

**PLAN OF MERGER
OF
FULTON COUNTY REGIONAL CHAMBER OF COMMERCE & INDUSTRY
AND
MONTGOMERY COUNTY CHAMBER OF COMMERCE
INTO
FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE**

ARTICLE I

NAMES OF CONSTITUENT CORPORATIONS
AND SURVIVING CORPORATION

The names of the constituent corporations are: **FULTON COUNTY REGIONAL CHAMBER OF COMMERCE & INDUSTRY** (hereinafter “FCRCCI”) and **MONTGOMERY COUNTY CHAMBER OF COMMERCE** (hereinafter “MCCC”). FCRCCI shall be the surviving corporation, but shall be re-named: **FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE** (hereinafter, “FMRCC”).

ARTICLE II

MEMBERSHIP, HOLDERS OF CAPITAL CONTRIBUTIONS AND SUBVENTIONS

Section 2.1. *Membership of FCRCCI.* FCRCCI does maintain a Membership as defined by Section 601 of the Not-for-Profit Corporation Law. Said corporation is a Type “C” Not-for-Profit Corporation pursuant to Section 201 of the Not-For-Profit Corporation Law and is governed by a Membership elected Board of Directors, as authorized by Section 601 of said law.

Section 2.2. *Membership of MCCC.* MCCC does maintain a Membership as defined by Section 601 of the Not-for-Profit Corporation Law. Said corporation is a Type “C” Not-for-Profit Corporation pursuant to Section 201 of the Not-For-Profit Corporation Law and is governed by a Membership elected Board of Directors, as authorized by Section 601 of said law.

Section 2.3. *Holders of Certificates Evidencing Capital Contributions or Subventions.* There are no holders of certificates evidencing capital contributions or subventions in either FCRCCI or MCCC.

Section 2.4. *Preservation of Cy Pres and Quasi Cy Pres.* The surviving corporation will maintain and preserve all of the various intents of the donors who have restricted their donations in any way whatsoever, and will further maintain any and all Board of Director restricted accounts or personal or real properties currently held.

ARTICLE III

STATEMENTS OF ASSETS AND LIABILITIES

The current fiscal years for FCRCCI, and MCCC commence on the 1st day of January and conclude on the 31st day of December. The assets and liabilities of FCRCCI and MCCC are more fully described in the following documents, which are attached hereto and made a part hereof in the manner indicated below:

- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of FCRCCI for the fiscal year 2010 (Appendix “A”);
- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of FCRCCI for the fiscal year 2009 (Appendix “B”);
- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of FCRCCI for the fiscal year 2008 (Appendix “C”);
- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of MCCC for the fiscal year 2010 (Appendix “D”);
- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of MCCC for the fiscal year 2009 (Appendix “E”); and,
- Internal Revenue Service Form 990, Return of Organization Exempt from Income Tax, of MCCC for the fiscal year 2008 (Appendix “F”).

ARTICLE III

TERMS AND CONDITIONS OF PROPOSED MERGER

Section 3.1. *Corporate Board of Directors.* The manner and basis of converting governing authority in each Constituent Corporation into governing authority and representational interest in the Surviving Corporation shall be as follows: the Board of Directors of FCRCCI, as the Surviving Corporation, shall initially be comprised all current Officers and Directors of each FCRCCI and MCCC, for the duration of one (1) initial term of two (2) year s in duration, commencing on, or before, the acceptance for filing by the Department of State of a Certificate of Merger relative to the contemplated corporate restructuring, and concluding two (2)-years thereafter. Thereafter, the Board of Directors of shall cease to be bound by this provision.

Section 3.2. *Corporate Leadership.* The Officers of FCRCCI, as the Surviving Corporation, shall, for initial terms of one (1)-year in duration, commencing on, or before, the acceptance for filing by the Department of State of a Certificate of Merger relative to the contemplated corporate restructuring; concluding one (1)-year thereafter; and, then immediately renewing for an additional term of one (1) year be appointed to serve as Officers of FCRCCI, as follows, individuals affiliated/formerly affiliated with: FCRCCI: Chair, Second Vice Chair and Treasurer; and those affiliated with MCCC: First Vice Chair and Secretary. Thereafter, the Officers of FMCRCCI shall cease to be bound by this provision.

ARTICLE IV

AMENDMENTS OR CHANGES IN CERTIFICATE OF INCORPORATION, AS AMENDED, OF SURVIVING CORPORATION

The amendments or changes in the CERTIFICATE OF INCORPORATION of the Surviving Corporation, which is attached hereto and made a part hereof as Appendix "G," to be effected by the merger are:

"ARTICLE THREE" of said CERTIFICATE OF INCORPORATION, which sets forth the identity of the corporation, is hereby amended, in its entirety, to read as follows:

The name of the Corporation is: **FULTON MONTGOMERY REGIONAL CHAMBER OF
COMMERCE**

"ARTICLE FOUR" of said CERTIFICATE OF INCORPORATION, which affirms that the Secretary of State is designated as an agent of the corporation upon whom process against it may be served and indicates the business address of the corporation, is hereby amended, in its entirety, to read as follows:

"The Secretary of State is hereby designated as an agent of the corporation upon whom process against it may be served. The post office address to which the Secretary shall mail a copy of any process against the corporation served upon him/her is: 2 North Main Street, Gloversville, New York."

ARTICLE V

MISCELLANEOUS PROVISIONS

Section 5.1. *Effective Date.* The proposed merger shall become effective upon the filing of a CERTIFICATE OF MERGER with the Department of State. Prior to delivery of such Certificate to the Department of State for filing, it is hereby agreed between the Boards of Directors of the constituent corporations that if a later effective date is determined to be advisable, then the CERTIFICATE OF MERGER shall contain a provision specifying such later effective date as is agreed upon between the respective Boards. Said date, pursuant to Section 905(a) of the Not-for-Profit Corporation Law, may not exceed thirty (30) days subsequent to the filing of the CERTIFICATE OF MERGER with the Department of State.

Section 5.2. *Abandonment of Plan.* Notwithstanding authorization of this Plan by either Constituent Corporations, if at any time prior to the filing of a CERTIFICATE OF MERGER by the Department of State it becomes the opinion of the Board of Directors of either of the Constituent Corporations that events or circumstances have occurred which render it inadvisable to consummate the merger, this PLAN OF MERGER may be abandoned. The filing of the CERTIFICATE OF MERGER by the Department of State shall conclusively establish that said Plan has not been abandoned.

Section 5.3. *Expenses of Merger.* The Surviving Corporation shall pay all the expenses of carrying this PLAN OF MERGER into effect and of accomplishing the merger provided that if at any time this plan should become abandoned MCCC shall reimburse FCRCCI for fifty percent (50%) of all expenses incurred and paid under this paragraph.

Section 5.4. *Counterparts.* For the convenience of the parties and to facilitate approval of this PLAN OF MERGER, any number of counterparts of this Plan may be executed and each such executed counterpart shall be deemed to be an original instrument.

Section 5.5. *Purposes of Merger.* The purpose of the merger is to better enable the Constituent Corporations to advance their respective charitable purposes by minimizing duplication of services and reducing administrative costs associated with conducting similar operations and activities.

ARTICLE VI

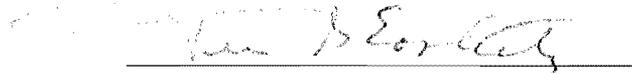
ADOPTION OF PLAN OF MERGER

6. This PLAN OF MERGER together with a CERTIFICATE OF MERGER were duly approved and adopted with respect to FCRCCI in the following manner: at a Board of Directors meeting called for that purpose, held on the 26th day of March in the year 2012, a quorum having been present and a unanimous vote being taken recommending the approval and adoption of the PLAN OF MERGER by the Membership of FCRCCI; FCRCCI having members, then called a Special Meeting of said Membership for the approval and adoption of the PLAN OF MERGER, following the recommendations of its Board of Directors at a meeting of said Board held on the 26th day of April in the year 2012, by a two-thirds (2/3) vote of the Members present at the time of the vote, a quorum being present at such time.

7. This PLAN OF MERGER together with a CERTIFICATE OF MERGER were duly approved and adopted with respect to MCCC in the following manner: at a Board of Directors meeting called for that purpose, held on the 27th day of March in the year 2012, a quorum having been present and a unanimous vote being taken recommending the approval and adoption of the PLAN OF MERGER by the Membership of MCCC; MCCC having members, then called a Special Meeting of said Membership for the approval and adoption of the PLAN OF MERGER, following the recommendations of its Board of Directors at a meeting of said Board held on the 26th day of April in the year 2012, by a two-thirds (2/3) vote of the Members present at the time of the vote, a quorum being present at such time.

IN WITNESS WHEREOF, this PLAN OF MERGER has been subscribed on behalf of **FULTON COUNTY REGIONAL CHAMBER OF COMMERCE & INDUSTRY** and **MONTGOMERY COUNTY CHAMBER OF COMMERCE**, by the undersigned, being a person authorized and entitled to sign this document pursuant to Section 104(d) of the Not-for-Profit Corporation Law, who has executed and signed the document and affirmed as true the statements made herein under the penalties of perjury.

FULTON COUNTY REGIONAL CHAMBER OF COMMERCE & INDUSTRY

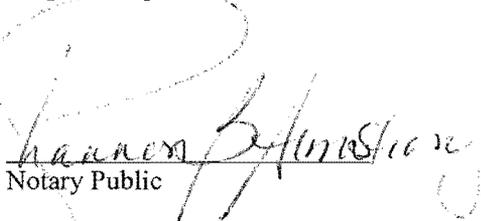


Terri Easterly, Board Chair

Fulton County Regional Chamber of Commerce & Industry

STATE OF NEW YORK)
COUNTY OF FULTON) SS.:

On the 27th day of March in the year 2012 before me, the undersigned, a Notary Public in and for said State, personally appeared Terri Easterly, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.



Notary Public

Shannon B. Armstrong
Notary Public, State of New York
Fulton County Expires 7/2/15
ID: 01AR6170205

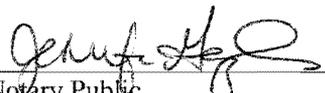
IN WITNESS WHEREOF, this PLAN OF MERGER has been subscribed on behalf of **FULTON COUNTY REGIONAL CHAMBER OF COMMERCE & INDUSTRY** and **MONTGOMERY COUNTY CHAMBER OF COMMERCE**, by the undersigned, being a person authorized and entitled to sign this document pursuant to Section 104(d) of the Not-for-Profit Corporation Law, who has executed and signed the document and affirmed as true the statements made herein under the penalties of perjury.

MONTGOMERY COUNTY CHAMBER OF COMMERCE

By: 
Brennan Parker, Board Chair
Montgomery County Chamber of Commerce

STATE OF NEW YORK)
COUNTY OF MONTGOMERY) SS.:

On the 27 day of March in the year 2012 before me, the undersigned, a Notary Public in and for said State, personally appeared Brennan Parker, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.


Notary Public

JENNIFER L. ~~XXXX~~ Georgelas
NOTARY PUBLIC STATE OF NEW YORK
FULTON COUNTY
NO. 0101600000
COMMISSION EXPIRES 03/30/2013

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: FULTON COUNTY REGIONAL CHAMBER OF COMMERCE AND INDUSTRY, INC. Doing Business As: Number and street (or P.O. box if mail is not delivered to street address): 2 NORTH MAIN STREET Room/suite: City or town, state or country, and ZIP + 4: GLOVERSVILLE NY 12078

D Employer identification number: 14-0697900 E Telephone number: 518-725-0641 G Gross receipts \$: 563,394

F Name and address of principal officer: G. WALLACE HART 2 NORTH MAIN STREET GLOVERSVILLE NY 12078

H(a) Is this a group return for affiliates? Yes No (X) H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions)

I Tax-exempt status: X 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: WWW.FULTONCOUNTYNY.ORG

H(c) Group exemption number

K Type of organization: X Corporation Trust Association Other

L Year of formation: 1922 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission or most significant activities: BUSINESS DEVELOPMENT; 2-6. Governance and membership data; 7a-7b. Revenue and expenses; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: [Signature] Date: 7/23/09

Paid Preparer's Use Only: Preparer's signature: PHILIP BECKETT CPA, P.C. Date: 7/09/09 Check if self-employed: Preparer's identifying number: P00630627 EIN: 14-1767080 Firm's name: 132 E. STATE STREET GLOVERSVILLE, NY 12078 Phone no.: 518-773-7226

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization **FULTON COUNTY REGIONAL CHAMBER OF COMMERCE AND INDUSTRY, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2 NORTH MAIN STREET
 City or town, state or country, and ZIP + 4
GLOVERSVILLE NY 12078

D Employer identification number
14-0697900

E Telephone number
518-725-0641

G Gross receipts \$ **528,872**

F Name and address of principal officer:
G. WALLACE HART
2 NORTH MAIN STREET
GLOVERSVILLE NY 12078

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.FULTONCOUNTYNY.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1922** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BUSINESS DEVELOPMENT IN FULTON COUNTY, NEW YORK	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 24
	5	Total number of employees (Part V, line 2a)	5 11
	6	Total number of volunteers (estimate if necessary)	6 200
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 143,980 Current Year 390,000
	9	Program service revenue (Part VIII, line 2g)	386,517 102,194
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,065 5,067
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,857 3,327
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	538,419 500,800
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,916 269,494
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	263,747 218,236
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	544,663 497,730	
19	Revenue less expenses. Subtract line 18 from line 12	-6,244 3,070	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 230,276 End of Year 319,881
	21	Total liabilities (Part X, line 26)	69,845 156,382
	22	Net assets or fund balances. Subtract line 21 from line 20	160,431 163,499

Part II Signature Block

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

YOUR FILE COPY

Sign Here

Signature of officer: **G. WALLACE HART** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **05/27/10**
 Check if self-employed: Preparer's identifying number (see instructions): **P0063062**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PHILIP BECKETT CPA, P.C.**
132 E. STATE STREET
GLOVERSVILLE, NY 12078
 EIN: **14-1767000**
 Phone no.: **518-773-7226**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **FULTON COUNTY REGIONAL CHAMBER OF COMMERCE AND INDUSTRY, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2 NORTH MAIN STREET
 City or town, state or country, and ZIP + 4
GLOVERSVILLE NY 12078

D Employer identification number
14-0697900

E Telephone number
518-725-0641

F Name and address of principal officer:
G. WALLACE HART
2 NORTH MAIN STREET
GLOVERSVILLE NY 12078

G Gross receipts \$ **491,038**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: **WWW.FULTONCOUNTYNY.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1922** **M** State of legal domicile: **NY**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BUSINESS DEVELOPMENT IN FULTON COUNTY, NEW YORK		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	390,212	323,194
	9 Program service revenue (Part VIII, line 2g)	102,194	111,785
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,067	1,548
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,327	18,130
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	500,800	454,657
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000	450
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	269,494	271,826
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	218,236	161,622
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	497,730	433,898
19 Revenue less expenses. Subtract line 18 from line 12	3,070	20,759	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 319,881	End of Year 305,905
	21 Total liabilities (Part X, line 26)	156,382	121,646
	22 Net assets or fund balances. Subtract line 21 from line 20	163,499	184,259

Part II Signature Block

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

Sign Here

Signature of officer: **G. WALLACE HART** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **PHILIP BECKETT CPA** Preparer's signature: _____ Date: **05/18/11** Check if self-employed PTIN: **P00630627**

Firm's name: **PHILIP BECKETT CPA, P.C.** Firm's EIN: **14-1767080**
 132 E. STATE STREET
 Firm's address: **GLOVERSVILLE, NY 12078** Phone no.: **518-773-7226**

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, and ending _____		D Employer identification number 14-0470600	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTGOMERY COUNTY CHAMBER OF COMMERCE Number and street (or P.O. box, if mail is not delivered to street address) 366 WEST MAIN STREET, PO BOX 836 City or town, state or country, and ZIP + 4 FONDA NY 12068	E Telephone number 518-853-1800	
		F Group Exemption Number	
		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: MONTGOMERYCOUNTYNY.COM	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 378,416

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2	166,580	
	3	Membership dues and assessments SEE STATEMENT 1	3	131,611	
	4	Investment income	4	1,152	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22,025	
b	Less: direct expenses other than fundraising expenses	6b	9,421		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12,604		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe ▶ SEE STATEMENT 2)	8	57,048		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	368,995		
Expenses	10	Grants and similar amounts paid (attach schedule)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	141,507	
	13	Professional fees and other payments to independent contractors	13	12,601	
	14	Occupancy, rent, utilities, and maintenance	14	9,204	
	15	Printing, publications, postage, and shipping	15	5,821	
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	178,164	
17	Total expenses. Add lines 10 through 16	17	347,297		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,698	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	224,981	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	246,679	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	219,664	218,816
23	Land and buildings	3,923	2,354
24	Other assets (describe ▶ SEE STATEMENT 4)	143,445	95,084
25	Total assets	367,032	316,254
26	Total liabilities (describe ▶ SEE STATEMENT 5)	142,051	69,575
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	224,981	246,679

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

Form **990-EZ** (2008)

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MONTGOMERY COUNTY CHAMBER OF COMMERCE Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1166 RIVERFRONT CENTER City or town, state or country, and ZIP + 4 AMSTERDAM NY 12010	D Employer identification number 14-0470600 E Telephone number 518-842-8200 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: MONTGOMERYCOUNTYNY.COM

J Tax-exempt status (check only one) — 501(c) (6) (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 313,321

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	133,104
	3 Membership dues and assessments	3	104,158
	4 Investment income	4	1,074
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	19,438
b Less: direct expenses other than fundraising expenses	6b	8,083	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,355	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ SEE STATEMENT 2)	8	55,547	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	305,238	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	145,407
	13 Professional fees and other payments to independent contractors	13	6,909
	14 Occupancy, rent, utilities, and maintenance	14	9,187
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 3)	16	151,497
	17 Total expenses. Add lines 10 through 16	17	313,000
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,762
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	246,681
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	238,919

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

	Description	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	218,816	22	211,603
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 4)	97,438	24	62,281
25	Total assets	316,254	25	273,884
26	Total liabilities (describe ▶ SEE STATEMENT 5)	69,573	26	34,965
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	246,681	27	238,919

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **MONTGOMERY COUNTY CHAMBER OF COMMERCE**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address): **1166 RIVERFRONT CENTER**
 Room/suite _____
 City or town, state or country, and ZIP + 4: **AMSTERDAM NY 12010**

D Employer identification number: **14-0470600**

E Telephone number: **518-842-8200**

F Name and address of principal officer: _____

G Gross receipts \$: **276,172**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

J Website: **MONTGOMERYCOUNTYNY.COM** **H(c)** Group exemption number _____

K Form of organization: Corporation Trust Association Other _____

L Year of formation: _____ **M** State of legal domicile: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROMOTE BUSINESS DEVELOPMENT IN MONTGOMERY COUNTY, NY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	12
6	Total number of volunteers (estimate if necessary)	2
7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8		9,083
9	237,262	191,984
10	1,074	2,970
11	66,902	72,135
12	305,238	276,172
13		
14		
15	145,407	148,872
16a		
b		
17	167,593	122,118
18	313,000	270,990
19	-7,762	5,182
20	273,884	264,042
21	34,967	19,943
22	238,917	244,099

Part II Signature Block

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

Sign Here

Signature of officer: **DEBORAH AUSPELMYER** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **TRISHA ROGERS-BYRNS** Preparer's signature: _____ Date: **05/11/11** Check if self-employed PTIN: **P00175220**

Firm's name: **WEST & COMPANY CPAS PC** Firm's EIN: **14-1662664**
 P.O. BOX 1219
 Firm's address: **GLOVERSVILLE, NY 12078-0354** Phone no. **518-725-7127**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)