

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)

OMB No. 1545-1150  
**2020**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

- 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](http://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. **\$ 139,071**

**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	1	66,244
2	Program service revenue including government fees and contracts	2	30,715
3	Membership dues and assessments	3	
4	Investment income	4	30
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
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	28,702
c	Less: direct expenses from gaming and fundraising events	6c	10,873
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,829
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	13,380
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,198

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	67,784
13	Professional fees and other payments to independent contractors	13	1,100
14	Occupancy, rent, utilities, and maintenance	14	15,156
15	Printing, publications, postage, and shipping	15	6,908
16	Other expenses (describe in Schedule O)	16	20,033
17	<b>Total expenses.</b> Add lines 10 through 16	17	110,981
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,217
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	37,853
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	55,070

**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
<b>22</b> Cash, savings, and investments . . . . .	32,746	<b>22</b>	43,386
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	6,329	<b>24</b>	15,767
<b>25 Total assets</b> . . . . .	39,075	<b>25</b>	59,153
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	1,222	<b>26</b>	4,083
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	37,853	<b>27</b>	55,070

**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.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

**28** See Additional Data Table

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

**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
SARAH YONKER	5.00	0	0	0
BOARD MEMBER				
ALLEN DUNCAN	5.00	0	0	0
BOARD MEMBER				
LAURA MORRISON	5.00	0	0	0
BOARD MEMBER				
ASHLEY HALDEMAN	5.00	0	0	0
BOARD MEMBER				
DONNA FRANKOWSKI	5.00	0	0	0
BOARD MEMBER				
RICH CROPPER	5.00	0	0	0
BOARD MEMBER				
NANCIE CORBETT	5.00	0	0	0
BOARD MEMBER				
KERRIE BUNTING	35.00	48,071	0	0
PRESIDENT				
CELESTE RAYNE	5.00	0	0	0
CHAIR				
DERRICK ELZEY	5.00	0	0	0
VICE CHAIR				
WES MCCABE	5.00	0	0	0
TREASURER				
OLIVE MAWYER	5.00	0	0	0
SECRETARY				

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. [X]

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

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b> Signature of officer	2021-03-25 Date
KERRIE BUNTING PRESIDENT Type or print name and title	

<b>Paid Preparer Use Only</b>	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.)	
<p><b>28</b> BUSINESS COMMUNITY DIRECTORY - 10,000 COPIES OF OCEAN PINES COMMUNITY DIRECTORY DISTRIBUTED NATIONALLY.</p> <p>(Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0



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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30</b>                      CHAMBER CHATTER NEWSLETTER MAILED MONTHLY WITH INFORMATIVE NEWS FOR MEMBERS ABOUT OTHER MEMBERS' BUSINESSES.                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<p><b>30a</b></p>	<p style="text-align: right;">0</p>



## **TY 2020 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.



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FLOUNDER TOURNAMENT</b> (event type)	<b>SENIOR EXPO</b> (event type)	<b>1</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	18,377	7,875	2,450	28,702
<b>2</b>	Less: Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	18,377	7,875	2,450	28,702
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	6,778	2,895	1,200	10,873
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				10,873
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				17,829

**Part III 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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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. AMOUNT: 30.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: RAFFLE. AMOUNT: 2,450. DESCRIPTION: RENTAL. AMOUNT: 580. DESCRIPTION: OTHER. AMOUNT: 10,350. TOTAL TO FORM 990-EZ, LINE 8: 13,380.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: ADVERTISING. AMOUNT: 595. DESCRIPTION: POWER HOUSE BREAKFAST. AMOUNT: 82. DESCRIPTION: CREDIT CARD FEES. AMOUNT: 2,393. DESCRIPTION: PAYROLL FEES. AMOUNT: 292. DESCRIPTION: PROPERTY TAX. AMOUNT: 17. DESCRIPTION: MISCELLANEOUS. AMOUNT: 1,990. DESCRIPTION: OFFICE EXPENSE. AMOUNT: 11,614. DESCRIPTION: INSURANCE. AMOUNT: 986. DESCRIPTION: RAFFLE EXPENSE. AMOUNT: 2,064. TOTAL TO FORM 990-EZ, LINE 16: 20,033.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 6,329. END OF YEAR AMOUNT: 15,767.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 1,222. END OF YEAR AMOUNT: 4,083.