•990 Form

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.

2016 Open to Public

OMB No 1545-0047

Department of the Treasury

Inspection Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990 For the 2016 calendar year, or tax year beginning and ending D Employer identification number C Name of organization OLD ORCHARD BEACH CHAMBER Check if applicable OF COMMERCE Address change Doiny business as 01-0212181 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 207-934-2500 11 FIRST STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated OLD ORCHARD BEACH ME 04064 279,968 G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinates? Application pending MARC BOURASSA No H(b) Are all subordinates included? Yes 11 FIRST ST OLD ORCHARD BEACH ME 04064 If "No," attach a list (see instructions) 501(c)(3) **X** 501(c) ( 6 ) ◀ (insert no ) WWW.OLDORCHARDBEACHMAINE.COM Website > H(c) Group exemption number Year of formation 1949 X Corporation Trust Association M State of legal domicile ME Form of organization Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O Governance 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 14 3 Number of voting members of the governing body (Part VI, line 1a) ∞ಶ 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 136,081 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 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 231,178 267 297 9 Program service revenue (Part VIII, line 2g) 37 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) in 14,602 12,599 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 245,817 279,968 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column ( 313 Grants and similar amounts paid (Part IX, column (A), lines 1-3) OGDEN, U <sup>2</sup>14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 103,489 103,679 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 128,527 <u>153,035</u> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 232,016 256,714 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,801 23,254 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 305,439 20 Total assets (Part X, line 16) 317,375 212,600 21 Total liabilities (Part X, line 26) 201,282 92,839 22 Net assets or fund balances Subtract line 21 from line 20 116,093 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 (officer) is based on all information of which preparer has any knowledge. Signature of office Sign MIKE HALLE Here TREASURER Type or print name and title Print/Type preparer's name Date PTIN Check

Paid Aubrey G. Engstrom, Jr Aubrey G. Engström 11/06/17 P00047158 Preparer Simensky, Engstrom & Associates, Firm's EIN 01-0353028 Firm's name Use Only P.O. Box 760 04072 207-284-5943 Saco, ME Firm's address Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes

Form 990 (2016) OLD ORCHARD BEACH CHAMBER 01-0212181	Page 2
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
Briefly describé the organization's mission     See Schedule O	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported	
1. (O. d	<del></del>
4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ORGANIZATION COORDINATED PRODUCTION OF SEVERAL ADVERTISING	)
CAMPAIGNS FOR ITS MEMBERS (VACATION PLANNER AND MAINE	
INVITES YOU CAMPAIGNS).	
·	
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
ORGANIZATION COORDINATED THE PRODUCTION OF SEVERAL	
COMMUNITY EVENTS WHICH SERVED TO BENEFIT THE BUSINESS AND	
ECONOMIC CLIMATE OF THE AREA.	
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ORGANIZATION MAINTAINED YEAR ROUND OFFICE PROVIDING	)
ASSISTANCE TO MEMBER BUSINESSES AND RESPONDED TO THOUSANDS	
OF REQUESTS FOR VISITOR INFORMATION.	
4d Other program services (Describe in Schedule O )	
(Expenses \$ including grants of \$ ) (Revenue \$	)
4e Total program service expenses ▶	

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1 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
(	complete Schedule A	_1		X
2 1	s the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	,	x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5 I	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	j		-
á	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
1	Part III	5		X
6 (	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ĺ		
}	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1	į	
•	"Yes," complete Schedule D, Part I	6		<u>X</u>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l	ĺ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}	į	
	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	Ì	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	}	1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted		- {	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	- 1	1	
	complete Schedule D, Part VI	11a	x	
	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	Ì	X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	[	X
d [	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	
r	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	l	_X_
e í	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
t	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a [	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- }		
	Schedule D, Parts XI and XII	12a		<u>X</u>
	Was the organization included in consolidated, independent audited financial statements for the tax year? If		İ	
		12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	- 1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445	į	v
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6 [	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
a	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	.	X
7 [	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
F	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8 [	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	T		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	_
	If "Yes," complete Schedule G, Part III	19	900	<u>X</u>

Checklist of Required Schedules (continued) Yes No 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes't to line 20a, did the organization attach a copy of its audited financial statements to this return? 20Ь Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х complete Schedule N, Part II 32 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 X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

X

38

19? Note. All Form 990 filers are required to complete Schedule O

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  b Enier 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 ganging (gambling) withholding rules for reportable payments to vendors and reportable ganging (gambling) withholding rules for reportable payments to vendors and reportable ganging (gambling) withholding rules for reportable payments to vendors and reportable ganging (gambling) withholding rules for reportable payments to vendors and reportable ganging (gambling) withholding rules of reportable ganging (gambling) withholding rules of reportable ganging (gambling) withholding rules and ganging (gambling) withholding rules and ganging (gambling) with ganging (gambling	га	Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W-20 included in line 1 a Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to piste winners?  22 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  3 In 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  3 In the least one is reported on line 2 at, did the organization life all required federal employment tax returns?  3 In the ending the calendar year, did the organization in life all required federal employment tax returns?  3 In the ending the calendar year, did the organization in the year cover deman ghild year?  3 In the ending the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country to as a bank account, securities account. or other financial account in a foreign country to the as a bank account, securities account. or other financial account in a foreign country to a prohibitor as a bank account, securities account.  4 If Yes, "enter the name of the foreign country to a prohibitor organization for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR)  5 If Yes to line 5 as or 5b, did the organization file Form 8886-17 by a prohibitor tax shelter transaction?  5 In the state of the programization has a sheller fransaction at any time during the tax year?  5 In the state of the organization has a shell of the state of the state of the state of the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization have annual gloss receipts that are normally greater than \$100,000, and did the organization have annual gloss receipts that are normally greater than \$100,000, and did the orga		1		Yes	No
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Statements, filed for the calendar year ending with or within the year covered by this return   2 a   4    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions)    30 bit the organization have unrelated business gross income of \$1,000 or more during the year?    31 bit if 'Yea,' has the lide a Form 1996-1 for this year? If 'No' for line 3a, provide an explanation in Schedule O    32 bit if 'Yea,' share the name of the foreign country   10    33 bit if 'Yea,' share the name of the foreign country   2    34 bit if 'Yea,' share the name of the foreign country   2    35 bit if 'Yea,' share the name of the foreign country   2    36 bit if 'Yea,' share the name of the foreign country   2    37 bit if 'Yea,' share the name of the foreign country   2    38 bit if 'Yea,' share the name of the foreign country   2    39 bit if 'Yea,' share the organization than the way or is a party to a prohibited tax shelter transaction 3    30 bit if yea,' share the name of the foreign country   2    31 bit if yea,' share the name of the foreign country   2    32 bit if 'Yea,' share the name of the foreign country   2    33 bit if yea,' share the name of the foreign country   2    34 bit if yea,' share the name of the foreign country   2    35 bit if 'Yea,' share the name of the organization that it was or is a party to a prohibited tax shelter transaction?   3    36 bit 'Yea,' share the organization the organization the organization the organization neously and the orga	2a				
b. If al least one is reported on line 2s, aid the organization file all required federal employment tax returns?  Note: If this sum of times ta and 2s is greater than 250, you may be required to o-file (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the year?  31. Did the organization have unrelated business gross income of \$1,000 or more during the year?  32. At any time duming the calendary year, of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country over. The financial accounts of filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  52. Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  53. Was the organization a party to a prohibited tax shelter fransaction?  64. If "Yes," to line 5a or 5b, did the organization file Form 8865-T?  65. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  65. At the time organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  66. The time organization notify the dispose of targetile as charitable contributions or gifts were not tax deductible?  67. Organizations that may receive deductible contributions under section 170(c).  68. Organization stream and the paper?  69. Organization and the paper?  70. Organization that may receive deductible contributions under section 170(c).  71. Organization that may receive deductible contributions under section 170(c).  72. Organizati					
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to o-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 If Yes, "has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  3a. At any time during the calendary year, do the organization have an interest in, or a signature or other authority over, a financial account in a foreign country    5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5 Did any taxable party notify the organization have an interest in, or a signature or other authority organization as party to a prohibited tax shelter fransaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization have an interest in a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization have an interest in the state of the programization shelt are not tax deductable as charable contributions?  5 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt amy or the tax deductable?  6 Did the organization shelt amy receive deductable contributions?  6 Did the organizations shelt amy receive deductable contributions under section 170(c).  7 Did the organization shelt may receive deductable contributions under section 170(c).  8 Did the organization shelt may receive deductable contributions under section 170(c).  9 Did the organization shelt may receive deductable contributions on a personal benefit contract?  7 Did the organization shelt provides the contribution of the value of the goods or services provided?  8 Did the sponazation receive a pytiment in excess of \$75 made party is a contribution of party	b		2b	X	}
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Section 501(c)(29) qualified nonprofit health insurance issuers.  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?  13a  13a  13b  13c	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a 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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		Note. See the instructions for additional information the organization must report on Schedule O			
c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a		the organization is licensed to issue qualified health plans	] ]	ı	
} <del></del>	С	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2016) OLD ORCHARD BEACH CHAMBER

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					_ X
Sec	tion A. Governing Body and Management					·
_				<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	1		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O	-				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			ł	1	1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1		
	stockholders, or persons other than the governing body?			7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following			
а	The governing body?			<u>8</u> a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal <u>F</u>	Revenue Co	ide )		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
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 in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
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
ь	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in 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		X
ь	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		
Sec	tion C. Disclosure		<del></del>			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3	)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply	/(-	,,			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est nol	icv. and			
	financial statements available to the public during the tax year	, poi	,,			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds ▶				
	IKE HALLE OR KIM VERREAULT 11 FIRST ST					
	ID OPCHARD BEACH ME OAO	64	207	-03	1-2	500

## Form 990 (2016) OLD ORCHARD BEACH CHAMBER

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 ail of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo: off	x, unle	Pos check ess pe	more rson i	than one is both a or/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) STEVE BERGERON										
	4.00					1				
FORMER TREASURER	0.00	X	<u> </u>	X	ļ	<del>  -</del>		0	0	0
(2) RAY DELEO	2 00									
D T D TO CTO D	2.00 0.00	x						_	^	0
DIRECTOR (3) LISA KIDD	0.00	^	<del></del>	_		<del>                                     </del>		0	0	0
(3) LISA KIDD	2.00									
DIRECTOR	0.00	x	Ì					О	0	0
(4) KEN LAFAYETTE	0.00	1		-		<del>                                     </del>				
(4) 1(2) 1	2.00	Ì				1 }				
DIRECTOR	0.00	X				.		o	0	0
(5) CAROLYN LAMONTA		1								
` ,	3.00					1				
PAST PRESIDENT	0.00	X		ļ				0	0	0
(6) MIKE LONGTIN										
	2.00	1								
DIRECTOR	0.00	X						0	0	0
(7) DAVID REID SR										
	2.00	ì				1 1				
DIRECTOR	0.00	X						0	0	0
(8) PERIAN CARPENTER		}	1			<b>\</b>				
0.777.0707	2.00	,,								
DIRECTOR (9) CHERYL POULOPOUL	0.00	X		_		╁╾┼╴		0	0	0
(9) CHERIL POOLOPOOI	2.00	1		1						
DIRECTOR	0.00	x		ļ		1		О		•
(10) BARBARA SHIELY	0.00	^	-		-	$\vdash$			0	0
(10) DAIGHA SHIELI	2.00	1								
DIRECTOR	0.00	x	}			1 1		О	O	0
(11) AL SCHUTZ		1	<b></b> -	$\vdash$						<u> </u>
( ),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00	1	1	1						
DIRECTOR	0.00	X						o	0	0

Part VII. Section A. Officers  (A)  Name and title	(B) Average hours per week (list any	(de	o not x, unl	(4	C) sition more erson i	than o	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F Estim amou oth comper	ated int of ier isation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and re organiz	zation elated	
(12) MIKE HALLE TREASURER	4.00	x		x				0	0				
(13) MARC BOURASSA			<del> -</del>	^	-	$\vdash$	$\vdash$	<u> </u>					
DDECTDENIM	4.00	x		x				0	o				,
PRESIDENT (14) PETER CAIRNS	0.00	1	<del> </del>	Â	-	<del> </del> -	-			<del> </del>			
	2.00			İ									,
DIRECTOR	0.00	X		-	-	-	-	0	0	<del> </del>			
		$\vdash$		-		<u> </u>	-	<del> </del>		<del> </del>			
		_	_	<u> </u>	_	ļ	_						
1b Sub-total c Total from continuation she	ets to Part VII.	Sect	ion	۸		1 <del>-</del> .	<b>&gt;</b>						
d Total (add lines 1b and 1c)							<u> </u>						
2 Total number of individuals (in reportable compensation from	icluding but not l the organization	ıımıte n ▶	d to	thos	e lis	ted a	abov	ve) who received more than	\$100,000 of				
3 Did the organization list any fo				trust	ee. I	ev e	emp	lovee, or highest compensa	ited			Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	" complete Sche	dule	J foi	suc	h inc	lividi	ıal				3		X
organization and related organ	nizations greater	thar	\$15	50,00	007 /	f "Ye	s," (	complete Schedule J for su	ch		4		x
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>									ındıvıdual				
for services rendered to the or Section B. Independent Contractor		/es,"	con	iplet <u>e</u>	e Sc	hedu	ile J	for such person	<del></del>	1	5_	L	X
Complete this table for your five compensation from the organical compensation from the organical compensation.	ve highest comp	ensa	ited ensa	inder	pend for t	lent o	cont	ractors that received more	than \$100,000 of	ear			
	(A) business address							Descrip	(B) tion of services		Co	(C)	tion
													_
							†						
							-						
				_			1						
2 Total number of independent								ese listed above) who					
received more than \$100,000	or compensation	1 fror	n the	e org	anız	ation			0			بيبيب	

### Form 990 (2016) OLD ORCHARD BEACH CHAMBER

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax (A) Unrelated business exempt under sections 512-514 function revenue , Grants mounts 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue Busn Code 541800 134,815 134,815 ADS-VARIOUS PUBLICATIONS 58,512 58,512 b MEMBER DUES 44,770 44,770 COMMUNITY EVENTS 25,600 OTHER MEMBER SPONSORSHIPS 25,600 3,600 BROCHURE DISTRIBUTION 3,600 f All other program service revenue 267,297 g Total. Add lines 2a-2f Investment income (including dividends, interest, 72 and other similar amounts) 72 Income from investment of tax-exempt bond proceeds ▶ Royalties (i) Real (II) Personal 9,900 6a Gross rents b Less rental exps 9,900 c Rental inc or (loss) 9,900  $\triangleright$ d Net rental income or (loss) 9,900 Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 1,433 11a 1,433 MISCELLANEOUS 900099 1,266 þ ATM COMMISSION 1,266 C All other revenue Total. Add lines 11a-11d 2,699  $\triangleright$ 

279,968

104,715

136,081

Total revenue. See instructions

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 50,890 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 37,664 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,000 Other employee benefits 9 8,125 10 Payroll taxes Fees for services (non-employees) a Management 4,495 b Legal 2,528 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 706 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 70,363 13 Office expenses 14 Information technology 15 Royalties 5,963 16 Occupancy 1,655 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,871 Conferences, conventions, and meetings 19 5,658 20 Interest Payments to affiliates 21 9,330 Depreciation, depletion, and amortization 22 3,288 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 28,430 COMMUNITY EVENTS 8,472 REPAIRS AND MAINT h 3,098 TELEPHONE c 2,075 **MISCELLANEOUS** d 1,103 e All other expenses 256,714 0 Ō 0 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ | if following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 45,568 74,094 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 23,873 16,613 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 408,773 10a other basis. Complete Part VI of Schedule D. 182,105 235,998 10b 226,668 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 305,439 317,375 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 20,227 21,167 17 Accounts payable and accrued expenses 17 18 18 Grants payable 37,882 19 40,530 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 154,491 23 139,585 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 212,600 201,282 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 92,839 116,093 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 92,839 116,093 Total net assets or fund balances 33 33 305,439 317,375 Total liabilities and net assets/fund balances

Form	990 (2016) OLD ORCHARD BEACH CHAMBER 01-0212181			Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			968
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	56,	714
3	Revenue less expenses Subtract line 2 from line 1	3		23,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		92 ,	839
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	<del></del>		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	1	16,	093
Pa	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 in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Ì	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			į	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	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 in				
	Schedule O			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1	j	
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			7	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l	
		_	For	n <b>99</b> 0	(2016)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer	dentification	number	
0	LD ORCHARD BEACH CHAMBER					
0	F COMMERCE			21218	1	
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or Form 990, Part IV, line 6	Accoun	ts.		
		(a) Donor advised funds		<b>b)</b> Funds and o	ther account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised				
	funds are the organization's property, subject to the organization's exc				Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in	_				L
	only for charitable purposes and not for the benefit of the donor or don	· -				
	conferring impermissible private benefit?	. , ,			Yes	□ No
Pa	art II Conservation Easements.					
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check	all that apply)				
-	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically im	portant lan	d area		
	Protection of natural habitat	Preservation of a certified histo	•			
	Preservation of open space			-		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a con-	servation			
_	easement on the last day of the tax year			Held at the	End of the	Tax Year
а	Total number of conservation easements		2a			
b			2b			
c	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	1		
d	Number of conservation easements included in (c) acquired after 8/17/					
_	historic structure listed in the National Register		2d	1		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiz	ation during	a the		
-	tax year ▶	J		<b>,</b>		
4	Number of states where property subject to conservation easement is	located >				
5	Does the organization have a written policy regarding the periodic mon					
	violations, and enforcement of the conservation easements it holds?	3, -1,,,			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	easements	during the	vear	۔۔۔ لے
	<b>&gt;</b>	•		J	,	
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ments duri	ng the vear		
	<b>▶</b> \$	,		J ,		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	(ı)			
	and section 170(h)(4)(B)(ii)?	, , , , ,	`,		Yes	No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	ent, and			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes t	the		
	organization's accounting for conservation easements					
Pa	art III Organizations Maintaining Collections of Art,		Similar	Assets.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	l balance si	heet		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of			
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these item:	S			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bal	lance sheet	İ		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of			
	public service, provide the following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, p	rovide the			
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$		
ь	Assets included in Form 990, Part X		•	S		

		IARD BEACH		Tracurac	01-02		- (oon!			ge 2
7 <u>a</u> 3	rt IIi Organizations Maintainii Using the organization's acquisition, access						COM	inue	<u>(a)</u>	
3	collection items (check all that apply)	and other record	is, oncor any or an	e following that t	are a organica	am add of ho				
а	Public exhibition	d L	Loan or exchange	programs						
þ	Scholarly research	e 📗	Other							
С	Preservation for future generations					_				
4	Provide a description of the organization's	collections and explai	n how they further	the organization	's exempt pu	irpose in Part				
	XIII									
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	$\Box$	No
Pa	rt IV Escrow and Custodial A		part of the organiza	ation's conection	<del>`</del>	<del></del>		103		140
	Complete if the organization	_	" on Form 990,	Part IV, line	9, or repor	rted an amount	on Fo	rm		
	990, Part X, line 21				·					
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for contribution	ons or other asse	ts not					
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table							
							Amo	unt		
C	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 990, Part X, line	e 21, for escrow or	custodial accou	nt liability?			Yes		No
b	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanation has bee	en provided on P	art XIII					
Pa	rt V Endowment Funds.									
	Complete if the organization	on answered "Yes	<u>" on Form 990,</u>	Part IV, line	10					
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) F	our yea	ars ba	ck
1a	Beginning of year balance		<u></u>							
b	Contributions									
С	Net investment earnings, gains, and		ļ	Ì			1			
	losses		ļ			<del></del>				
d	Grants or scholarships									
е	Other expenditures for facilities and				ł		1			
	programs		ļ							
f	Administrative expenses		<u> </u>							
g	End of year balance		<u> </u>			<del></del>				
2	Provide the estimated percentage of the co	urrent year end balanc	e (line 1g, column	(a)) held as						
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ► %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%								
3а	Are there endowment funds not in the poss	session of the organiza	ation that are held	and administered	d for the					
	organization by							Ye	s l	No_
	(i) unrelated organizations						3a(i	4_	4	
	(ii) related organizations						3a(i	0[		
	If "Yes" on line 3a(ii), are the related organ			२७			_3b	ᆚ_		
	Describe in Part XIII the intended uses of t		owment funds							
Pa	rt VI Land, Buildings, and Eq	-	" <b>-</b>	5						
	Complete if the organization									
	Description of property	(a) Cost or other ( (investment)	pasis (b) Co	st or other basis (other)	ſ	umulated	(d) Bo	ok value	9	
		(invesiment)	<del></del>	<del></del>	aepre	eciation				~~
	Land	<del></del>	<del> </del>	6,000	ļ			6	,00	<u> </u>
	Buildings	<del></del>			<u> </u>					
	Leasehold improvements									
	Equipment		<del></del>	402,773	<del> </del> -	102 105	<del></del>	220		<u></u>
	Other	t equal Form 000 Par	t Y column (P)			182,105		220		
otal	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	r v' comunu (R)' Ill	ie IUC)		₽⊥		226	, 61	<u>08</u>

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	s" on Form 990 Part IV Jin	e 11b See Form 990 F	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
•	(including name of security)		Cost or end-of-ye	ar market value
1) Financial	derivatives			
2) Closely-he	eld equity interests			
3) Other				
(A)			<u></u>	
(B)			<u> </u>	
(C)				<del></del>
(D)				
(E)		<del> </del>	<u> </u>	<del></del>
(F)			<u> </u>	
(G)				
(H)			<del> </del>	
	n (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)	<del></del>	<del></del>	<del></del>	<del></del>
(3)			<del> </del>	<del></del>
(4)			<del> </del>	<del></del>
(5)			<del> </del>	<del></del>
(6)			<del> </del>	<del></del>
(7)			<del> </del>	
(8) (9)			<del> </del>	- <del></del>
	n (b) must equal Form 990, Part X, col_(B) line 13 ) ▶		<del></del>	
Part IX	Other Assets.	<del></del>	<del> </del>	<del></del>
	Complete if the organization answered "Yes	s" on Form 990. Part IV. lin	e 11d. See Form 990. F	Part X. line 15
<del></del> -	(a) Description		<u> </u>	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		<del> </del>		
(7)				
(8)				<del> </del>
(9)		<del></del>		
	n (b) must equal Form 990, Part X, col (B) line 15)	<del></del>	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11e or 11f See Form	990, Part X,
 !.	line 25 (a) Description of liability	(b) Book value		·
	Income taxes	(B) DOOR VOIGO	1	
(2)			†	
(3)	<del></del>		1	
(4)			1	
(5)			1	
(6)			1	
(7)			1	
(8)	<del></del>		1	
(9)	<del></del>		1	
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶		1	
	uncertain tax positions. In Part XIII, provide the text of the	ne footnote to the organization's f	inancial statements that reno	rts the
	liability for uncertain tax positions under FIN 48 (ASC 74			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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**SCHEDULE O** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public Inspection

Name of the organization

OLD ORCHARD BEACH CHAMBER OF COMMERCE

Employer identification number

01-0212181

Form 990 - Organization's Mission

THE ORGANIZATION DEFINES AND DEVELOPS ACTIVITIES AND PROGRAMS TO EXPAND BUSINESS OPPORTUNITIES AND ECONOMIC ACTIVITY IN AND AROUND THE OLD ORCHARD BEACH AREA. THE ORGANIZATION IS ALSO A VEHICLE THROUGH WHICH RESOURCES CAN BE MARSHALED TO PROMOTE AND MAINTAIN A FAVORABLE QUALITY OF LIFE FOR CITIZENS AND VISITORS ALIKE.

Form 990, Part VI, Line 7a - Election of Members and Their Rights ACTIVE MEMBERS IN GOOD STANDING MAY BE ELECTED TO GOVERNING BOARD

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 TREASURER AND DIRECTOR REVIEW RETURN PRIOR TO FILING. AND QUESTIONS ARE RESOLVED WITH PAID PREPARER PRIOR TO FILING .

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE UPON REQUEST