

Form **990EZ**
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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 COMMERCE INC

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) _____

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

I Website: OCEANPINESCHAMBER.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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. \$ 124,615

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 | | Expenses | | Net Assets | |
|---------|--|----------|--------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 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) |
| 3 | Membership dues and assessments | 3 | | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 4 | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 5a | 39,886 | | |
| b | Less cost or other basis and sales expenses | 5b | 35,338 | | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | |
| 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 | 9,305 | | |
| c | Less direct expenses from gaming and fundraising events | 6c | 6,163 | | |
| 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 | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | | | |
| 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 | | | |
| 13 | Professional fees and other payments to independent contractors | 13 | | | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | | | |
| 15 | Printing, publications, postage, and shipping | 15 | | | |
| 16 | Other expenses (describe in Schedule O) | 16 | | | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | | | |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | | | |
| 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 | | | |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | | | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | | | |

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 | 51,453 | 22 33,093 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 16,179 | 24 6,142 |
| 25 Total assets | 67,632 | 25 39,235 |
| 26 Total liabilities (describe in Schedule O). | 1,671 | 26 1,163 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 65,961 | 27 38,072 |

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?
 THE OCEAN PINES CHAMBER OF COMMERCE IS A LOCAL MEMBERSHIP BASED ORGANIZATION THAT ADVOCATES BUSINESS ADVANCEMENT THE MISSION IS TO STRENGTHEN LOCAL ECONOMIC DEVELOPMENT BY PROMOTING AND REFERRING PARTNERS' PRODUCTS AND SERVICES, CONNECTING PARTNERS THROUGH NETWORKING EVENTS AND COLLABORATION AND EDUCATING PARTNERS BY OFFERING PROGRAMS THAT ARE RELEVANT TO THEM AND THE BUSINESS COMMUNITY

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 **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here **30a**

30 See Additional Data Table **30a**

(Grants \$) If this amount includes foreign grants, check here **31a**

31 Other program services (describe in Schedule O) **31a**

(Grants \$) If this amount includes foreign grants, check here **32**

32 Total program service expenses (add lines 28a through 31a) **32**

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 |
|--------------------------------------|--|--|---|--|
| STEVEN SWEIGART PRESIDENT | 5 00 | 0 | 0 | 0 |
| MIKE MATHERS PAST PRESIDENT | 5 00 | 0 | 0 | 0 |
| SUZY TAYLOR SECRETARY | 5 00 | 0 | 0 | 0 |
| CELESTE MILLER TREASURER | 5 00 | 0 | 0 | 0 |
| SARAH YONKER BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| JOHN BAILEY BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| LAURA MORRISON BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| OLIVE MAWYER BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| WES MCCABE BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| ALLEN DUNCAN BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| SCOTT GARDNER BOARD MEMBER | 5 00 | 0 | 0 | 0 |
| KERRIE BUNTING EXECUTIVE DIRECTOR | 35 00 | 7,999 | 0 | 0 |

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 columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of OCEAN PINES CHAMBER OF COMMERCE Telephone no (410) 641-5306 Located at 11031 CATHELL ROAD BERLIN, MD ZIP + 4 21811

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

| | | |
|--|------------|-----------|
| | Yes | No |
| 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

| | | |
|--|------------|-----------|
| | Yes | No |
| 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 | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (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 "

| (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 Type or print name and title | 2019-02-18 Date |
|--|--------------------|

| | | | | | |
|-------------------------------|---|-------------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name NORMAN L MYERS II CPA | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00135694 |
| | Firm's name ▶ PKS & COMPANY PA | Firm's EIN ▶ 52-1224986 | | | |
| | Firm's address ▶ 12216 OCEAN GATEWAY UNIT 800 OCEAN CITY, MD 21842 | Phone no (410) 213-7185 | | | |

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 COMMERCE INC

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 \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 0 |

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|---|---|-------------------------------------|
| <p>29 RUN A CHAMBER WEBSITE TO ALLOW MEMBERS TO ADVERTISE AND MAKE THEIR BUSINESSES KNOWN ONLINE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>29a</p> | <p style="text-align: right;">0</p> |

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|---|---|-------------------------------------|
| <p>30 CHAMBER CHATTER NEWSLETTER MAILED MONTHLY WITH INFORMATIVE NEWS FOR MEMBERS ABOUT OTHER MEMBER BUSINESSES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>30a</p> | <p style="text-align: right;">0</p> |

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|---|---|----------|
| <p>RUN VARIOUS SEMINARS, BREAKFAST AND AFTER HOURS FUNCTIONS FOR MEMBERS TO MEET AND ADVERTISE THEIR RESPECTIVE BUSINESSES</p> <p>(Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | | <p>0</p> |

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: OCEAN PINES CHAMBER OF COMMERCE INC

EIN: 52-1282903

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

OCEAN PINES CHAMBER OF COMMERCE INC

Employer identification number

52-1282903

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST INCOME AMOUNT 21 DESCRIPTION DIVIDEND INCOME AMOUNT 184 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 205 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|-------------------------------------|
| FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE | DESCRIPTION OTHER INCOME AMOUNT 404 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION ADVERTISING AMOUNT 415 DESCRIPTION OFFICE EXPENSE AMOUNT 5,763 DESCRIPTION COMPUTER EXPENSE AMOUNT 685 DESCRIPTION INSURANCE AMOUNT 1,424 DESCRIPTION BANQUET EXPENSE AMOUNT 7,272 DESCRIPTION BUSINESS AFTER HOURS AMOUNT 74 DESCRIPTION BUSINESS EXPO AMOUNT 2,587 DESCRIPTION POWER HOUR BREAKFAST AMOUNT 356 DESCRIPTION CREDIT CARD FEES AMOUNT 1,649 DESCRIPTION PAYROLL SERVICE FEES AMOUNT 918 DESCRIPTION OTHER TAXES AMOUNT 77 DESCRIPTION MISCELLANEOUS AMOUNT 2,876 DESCRIPTION TRAINING AMOUNT 130 DESCRIPTION WEBSITE AMOUNT 2,244 DESCRIPTION NON-INVESTMENT DEPRECIATION AMOUNT 563 TOTAL TO FORM 990-EZ, LINE 16 27,033 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS | DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -5,955 DESCRIPTION CHANGE IN FMV OF INVESTMENTS AMOUNT -3,310 TOTAL TO FORM 990-EZ, LINE 20 -9,265 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 15,334 END OF YEAR AMOUNT 5,860 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 845 END OF YEAR AMOUNT 282 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 1,671 END OF YEAR AMOUNT 1,163 |