, r Ar	е	Government grants (contributions)	1e	20,832				
nia ja	f	All other contributions, gifts, grants,						
Sir		and similar amounts not included above	1f					
but	q	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts	9	lines 1a-1f	1g	\$				
ဒီ ဧ	h	Total. Add lines 1a-1f			198,887			
				Business Code				
	2a	Networking Events		900099	53,212	53,212		
8	l .	Women in Business		900099	9,437	9,437		
er i		Exposition		900099	7,150	7,150		
n S /en	d	EXPOSITION		500055	7,130	7,150		
Jrar Re	e							
Program Service Revenue		All other program service revenue		90009	32,410	32,410		
ш		Total. Add lines 2a-2f			102,209	32,410		
					1027203			
	3	Investment income (including dividends, inte other similar amounts)		<b>▶</b>				
	4	Income from investment of tax-exempt bond		eeds •				
	5	Royalties	•					
		(i) Real	•	(ii) Personal				
	6a	Gross rents 6a		(ii) i dicondi				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		· · · · · · · · · · · · · · · · · · ·						
		` ′		(ii) Other				
	/a	Gross amount from (i) Securities sales of assets	1	(ii) Oulei				
		other than inventory 7a						
	b	Less: cost or other basis						
Φ	_	and sales expenses 7b						
evenue	c	Gain or (loss) 7c						
e Ke		Net gain or (loss)		<b>•</b>				
E	l .	Gross income from fundraising	Ť	, <del>-</del>				
Other Re	00	events (not including \$						
J		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	l .	Net income or (loss) from fundraising events						
	l	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	·va	returns and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventory						
				Business Code				
δί	11a	Business Development		900099	3,129	3,129		
Miscellanous Revenue		Royalty/Affinity Income		900099	2,556	2,556		
ella ven		Advertising		900099	6,197	6,197		
Re		All other revenue		900099	4,081	4,081		
Σ	е	Total. Add lines 11a-11d			15,963			
		Total revenue. See instructions			317,059	118,172	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 53,390 53,390 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 45,851 45,851 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 16,471 16,471 11 Fees for services (nonemployees): b Legal...... Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . . . . . . . . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 126,743 62,523 64,220 12 Advertising and promotion . . . . . . . . . . . . Office expenses ...... 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization 23 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 O.) а b C d All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 242,455 62,523 179,932 0 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) . . . . . .

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X										
			(A)		(B)							
			Beginning of year		End of year							
	1	Cash - non-interest-bearing		1	76,911							
	2	Savings and temporary cash investments		2	•							
	3	Pledges and grants receivable, net		3								
	4	Accounts receivable, net		4	11,256							
	5	Loans and other receivables from any current or former officer, director,										
		trustee, key employee, creator or founder, substantial contributor, or 35%										
		controlled entity or family member of any of these persons		5								
	6	Loans and other receivables from other disqualified persons (as defined										
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6								
Assets	7	Notes and loans receivable, net										
	8	Inventories for sale or use		7 8								
	9	Prepaid expenses and deferred charges		9	F 30C							
⋖			4,878	9	5,306							
	10a	Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D 10a		40-								
	b	Less: accumulated depreciation		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 33)	43,251	16	93,473							
	17	Accounts payable and accrued expenses	6,123	17	2,222							
	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								
SS	22	Loans and other payables to any current or former officer, director,										
≝		trustee, key employee, creator or founder, substantial contributor, or 35%										
Liabilities		controlled entity or family member of any of these persons		22								
_	23	Secured mortgages and notes payable to unrelated third parties		23								
	24	Unsecured notes and loans payable to unrelated third parties	20,832	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	Total liabilities. Add lines 17 through 25	26,955	26	2,222							
		Organizations that follow FASB ASC 958, check here										
G		and complete lines 27, 28, 32, and 33.										
Ç	27	Net assets without donor restrictions		27								
alar	28	Net assets with donor restrictions		28								
Ä		Organizations that do not follow FASB ASC 958, check here										
Ë		and complete lines 29 through 33.										
or F	29	Capital stock or trust principal, or current funds		29								
its (	30	Paid-in or capital surplus, or land, building, or equipment fund		30								
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	91,251							
¥Α	32	Total net assets or fund balances		32	91,251							
ž	33	Total liabilities and net assets/fund balances		33	93,473							

Form	m 990 (2021) Miramar-Pembroke Pines Chamber of Commerce, Inc.	59	-166074	L	Pa	age <b>12</b>	
Par	art 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		317,	059	
2	Total expenses (must equal Part IX, column (A), line 25)		2		242,	455	
3	Revenue less expenses. Subtract line 2 from line 1		3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		16,	296	
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	351			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Γ					
	32, column (B))		10		91,	251	
Par	art XII Financial Statements and Reporting	·					
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
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 on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2b		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	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 or	Ę.					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
За	<ul> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the</li> </ul>	)					
	Single Audit Act and OMB Circular A-133?			3a		х	
h	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

Name of the organization **Employer identification number** 59-1660741 Miramar-Pembroke Pines Chamber of Commerce, Inc. 01. Members or stockholder classes and rights (Part VI, line 6) Members elect individuals to the board for 3-year terms in April. 02. Member election for additional members (Part VI, line 7a) Members elect individuals to the board for 3-year terms in April. 03. Governing body decisions (Part VI, line 7b) Bylaw changes are approved by membership via ballot vote 04. Local chapters, branches, affiliates (Part VI, line 10a) Each subsidiary and lead group has a governance committee. Subsidiaries are reprisented with board member positions based on the number of members in each subsidiary. 05. Form 990 governing body review (Part VI, line 11) Through the CEO & President, the form is submitted to the Finance Committee, which reports to the Executive Committee of the board. The Executive Committee reviews and presents to the entire board 06. Conflict of interest policy compliance (Part VI, line 12c) At annual meeting of the board at the beginning of the year, during new board member training, and at monthly board meetings, every member is reminded of the policy. 07. CEO, executive director, top management comp (Part VI, line 15a) Compensation and contracts are reviewed by the Executive Committee for approval from the

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
Miramar-Pembroke Pines Chamber of Commerce, Inc.	59-1660741
full provide	
full Board.	
08. Other officer or key employee compensation (Part VI, line 15b	
	7. 6
Compensation and contracts are reviewed by the Executive Committee for	or approval from the
full board.	
09. Governing documents, etc, available to public (Part VI, line 19)	
53. Governing documents, etc., available to public (rate vi, line 1)	
Available on our website in the About section.	
10. List of other fees for services expenses (Part IX, line 11g)	
10. Eigh of court feet for betyfeet enpended (full in, fine 115)	
Food & Beverages	
Photography & Video	
Marketing	
	<b>—</b>
Supplies & Services	

EEA Schedule O (Form 990) 2021

## SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

59-1660741 Miramar-Pembroke Pines Chamber of Commerce, Inc. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (d) (e) (f) Direct controlling Primary activity Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets or foreign country) entity (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year. (a) (f) **(g)** Sec. 512(b)(13) (e) (b) (c) (d) Name, address, and EIN of related organization Public charity status Direct controlling controlled entity? Primary activity Legal domicile (state Exempt Code section (if section 501(c)(3)) or foreign country) Yes No (1) S Florida Business Partnership LAC, 82-4008611Promote 15800 Pines Boulevard Suite 313 improvement of Hollywood FL 33027 non-partisan govt N/A FL(2) (3) (4)

(5)

59-1660741

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or
--

No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	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		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
n	Reimbursement paid to related organization(s) for expenses	1р		
-	Reimbursement paid by related organization(s) for expenses	1q		
ч	Treinibulsement paid by related erganization(s) for expenses	19		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
	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.		I	
_	(a) (b) (c) (d)			
	Name of related organization  Transaction  Amount involved  Method of determining a	amount	involved	i
	type (a-s)			
(1)	SFBP LAC r 35 Actual expense	es		
(2)				
(3)				
(4)				
(+)				-
(5)				
(6)				

990 Overflow Statement (This page is not filed with the return. It is for your records only.)		<b>2021</b> Page 1
Name(s) as shown on return		FEIN
Miramar-Pem	oroke Pines Chamber of Commerce, Inc.	59-1660741

### PPP Loan Forgiveness

Description		Amount
Loan forgiveness	\$	20,832
_	Total: \$_	20,832

## Program Service Expenses

Description		Amount		
Food & Beverages	\$	50,513		
Photography & Video		3,509		
Supplies & Services		3,986		
Marketing		1,925		
Facilities and Awards		2,590		
Total:	Ś	62-523		



990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2021</b> Page 2
Name(s) as shown on return		FEIN
Miramar-Pem	broke Pines Chamber of Commerce, Inc.	59-1660741

#### Management & General Expenses

Description	Amount
Credit Cards Fees	\$ 7,548
Licenses & Permits	166
Donation	21
Taxes	50
Auto	3,125
Worker's Comp	248
Liability & DO Insurance	3,086
Dues & subscriptions	2,889
Rent	20,319
Equipment Rental	3,034
Telephone	2,287
Internet	<u>555</u>
Website	<u>553</u>
Database	5,939
Utilities	999
Computer Expense	3,783
Payroll Service Expenses	1,417
Bank Service Charges	93
Office Supplies & Expenses	1,388
Meals & Entertainment	402
Repair & Maintenance	2,131
Postage & Delivery	45
Accounting & Tax Services	650
Advertising	3,457
SFBP LAC Website & other expenses	<u> </u>
Total:	\$ 64,220