

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
PORT ORCHARD CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1014 BAY STREET 3

City or town, state or province, country, and ZIP or foreign postal code
PORT ORCHARD, WA 98366

D Employer identification number
91-0519613

E Telephone number
(360) 876-3505

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: WWW.PORTORCHARD.COM

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. \$ 165,565

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
2	Program service revenue including government fees and contracts 26,331
3	Membership dues and assessments 52,924
4	Investment income 3,910
5a	Gross amount from sale of assets other than inventory 5a
5b	Less cost or other basis and sales expenses 5b 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
6b	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 82,400
6c	Less direct expenses from gaming and fundraising events 6c 29,336
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 53,064
7a	Gross sales of inventory, less returns and allowances 7a
7b	Less cost of goods sold 7b 0
7c	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 9 136,229
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 75,124
13	Professional fees and other payments to independent contractors 13 1,175
14	Occupancy, rent, utilities, and maintenance 14 10,800
15	Printing, publications, postage, and shipping 15 1,467
16	Other expenses (describe in Schedule O) 16 41,886
17	Total expenses. Add lines 10 through 16 17 130,452
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,777
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 56,317
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 62,094

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of CHRISTINE DANIEL Telephone no (360) 876-3505 Located at 1014 BAY STREET 3 PORT ORCHARD , WA ZIP + 4 98366

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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 44a, 44b, 44c, 44d, 45a, 45b.

	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
NONE				

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
NONE		

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.

***** Signature of officer	2019-05-02 Date
MATTHEW MURPHY Executive Direc Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Dawn M Jake CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00365238
	Firm's name ▶ Dawn M Jake CPA PLLC	Firm's EIN ▶ 20-0433597			
	Firm's address ▶ 420 Cline Ave Port Orchard, WA 98366	Phone no (360) 329-7090			

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 91-0519613

Name: PORT ORCHARD CHAMBER OF COMMERCE

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 PROMOTE BUSINESS IN THE COMMUNITY (Grants \$ 22,764) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PORT ORCHARD CHAMBER OF COMMERCE

Employer identification number
91-0519613

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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
- b** 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
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

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)
		INSTALLATION BANQUET (event type)	VISTOR RESPONSE (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	30,798	27,699	18,594	77,091
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	30,798	27,699	18,594	77,091
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,320	18,256	5,269	27,845
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				27,845
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				49,246

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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 _____

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

b If "Yes," explain _____

- 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

a	The organization's facility	13a	%
b	An outside facility	13b	%

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 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

PORT ORCHARD CHAMBER OF COMMERCE

Employer identification number

91-0519613

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$366

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$306

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$104

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$716

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2556

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	DIRECTORY COSTS \$13764

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MONTHLY LUNCHEON \$9000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	WEBSITE \$3220

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	STORAGE RENTAL \$2243

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	COPIER LEASE \$2191

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	INTERNET SUPPORT SERV \$1942

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	TELEPHONE \$1043

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	CAPITAL EXPENDITURES \$1031

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	ASSOCIATION DUES \$988

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	COMMITTEE EXPENSE \$624

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	SUPPLIES \$495

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	PAYPAL FEES \$352

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	EDUCATION \$250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	PROCESSING FEES \$190

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	MEETINGS \$139

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	LICENSE RENEWAL \$117

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	COMPUTER MAINTENANCE \$87

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 20	MISC EVENT EXP \$61

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 21	REPAIRS & MAINTENANCE \$44

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 22	SQUARE FEES \$42

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 23	BANK SERVICE CHARGES \$15

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$1234 Furniture and Fixtures - Ending \$806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$628 Machinery and Equipment - Ending \$381

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$2271 PAYROLL LIABILITIES - Ending \$2092

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	- Beginning \$0 - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 3	- Beginning \$0 - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 4	BENEVOLENT FUND - Beginning \$93 BENEVOLENT FUND - Ending \$93

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 5	- Beginning \$0 - Ending \$0