



CAS Assurance, LLC

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October 10, 2023

Miramar-Pembroke Pines Chamber of Commerce, Inc. 15800 Pines Boulevard Suite 311 Pembroke Pines, FL 33027

Miramar-Pembroke Pines Chamber of Commerce, Inc.:

Enclosed is the 2022 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 October 10, 2023.

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

_{Form} 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Inter	nal Revenu	ue Service	GOT	o www.irs.gov/Form990	tor instructions ar	id the latest ir	ntormati	on.		Inspection	
<u>A</u>	For the	2022 calend	ar year, or tax year b	eginning	07-	01 , 2022 , a	nd endi	ng	06	6-30 , 20 23	
В	Check if a	pplicable:	C Name of organization	Miramar-Pembrok	e Pines Chamb	oer of Com	merce	, Inc.	D Empl	oyer 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/sui	ite	E Telepl	hone number	
	Initial retu	rn	15800 Pines	Boulevard Suit	e 311			(954) 432-9808			
	Final retur	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreig	n postal code				G Gros	s receipts	
	Amended	return	Pembroke Pi	nes, FL 33027					\$	361,324	
	Applicatio	n pending	F Name and address of pr	incipal officer: Patric	ia Archer			H(a) Is this a gi	a group return for subordinates? Yes X No		
			Same as C a	bove				H(b) Are all s	ubordinate	es included? Yes No	
<u> </u>	Tax-exem	pt status:	501(c)(3) X 501(c) (6) (insert no.)	4947(a)(1) or	527		If "No," a	attach a lis	st. See instructions	
J	Website:	WWW	.miramarpembro	kepines.org				H(c) Group ex	xemption	number	
K	Form of o	rganization: X	Corporation Trust	Association Other		L Year of formation	on: 196	9 M S	tate of leg	gal domicile: FL	
Pa	rt I	Summar	у								
	1	Briefly descr	ibe the organization's r	mission or most significar	nt activities: The	Chamber	is or	ganized	for t	the purpose of	
•		advancin	g the economic	, industrial, pr	ofessional, c	ultural,	and c	ivic wel	fare	of the greater	
Activities & Governance		Miramar-	Pembroke Pines	area; assisting	small bsuine	ss growth	thro	ugh host	ing o	of networking	
rna		events,	leadership and	development pro	grams.						
λe	2	Check this b	ox if the organizat	ion discontinued its opera	ations or disposed of	more than 25%	% of its n	et assets.			
õ	3	Number of v	oting members of the	overning body (Part VI, I	ine 1a)				3	17	
တ္	4	Number of in	ndependent voting mer	nbers of the governing bo	ody (Part VI, line 1b)				4	17	
'it ie	5	Total numbe	r of individuals employ	ed in calendar year 2022	(Part V, line 2a)				5	3	
Ę	6	Total numbe	r of volunteers (estima	te if necessary)					6		
⋖	7a	Total unrelate	ed business revenue fi	rom Part VIII, column (C)	, line 12				7a	0	
	b	Net unrelate	d business taxable inc	ome from Form 990-T, Pa	art I, line 11				7b	0	
								Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII,	line 1h)				198	,887	121,914	
ne	9	Program ser	vice revenue (Part VIII	, line 2g)				102	,209	194,792	
Revenue	10	Investment in	ncome (Part VIII, colur	nn (A), lines 3, 4, and 7d)						0	
Ŗ	11	Other revenu	ue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10d	c, and 11e)			15,963		44,618	
	12	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							,059	361,324	
	13	Grants and s	similar amounts paid (F	Part IX, column (A), lines	1-3)					0	
	14	Benefits paid	enefits paid to or for members (Part IX, column (A), line 4)							0	
	15	Salaries, oth	er compensation, emp	loyee benefits (Part IX, c	olumn (A), lines 5-10))		115	,712	185,347	
Expenses	16a	Professional	fundraising fees (Part	IX, column (A), line 11e)						0	
ben	b	Total fundrais	sing expenses (Part IX	, column (D), line 25)		0					
X	17	Other expen	ses (Part IX, column (A	A), lines 11a-11d, 11f-24e)			126	,743	236,149	
	18	Total expens	es. Add lines 13-17 (r	nust equal Part IX, colum	n (A), line 25)			242	, 455	421,496	
	19	Revenue les	s expenses. Subtract	line 18 from line 12				74	,604	(60,172)	
ō	Ses		* \ \ \				Begi	nning of Curre	nt Year	End of Year	
sets	[20	Total assets	(Part X, line 16)					93	,473	214,051	
Net Assets or	21	Total liabilitie	s (Part X, line 26)					2	,222	165,943	
				ract line 21 from line 20				91	,251	48,108	
	art II		re Block								
				s return, including accompanying an officer) is based on all inform			of my know	ledge and belie	f, it is		
				,		, ,					
Sig	ın		icia Archer						_	 	
		Signature of officer							Da	te	
He	re		icia Archer, P	resident/CEO							
		Type or print nar				I pt-				DTIN	
D-	اما	Print/Type pre	eparer's name	Preparer's signature		Date		Check	X if	PTIN	
Pa			Bayere	Michael Bayer	re	10-10-20	23	self-emp	oloyed	XXXXX3354	
	parer			ssurance, LLC			F	irm's EIN			
US	e Only	Firm's addres		S State Road 7 S	Suite 48		F	hone no.			
				ar FL 33023					954-	362-7113	
May	the IRS	discuss this	return with the prepare	er shown above? See ins	tructions					X Yes No	

Miramar-Pembroke Pines Chamber of Commerce, Inc.

59-1660741 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e 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 12a X 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 X 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? 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 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 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

X

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59-1660741

Form 990 (2022) Miramar-Pembroke Pines Chamber of Commerce, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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		
С	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		
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		Х
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 the 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			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation 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	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
22	complete Schedule N, Part II	32		<u> </u>
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	22		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1	24	۱,,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	X	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		х
30	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	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 37		_ X
30	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par		30	Α	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chesical Conocado C Contamo a reopendo or noto to any ano ar tale V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
·	reportable gaming (gambling) winnings to prize winners?	1c	х	
	1 0 0 10 0/ 0 1 """			

2a				
Zu	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	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	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	v	
7	Organizations that may receive deductible contributions under section 170(c).	OD	х	
и а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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 FO1/a)/7) argenizations Enter:			
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
a b 11	Initiation fees and capital contributions included on Part VIII, line 12	-		
a b 11 a	Initiation fees and capital contributions included on Part VIII, line 12			
a b 11	Initiation fees and capital contributions included on Part VIII, line 12			
a b 11 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b 11 a	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b 11 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a		
a b 11 a b	Initiation fees and capital contributions included on Part VIII, line 12	12a 13a		
a b 11 a b 12a b	Initiation fees and capital contributions included on Part VIII, line 12			
a b 11 a b 12a b	Initiation fees and capital contributions included on Part VIII, line 12			
a b 111 a b 12a b 13 a	Initiation fees and capital contributions included on Part VIII, line 12			
a b 111 a b 12a b 13 a	Initiation fees and capital contributions included on Part VIII, line 12			
a b 111 a b 112a b 113 a	Initiation fees and capital contributions included on Part VIII, line 12	13a 14a		x
a b 111 a b 112a b 113 a b c 114a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qualified health plans In the organization is licensed to issue qua	13a		х
a b 111 a b 112a b 113 a b c 114a b	Initiation fees and capital contributions included on Part VIII, line 12	13a 14a 14b		
a b 111 a b 112a b 113 a b c 114a b	Initiation fees and capital contributions included on Part VIII, line 12	13a 14a		x
a b 111 a b 12a b 13 a b c 14a b	Initiation fees and capital contributions included on Part VIII, line 12	13a 14a 14b		х
a b 111 a b 12a b 13 a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13a 14a 14b		
a b 111 a b 12a b 13 a b c 14a b	Initiation fees and capital contributions included on Part VIII, line 12	13a 14a 14b		х
a b 111 a b 12a b 13 a b c 14a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13a 14a 14b		х

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b be	low, and fo	or a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	D. See	instruction	1S.		
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		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	1a		17		
	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	1b		17		
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			. 3		х
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?					х
6	Did the organization have members or stockholders?			. 6	х	
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?			. 7k	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?			. 8k	х	
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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo	le.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10	ах	
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?			. 10	b x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	. 11a	х	
b	Describe on 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			. 12	ах	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				b x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			. 12	c x	

IVa	Did the diganization have local chapters, branches, or animates?	IVa	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 on 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 on 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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	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			
	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			
	organization's exempt status with respect to such arrangements?	16b		

		C.			

17	List the states with which a copy of this Form 990 is required to be filed Florida										
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.										
	▼ Own website □ Upon request □ Other (explain on Schedule O)										
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,											
	and financial statements available to the public during the tax year.										

State the name, address, and telephone number of the person who possesses the organization's books and records. 20

Anyoli Bailey (954)432-9808, 15800 Pines Boulevard Suite 311, Pembroke Pines, FL 33027

Form 990 (2022)

Miramar-Pembroke Pines Chamber of Commerce, Inc.

59-1660741

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 the instructions for definition of "key employees."
- 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, box 6 of 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)	(-1	4 1.		sition			(D)	(E)	(F)
Name and title	Average	,	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any	악등	اير	of	⊼e	en H	Fo	1099-MISC/	1099-MISC/	organization and
	hours for related	dire	ᄩ	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ual t	iona		key employe	t cor				
	below	Individual trustee or director	Institutional trustee		yee	mpe				
	dotted line)	ŏ	stee			Highest compensated employee	·			
						9				
(1) Patricia Archer										
President/CEO		Х		х		x		75,000	0	0
(2) Stan Bostic										
Director		Х						0	0	0
(3) Steven Sarduy										
Director		х						0	0	0
(4) Michael Stamm										
Director		х						0	0	0
(5) Annette Alvarez										
Director		Х						0	0	0
(6) Michelle Watson										
Director		Х						0	0	0
(7) Vedner Gerrier										
Director		Х						0	0	0
(8) Ismael Monroig										
Director		Х						0	0	0
(9) Anita Taylor										
Director		Х						0	0	0
(10)Marc Liebeskind										
Chair Elect/Vice Chair of Finance		Х						0	0	0
(11)Lisa F Perez	L									
Vice Chair of Governance		Х						0	0	0
(12)Henry Rose	L									
Board Chair		х						0	0	0
(13)Leah A Carpenter	L									
Immediate Past Board Chair		х						0	0	0
(14)Jessica Busquets	L									
Director		х						0	0	0

Part VII Section A. Officers, Directors,	Trustees,	ney c	=1111	JIOS	/ee	s, an	ıu r	ignest comp	ensaleu	Empi	yees	(conti	nued)
				((C)								
(A)	(B)				sition			(D)	(E)			(F)	
Name and title	Average	,				han one		Reportable		Reportable		ated am	ount
Name and the	hours	1				s both ai /trustee)		compensation	compensa			of other	
	per week					,	,	from the	from rela			npensat	ion
	(list any	0 =	=			οт	П	organization (W-2/	organization	,		om the	
	hours for	Individual trustee or director	nstitu	Officer	Key employee	mple	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	nization I organiz	
	related	dua ecto	tior	4	dme	est c	욕	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				9	
	organizations	trus	al tr		oye	omp							
	below dotted line)	stee	nstitutional trustee		U	Highest compensated employee							
	401.040)		O O			ated							
(15)James Knapp	_												
Director		Х						0		0			0
(16)Ivan_Saldias	_												
V/Chair of Membership & Ext Relatn		х						0		0			0
(17)Tiffany Panciera	_												
Secretary		х						o		0			0
(18)													
<u>(19)</u>													
(20)													
(20)													
(24)													
(21)								_					
						J							
(22)	_												
(23)													
(24)	_												
(25)													
1b Subtotal	<u> </u>												
c Total from continuation sheets to Part VII, Se	ction A .												
d Total (add lines 1b and 1c)								75,000		0			0
Total number of individuals (including but not limited)													
reportable compensation from the organization	ited to those in	Jioa ab	,000	vviic	7100	civea	11101	C triair \$100,000 or					0
reportable compensation from the organization												Yes	
2 Did the constitution list and former of the discount					l= : l=	4						162	No
3 Did the organization list any former officer, direct	/		-		-		•						
employee on line 1a? If "Yes," complete Schedul											3		Х
4 For any individual listed on line 1a, is the sum of													
organization and related organizations greater th				•									
individual											4		х
5 Did any person listed on line 1a receive or accru	e compensatio	n from	any	unre	elate	ed orga	aniza	ation or individual					
for services rendered to the organization? If "Yes	s," complete S	chedule	e J fo	or su	ch p	erson					5		х
Section B. Independent Contractors													
Complete this table for your five highest compen	sated indepen	dent co	ontra	ctors	s tha	at rece	ived	more than \$100,00	00 of				
compensation from the organization. Report com										vear.			
(A)				,				(B)		,	(C)		
Name and business addr	222							Description of service	20		Compens	ation	
Hame and publicoo addr								Decompaint of service			Сотпрото	ation	
							<u> </u>						
Total number of independent contractors (including a contractor of independent contractor)	-		nose	liste	ed al	bove)	who						
received more than \$100,000 of compensation fr	om the organi	zation											

Form 990 (2022)
Part VIII

	-	Check if Schedule O contains a response or	note to any line in this	Part VIII			[
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Tanolion revenue	business revenue	sections 512–514
	1a	Federated campaigns 1a	ı				
· · ·	b	Membership dues	118,592				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events					
ច្ច	d	Related organizations	i				
īfs Ā	e	Government grants (contributions) 16	,				
ត់ខ្មែ	f	All other contributions, gifts, grants,					
Si Si		and similar amounts not included above	3,322				
but	g	Noncash contributions included in	3,322				
Ęģ.	"	lines 1a-1f	, _{\$}				
နှင့်	h	Total. Add lines 1a-1f		121,914			
-		Total Mac III oo Ta Ti	Business Code	121,314			
-	2a	Sip & Taste	900099	84,717	84,717		
jce j	l .	Networking Events	900099	59,124	59,124		
ne ne	l	Pinnacle & Biz Award	900099	14,880	14,880		
Program Service Revenue	ď	FIRMACIE & BIZ AWAIG	300033	14,000	14,880		
Jrai Re	۾ ا						
õ	f	All other program service revenue	900099	36,071	36,071		
ъ	g	Total. Add lines 2a-2f		194,792	30,071		
	3	Investment income (including dividends, interest		131,732			
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro-	ceeds				
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6a	Gross rents 6a	(ii) i sissilai				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` ′	(ii) Other				
	/ a	Gross amount from (i) Securities sales of assets	(II) Guici				
		other than inventory 7a					
	h	Less: cost or other basis					
ø	"	and sales expenses 7b					
evenue	_	Gain or (loss) 7c	-				
ě	I						
Other R	I	Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				
Ě	04	events (not including \$					
J		of contributions reported on line					
			a l				
	Ь		b				
	I	Gross income from gaming					
			a				
	b		b				
		Gross sales of inventory, less					
		-	Da				
	b	Less: cost of goods sold)b				
		<u> </u>	Business Code				
Sn.	11a	Business Development	900099	3,262	3,262		
Miscellanous Revenue	I	Royalty/Affinity Income	900099	37,226	37,226		
elk 3∨e	l .	Advertising	900099	4,130	4,130		
Aisc Re	d	All other revenue					
		Total. Add lines 11a-11d		44,618			
	12	Total revenue. See instructions		361,324	239,410	0	0

59-1660741

Statement of Functional Expenses Part IX

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			<u>x</u>
	not include amounts reported on lines 6b, 7b, 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		caperises	general expenses	олреново
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000		75,000	
6	Compensation not included above to disqualified	,		,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,624		75,624	
8	Pension plan accruals and contributions (include	.,		,	
	section 401(k) and 403(b) employer contributions)	2,112		2,112	
9	Other employee benefits	3,025		3,025	
10	Payroll taxes	29,586		29,586	
11	Fees for services (nonemployees):			,	
а	Management				
b	Legal	500		500	
С	Accounting	11,855		11,855	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	221,972	159,306	62,666	
12	Advertising and promotion	1,822		1,822	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	`				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
•	(A), amount, not time 24e expenses on Schedule O.)				
a h					
b					
d					
u e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	421,496	159,306	262 100	0
25 26	Joint costs. Complete this line only if the	421,490	159,306	262,190	
	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 (2022) Miramar-Pembroke Pines Chamber of Commerce, Inc. 59-1660741 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 1 Cash - non-interest-bearing 76,911 107,967 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 11,256 4 100,971 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 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 7 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges 9 9 5,306 5,113 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b 10c 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 93,473 214,051 17 2,222 17 10,849 18 18 19 19 155,094 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 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 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 **Total liabilities.** Add lines 17 through 25 2,222 26 165,943 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

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

Retained earnings, endowment, accumulated income, or other funds

48,108

48,108

214,051

29

30

31

32

33

91,251

91,251

93,473

29

30

31

32

33

Form	990 (2022) Miramar-Pembroke Pines Chamber of Commerce, Inc.	59-166074	1	Pa	ige 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		361,	324
2	Total expenses (must equal Part IX, column (A), line 25)	2		421,	496
3	Revenue less expenses. Subtract line 2 from line 1	3		(60,	172
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		91,	251
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 on Schedule O)	9		17,	029
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		48,	108
Par	rt 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 X 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	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 of				
	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.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x

EEA Form **990** (2022)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number Miramar-Pembroke Pines Chamber of Commerce, Inc. 59-1660741 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III Organizations Maintaining Co	llections of	Art, Histo	orical T	reasures, o	or Oth	ner Similar A	ssets (co	ontinu	ıed)
3	Using the organization's acquisition, accession, a	and other records	s, check any	of the fo	llowing that ma	ke sign	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d [] Loan o	r exchange pro	gram				
b	Scholarly research		е [Other						
С	Preservation for future generations									-
4	Provide a description of the organization's collec	tions and explain	how they fu	irther the	organization's	exempt	purpose in Part			
	XIII.		-		-					
5	During the year, did the organization solicit or red	ceive donations o	f art, histori	cal treasu	ires, or other si	milar				
	assets to be sold to raise funds rather than to be	maintained as pa	art of the or	ganization	n's collection?				s 🗌	No
Par	t IV Escrow and Custodial Arrang									
	Complete if the organization and	swered "Yes"	on Form	990, Pa	art IV, line 9	, or re	ported an an	nount on	Form)
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian o	or other intermedi	ary for cont	ributions	or other assets	not				
	included on Form 990, Part X?							Ye	s 🗆	No
b	If "Yes," explain the arrangement in Part XIII and							_	_	
		·	ŭ				Aı	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form						?	. Ye	<u>.</u> П	No
b	If "Yes," explain the arrangement in Part XIII. Ch					-		_	\equiv	
Par										
	Complete if the organization and	swered "Yes"	on Form	990, Pa	art IV, line 1	0.				
	· · ·	(a) Current year	(b) Prior		(c) Two years ba		(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance	(4) 5 2 5 2		,	(4)		(-,	(4) 1 2 2		
b	Contributions									
C	Net investment earnings, gains, and									
•	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
·	programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the current	vear end halance	l (line 1a ca	dumn (a)	l pelq as.					
a	Board designated or quasi-endowment	%	, (iiiic ig, cc	namm (a),	Ticia as.					
b	Permanent endowment %									
C	Term endowment %									
·	The percentages on lines 2a, 2b, and 2c should	egual 100%								
3a	Are there endowment funds not in the possession		tion that are	hold and	Ladministared f	or the				
Ja	organization by:	in or the organiza	ווטוז נוומנ מוכ	rielu ariu	i administered i	OI IIIE			Yes	No
	(i) Unrelated organizations							20(i)	162	NO
	(ii) Related organizations							. 3a(i)		
								. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	•						. 3b		
Par	Describe in Part XIII the intended uses of the org t VI Land, Buildings, and Equipme		wment iuna	S						
ı aı	Complete if the organization and		on Form	aan P	art IV/ line 1	1a S	e Form 990	Part X I	ine 1	n
										0.
	Description of property	(a) Cost or othe (investme	1		r other basis other)		accumulated preciation	(d) Boo	k value	
	Land	(iiivestine	-in)	(1	ouici)	ue	prodation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
e	Other									
Total.	Add lines 1a through 1e. (Column (d) must equal in	Form 990, Part X	, column (B _,), line 10c	:.)					

Part VII	Investments - Other Securities.		mmerce, inc. 55	1000741 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book v		Method of valuation: end-of-year market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book v		Method of valuation:
	(a) Decemples of an estation	(2) 255%		end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			/	
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 11d. See Forn	n 990, Part X, line 15.
	(a) Description	on		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				+
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)			+
Part X	Other Liabilities.			
	Complete if the organization answered "Ye line 25.	s" on Form 990, Par	t IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes	(4) 2231131112	-	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	
(9)				
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25.)			

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

EEA Schedule D (Form 990) 2022

SCHEDULE L (Form 990)

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection Employer identification number

OMB No. 1545-0047

Miramar-Pembroke Pi								16607					
	efit Transaction	•	. , . ,		. , . ,		, , ,				- ,	401	
	he organization					ne 25a				art V,	line 4		
1 (a) Name of disqualified	l person	(b) Relationship bet	ween disqu ganization	alified pers	on and		(c) Description	of transa	ction			(d) Corr	nected?
		OI(ganization									res	NO
(1)													
.,													
(2)													
(0)													
(3) 2 Enter the amount of tax	r incurred by the or	ganization mana	agere or c	licaualifia	ad persons d	uring th	ne vear						
under section 4958	· ·	-	-	•	•	-				\$			
3 Enter the amount of tax										\$ —			
		•											
	d/or From Inter												
	he organization reported an amo						38a or Form 99	0, Par	t IV, lir	ne 26	; or if	the	
Organization	1		1										
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or m the	(e) Origin		(f) Balance due	(g) In (default?	(h) Ap	proved ard or	(i) Wi	
	With Organization	ioan	1	ization?	pinioiparan	Julia				1 1	nittee?	agrooi	mont.
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(0)													
(2)													
(3)													
(0)													
(4)													
(5)													
Total	ssistance Bene					\$							
	he organization				Part IV lir	ne 27							
(a) Name of interested person		nship between interes			mount of	10 27.	(d) Type of assistance			(e) Purp	ose of a	ssistanc	<u> </u>
(-)	` '	and the organization			istance		(-))1			(-)			
(1)													
(2)													
(3)			+						\vdash				
(4)													
(5)													

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ization's nues?
					Yes	No
				MANAGES THE 401K		
(1) MARC	LIEBESKIND	CHAIR OF THE BOARD	2,111	ACCOUNT FOR THE CHAMBER		х
(0)				DEVELOPED THE NEW		
(2) LISA	PEREZ	DIRECTOR	500	EMPLOYEE HANDBOOK		Х
(3)						
(4)						
(5)						
Part V	Supplemental Information.					
	Provide additional information	for responses to questions o	n Schedule L (see	instructions).		
	♦ (//)					

EEA Schedule L (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Miramar-Pembroke Pines Chamber of Commerce, Inc. 59-1660741 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) form is submitted to the Finance Committee, which reports to the Executive Committee the board. The Executive Committee reviews and presents to the entire board 06. Conflict of interest policy compliance (Part VI, line 12c) the board at the beginning of the year, during new board member 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) 2022	Page 2
Name of the organization	Employer identification number
Miramar-Pembroke Pines Chamber of Commerce, Inc.	59-1660741
full Board	
full Board.	
08. Other officer or key employee compensation (Part VI, line 15b	
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)	
Available on our website in the About section. Any member can request	minutes, agenda or
By-Laws in writing and submit such request to the Chamber office. The	e Chamber will provide
all specifically requested documents	
that have been approved by the Board within 15 calendar days of the s	ubmitted request.
10. Explanation of other changes in net assets or fund balances (Part	XI, line 9)
There was a system adjustment of \$17,029.69 made to the FY 2022/2023	Retained Earning
beginning balance as a result of the Chamber transitioning to the new	revenue recognition
standard (ASC 606 - Revenue from Contracts with Customers) during the	fiscal year for
membership dues recognition.	
11. Tiet of aller for far and a constant (Best TV, 1in, 11e)	
11. List of other fees for services expenses (Part IX, line 11g)	
Food & Beverages	
Decoration, sound, Photography & Video	
Decoration, Sound, Photography & Video	
Marketing	
Supplies & Services	
Facilities & awards	

EEA Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

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.

Open to Public Inspection

(f) Direct controlling

entity

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

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

(b) Primary activity (c) Legal domicile (state

or foreign country)

(d)

Total income

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

Miramar-Pembroke Pines Chamber of Commerce, Inc.

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 59–1660741

(e)

End-of-year assets

(1)							
(2)							
(3)	4						
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations du one or more related tax-exempt organizations du	ations. Complete if the ring the tax year.	ne organization an	swered "Yes" on	Form 990, Part I\	/, line 34 becau	ise it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 51 controlle	g) 2(b)(13) ed entity?
(1) MPPRCC SCHOLARSHIP FUND INC.	Award of	7,			1	res	NO
	scholarships to						
Pembroke Pines FL 33027	applicants who	FL	501 (c) (3)	10	N/A		
(2)							
(3)							
(4)							
(5)							
For Denominary Reduction Act Notice and the Instructions for Form 000							

	Related Organization e or more related orga					ation answe	ered "Yes	s" on	Form 990,	Part IV,	line 34	,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end year asset		rtionate	(i) Code V-UBI amount in box 2 of Schedule K- (Form 1065)		ral or F	(k) Percentage ownership
(1)		country)		sections 512-514)			Yes	No		Yes	No	
(2)												
(3)					1							
(4)				30								
(5)			~ (
	Related Organization had one or more rela							rered	"Yes" on F	orm 990	, Part I	V,
(a) Name, address, and EIN of related or		(b) Primary activity	Legal dom (state or foreign	(d) Direct contro	lling Type	e)	(f) Share of total income	end	(g) Share of I-of-year assets	(h) Percentage ownership	Section	512(b)(13) htrolled ntity?
(1)											Yes	No
(2)												
(3)												
(4)												
(5)											+	

Schedule	eR(Form 990) 2022 MITAMAT-Pembroke Pines Chamber of Commerce, Inc	•		59-1660/41		P	age 🕻
Part	Transactions with Related Organizations. Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 34	, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more related or	ganizations listed in Parts	II-IV?				
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		x
	ift, grant, or capital contribution to related organization(s)				1b		x
	ift, grant, or capital contribution from related organization(s)				1c		x
	pans or loan guarantees to or for related organization(s)				1d		x
	pans or loan guarantees by related organization(s)				1e		x
f D	ividends from related organization(s)				1f		x
	ale of assets to related organization(s)				1g		x
	urchase of assets from related organization(s)				1h		x
	xchange of assets with related organization(s)				1i		x
	ease of facilities, equipment, or other assets to related organization(s)				1j		x
•	3 ()						
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		x
	erformance of services or membership or fundraising solicitations for related organization(s)				11		x
	erformance of services or membership or fundraising solicitations by related organization(s)				1m		x
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		x
	haring of paid employees with related organization(s)				10		x
	and a ham such that the same sugar						^
n R	eimbursement paid to related organization(s) for expenses				1р		x
	eimbursement paid by related organization(s) for expenses				1q		
ч .	Simparsonioni para by Islanda Giganization(e) Islanda Copenidad						X
r C	ther transfer of cash or property to related organization(s)				1r		х
	ther transfer of cash or property from related organization(s)				1s		х
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relationsh	ips and transaction threst	nolds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining	amount ir	nvolved	
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
_ (')							
(5)							

(6) EEA Schedule R (Form 990) 2022 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	(a)	(b)	(c)	(d)	(е		(f)	(g)	(h)	(i)	(j)		(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	sec	(c)(3) zations?	total income	Share of end-of-year assets	alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man par	eral or aging tner?	Percentage ownership
				sections 312-314)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)					1									
(4)				- (
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														

Statement of Program Service Accomplishments

2022

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Name(s) as shown on return

Your Social Security Number

Miramar-Pembroke Pines Chamber of Commerce, Inc.

59-1660741

Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$46987

Grants and allocations included in above expense

\$0

Program Services Revenue

\$36070

Explanation

Other programs include exposition, Women in Business, and other events.



990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
Miramar-Pembi	coke Pines Chamber of Commerce, Inc.	59-1660741

Program Service Expenses

Description		Amount
Food & Beverages	 \$	54,840
Decoration, Sound, Photography & Video		17,863
Supplies & Services		43,418
Marketing		9,401
Facilities and Awards		26,496
Entertainment		7,288
	Total: \$	159,306

Management & General Expenses

Description	Amount
Credit Cards Fees	\$ 8,290
Licenses & Permits	245
Commission	650
Postage & Delivery	189
Travels	699
Worker's Comp	453
Liability & DO Insurance	2,992
Dues & subscriptions	5,965
Meals & Entertainment	1,805
Rent	23,292
Office Supplies & Expenses	3,028
Telephone	1,951
Professional Development	1,098
Website	128
Database	6,328
Bank Service Charges	
Computer Expense	4,422
Payroll Service Expenses	1,130
Total:	\$ 62,666