

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short 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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OCEAN PINES CHAMBER OF COMMERCEINC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
11031 CATHELL ROAD
City or town, state or province, country, and ZIP or foreign postal code
BERLIN, MD 21811

D Employer identification number
52-1282903
E Telephone number
(410) 641-5306
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: OCEANPINESCHAMBER.ORG
J Tax-exempt status (check only one) - 501(c)(3) 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 Form of organization 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 95,697

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received 43,275
2	Program service revenue including government fees and contracts 36,155
3	Membership dues and assessments
4	Investment income 406
5a	Gross amount from sale of assets other than inventory 5a 1,406
b	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 1,406
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8 14,455
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 95,697
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 44,372
13	Professional fees and other payments to independent contractors 13 1,100
14	Occupancy, rent, utilities, and maintenance 14 11,220
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 35,249
17	Total expenses. Add lines 10 through 16 17 91,941
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,756
Net Assets	
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 58,895
20	Other changes in net assets or fund balances (explain in Schedule O) 20 3,310
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 65,961

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,683	22	51,453
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	12,797	24	16,179
25 Total assets	60,480	25	67,632
26 Total liabilities (describe in Schedule O).	1,585	26	1,671
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,895	27	65,961

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

CHAMBER OF COMMERCE - DESCRIPTION PROVIDED ON SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	8,557

Part IV List of Officers, Directors, Trustees, and Key Employees (list 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
MIKE MATHERS	5 00	0		
PRESIDENT				
STEVEN SWEIGART	5 00	0		
VICE PRESIDE				
HEATHER SHANER	5 00	0		
PAST PRESIDE				
SUZY TAYLOR	5 00	0		
SECRETARY				
CELESTE MILLER	5 00	0		
TREASURER				
GINGER FLEMING	35 00	29,175		
EXECUTIVE DI				
PATTY DUNDORE	5 00	0		
BOARD MEMBER				
SARAH YONKER	5 00	0		
BOARD MEMBER				
LAURA MORRISON	5 00	0		
BOARD MEMBER				
JOHN BAILEY	5 00	0		
BOARD MEMBER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the 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
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 MIKE MATHERS PRESIDENT Date 2018-05-09 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JAMES R BERGEY JR CPA Preparer's signature Date 2018-05-09 Check if self-employed PTIN P00051707 Firm's name BERGEY & COMPANY PA Firm's EIN 52-2279083 Firm's address 8938 WORCESTER HWY BERLIN, MD 21811 Phone no (410) 641-1101

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 52-1282903

Name: OCEAN PINES CHAMBER OF COMMERCEINC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 BUSINESS COMMUNITY DIRECTORY - 10,000 COPIES OF OCEAN PINES COMMUNITY DIRECTORY DISTRIBUTED NATIONALLY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	6,315

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<p>29 RUN A CHAMBER WEBSITE TO ALLOW MEMBERS TO ADVERTISE AND MAKE THEIR BUSINESSES KNOWN ONLINE (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">2,057</p>

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<p>30 CHAMBER CHATTER NEWSLETTER MAILED MONTHLY WITH INFORMATIVE NEWS FOR MEMBERS ABOUT OTHER MEMBER BUSINESSES (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">185</p>

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>RUN VARIOUS SEMINARS, BREAKFAST AND AFTER HOURS FUNCTIONS FOR MEMBERS TO MEET AND ADVERTISE THEIR RESPECTIVE BUSINESSES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
OCEAN PINES CHAMBER OF COMMERCEINC**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

52-1282903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	TOURNAMENT INCOME 10,145 CAR SHOW 1,806 RAFFLE INCOME 1,440 OTHER 1,064 TOTAL 14,455

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 400 OFFICE EXPENSES 8,940 COMPUTER EXENSE 2,057 INSURANCE 1,503 TOURNAMENT EXP 5,269 BANQUET EXP 140 DIRECTORY 6,315 RAFFLE EXP 1,239 BUSINESS AFTER HOURS 661 BUSINESS EXPO 410 POWER HOUR BREAKFAST 83 CAR SHOW EXP 455 CREDIT CARD FEES 1,585 OTHER 6 PAYROLL SERVICE FEES 692 OTHER TAXES 17 UTILITIES 5,139 NON-INVESTMENT DEPRECIATION 338 TOTAL 35,249

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	CHANGE IN UNREALIZED GAIN/ LOSS 3,310

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 11,615 15,335 FIXED ASSETS 4,833 4,833 LESS ACCUMULATED DEPRECIATION 3,651 3,989 TOTAL 12,797 16,179

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,585 1,671

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	RUN VARIOUS SEMINARS, BREAKFAST AND AFTER HOURS FUNCTIONS FOR MEMBERS TO MEET AND ADVERTISE THEIR RESPECTIVE BUSINESSES