efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319005458 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 **B** Check if applicable D Employer identification number C Name of organization Greater Freeport Chamber of Commerce ☐ Address change 30-0606930 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 335 ☐ Final return/terminated (207) 847-5240 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Freeport, ME 04032 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is not ☐ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶http://www.freeportmainechamber.com/about **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 56,559 4 4 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 35,284 sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 13,126 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 22,158 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c 6,213 C 8 8 Other revenue (describe in Schedule O) 17,500 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 102,430 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 45,168 12 Salaries, other compensation, and employee benefits . 12 13 11,840 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 6,300 15 15 14,332 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 18,260 17 Total expenses. Add lines 10 through 16 17 95,900 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,530 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) -1,686 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 4,844 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

OIIII 990-L2	(2017)						Page ∡
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this	Dart II			
	Check if the organization used Schedule	O to respond to any c	question in this		eginning of year	• •	
22 Cash, sa	vings, and investments			(4) 2	37,057	22	11,015
23 Land and	i buildings					23	
24 Other as	sets (describe in Schedule O)				11,742		34,390
	sets				48,799	_	45,405
	ibilities (describe in Schedule O)				50,485		40,561
27 Net asse Part IIII	ets or fund balances (line 27 of column Statement of Program Service A	<u> </u>	·	one for Da	-1,686	27 T	4,844 Expenses
Pait III	Check if the organization used Schedule				🗆		equired for section 501(c)
	organization's primary exempt purpose?						and 501(c)(4) ganizations, optional for
measured by	Commerce organization's program service accompli expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service					ers)
28 See Addition	al Data Table						
(Grants \$)	If this amoun	t includes foreign gran	nts, check here	_	. ▶ □	28a	
29	II tills alliodii	t melades foreign gran	its, check here	• •	. , .	29a	
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆		
30			<u> </u>			30a	
(Grants \$)	If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆		
31 Other pro	ogram services (describe in Schedule O)						
(Grants \$)	` '	t includes foreign gran			. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28a	through 31a)			•	32	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule	and Key Employees	(list each one ev	en if not co	ompensated — see the	ınstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any c	juestion in this	Part IV.		• •	🛚
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -0	ation /1099- o t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
See Addition	al Data Table						

Pa	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the					
	<u></u>	<u> </u>				
	-		Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
ь	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 ▶, section 4912 ▶, section 4955 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No		
41	transaction? If "Yes," complete Form 8886-T					
	The organization's books are in care of ▶ Shawna Chigro-Rogers Telephone no ▶ (207) 8	47-5240)		
	Located at ► 57 Depot Street Box 355 Freeport, ME ZIP + 4 ►	0403	32			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No		
	If "Yes," enter the name of the foreign country	720				
С	See the instructions for exceptions and filing requirements for FinCEN Form 114 , Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country ▶					
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □			
	and enter the amount of tax-exempt interest received or accrued during the tax year					
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meal						
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		

Form	990-E2	Z (2017)								Page 4
							_		Yes	No
46		e organization engage, directly or indirect dates for public office? If "Yes," complete				opposition to		.		
Dar	t VI	Section 501(c)(3) organization						46		No
Г	···	All section 501(c)(3) organizations	must answer quest	ions 47-49b and	d 52, and	complete the t	ables	for lır	es 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pa	rt VI				· ·	□ No
							Г			
47		e organization engage in lobbying activiti s," complete Schedule C, Part II	es or have a section 5	01(h) election in 6	effect during	the tax year?	.	47		
48	Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?						. [49a		No
		s," was the related organization a section	·				.	49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees a						ـ tees an	ıd kev	employ	rees)	
	who e	ach received more than \$100,000 of com	pensation from the or	ganization If ther	e is none, e	nter "None "				
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	on conti 099- t	 Health benefit ributions to empo benefit plans, an erred compensa 	loyee d			amount ensation
NONE				Misc)	dei	errea compensa	CIOII			
f	Tota	I number of other employees paid over \$	100,000				<u> </u>			
51		lete this table for the organization's five h		ndependent contra	actors who	each received m	ore tha	n \$100	0,000 o	— f
	compe	ensation from the organization If there is (a) Name and business address of e	<u> </u>		(5) 7		(-) (<u></u>		
		(a) Name and business address or e	acti independent conti	actor	(6) 1	ype of service	(6)	сопре	ensation	<u></u>
NONE										
d	Tota	I number of other independent contractor	rs each receiving over	\$100,000		•				
52	Dıd	the organization complete Schedule A?	IOTE. All Section 501(c)(3) organization	ns must atta	ch a				
	com	npleted Schedule A					▶	☐ Ye	s ☑ I	No
knowl	edge a	ties of perjury, I declare that I have exan ind belief, it is true, correct, and completo wledge								
	-	*****				2018-10-26				
Sign		Signature of officer				Date				
Here	•	Shawna Chigro-Rogers Executive Director Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date		PTIN			
Paid	k	Warren S Bell			2018-10-26	Check L If self-employed				
_	parer		ates PA			Firm's EIN ▶				
use	Only	Firm's address ► 234 Hodsdon Road				Phone no (207)	688-405	i6		
		Pownal, ME 0406962	00							
									_	
May t	he IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		•	·	Yes	☑ No	

Additional Data

Software ID: 17005317 Software Version: 18.2.0.0

EIN: 30-0606930

Name: Greater Freeport Chamber of Commerce

Form 990EZ, Part III - Statement of Program Service Accomplishments

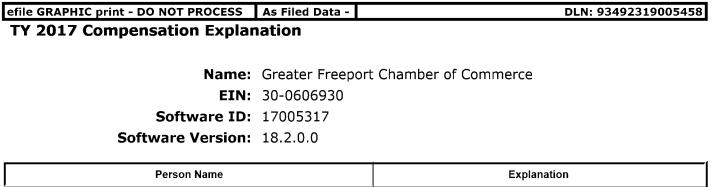
Describe the organiza services, as measured number of persons be	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
	amber of Commerce is an organization of businesses located in and around Freeport, rpose is to advocate on behalf of the business community, and all activities focus on that	28a		
(Grants \$)	If this amount includes foreign grants, check here \cdot . $lacktriangle$			

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees Ilst each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV							
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation			
CAROLYN BEEM DIRECTOR	000 00	0					
MICHELLE BARKER PRESIDENT	000 00	0					
DEB MCLEAN DIRECTOR	000 00	0					
JIM DEGRANDPE DIRECTOR	000 00	0					
JIM FREY DIRECTOR	000 00	0					
ANGELA GARRISON DIRECTOR	000 00	0					
DEAN GILBERT DIRECTOR	000 00	0					
BRETT DAVIS DIRECTOR	000 00	0					
DALE BOUTON TREASURER	000 00	0					
CALEB STEPHENS VICE PRESIDENT	000 00	0					
ANY GILLIS DIRECTOR	000 00	0					
STEPHANIE PETKERS EXECUTIVE DIRECTOR	040 00	0					
LEE HEWS DIRECTOR	000 00	0					
THOMAS WILSON DIRECTOR	000 00	0					

0

000 00

SHAWNA CHIGRO-ROGERS EXEC DIR 2017



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319005458 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** Greater Freeport Chamber of Commerce 30-0606930 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ✓ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a)Event #1 (c)Other events (d) Total events Fund raising events (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 35,284 35,284 2 Less Contributions. 3 Gross income (line 1 minus 35,284 line 2) 35,284 4 Cash prizes 2,500 2,500 5 Noncash prizes Direct Expenses Rent/facility costs 1.744 1,744 7 Food and beverages 2,969 2,969 8 Entertainment Other direct expenses 5,913 5,913 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 13,126 11 Net income summary Subtract line 10 from line 3, column (d) 22,158 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit g?	Y	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	a		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$ at the third party > \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spaces ties during the tax year \$	pent	63		
Pai		n. Provide the explanations required by Part I, line 2b, coloc, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DLN	N: 93492319005458	
SCHEDUL	ΕΩ	Supplemental Information to Form 99	90 or 990-F7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	· 990-	Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.qov/form990.	ific questions on nformation.	2017 Open to Public Inspection	
Name of the org Greater Freeport C	hamber of C	ommerce plemental Information	Employer ider 30-0606930	tification number	
Return Reference		Explanation			
Form 990- EZ, Part I, Line 8, Other Revenue	Advertisir	ng revenue for ads in Insiders Guide publication 17,500			

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Telephone 604

EZ, Part I, Line 16, Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Insurance 2.391 EZ, Part I, Line 16, Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Broshures 270 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Advertising 543 EZ, Part I, Line 16,

Other Expenses

Return
Reference

Form 990Office supplies and expenses 2.753

Form 990EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Miscellaneous 928 EZ, Part I, Line 16,

Other Expenses

Return Explanation Reference Form 990-Bad debt 750 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Web design and hosting 1,143

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Training 40 EZ, Part I, Line 16, Other

Expenses

Return Explanation

Reference Duce memberships and subscriptions 110

Expenses

Form 990EZ, Part I,
Line 16,
Other

Return Reference Explanation

Form 990Computer software 372

Form 990- Computer software 372

EZ, Part I,
Line 16,
Other

Expenses

Return Explanation Reference Form 990-Payroll taxes 5,831 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Intuit processing fees 917 EZ, Part I,

EZ, Part I,
Line 16,
Other
Expenses

Return Reference Explanation

Form 990- Payroll processing 1,343

Form 990- Payroll processing 1,343

EZ, Part I,

Line 16,

Other

Expenses

Return Explanation
Reference

Line 24, Other Assets

Form 990EZ, Part II,

Return Explanation
Reference

Other Assets

Form 990EZ, Part II,
Line 24.

Return Explanation
Reference

Other Assets

Form 990-EZ, Part II, Line 24.

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Defered Revenue Beginning of year 50,485, End of year 39,275

Return Explanation

Liabilities

Form 990EZ, Part II,
Line 26.

Payroll taxes payable Beginning of year 0, End of year 1,255

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Accounts payable Beginning of year 0, End of year 31