



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
BREWSTER CHAMBER OF COMMERCE AND BOARD OF TRADE UNITED, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 1241

City or town, state or country, and ZIP + 4
BREWSTER, MA 02631

D Employer identification number
04-3014228

E Telephone number
508-896-3500

F Group Exemption Number **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) **▶**

I Website: **▶ BREWSTERCAPECOD.ORG**

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

J Tax-exempt status (check only one) - 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 115,438.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received		24,500.																													
	2	Program service revenue including government fees and contracts		22,946.																													
	3	Membership dues and assessments		27,783.																													
	4	Investment income		1,378.																													
	5a	Gross amount from sale of assets other than inventory																															
	b	Less: cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																															
	a	Gross revenue (not including \$ reported on line 1)																															
	b	Less: direct expenses other than fundraising expenses																															
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																															
	7a	Gross sales of inventory, less returns and allowances																															
	b	Less: cost of goods sold																															
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
	8	Other revenue (describe ▶)																															
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶																															
	10	Grants and similar amounts paid (attach schedule) STMT 2																															
11	Benefits paid to or for members																																
12	Salaries, other compensation, and employee benefits																																
13	Professional fees and other payments to independent contractors																																
14	Occupancy, rent, utilities, and maintenance																																
15	Printing, publications, postage, and shipping																																
16	Other expenses (describe ▶) SEE STATEMENT 1																																
17	Total expenses. Add lines 10 through 16 ▶																																
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																
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)																																
20	Other changes in net assets or fund balances (attach explanation)																																
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																																

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	103,316.	101,987.
23	Land and buildings		
24	Other assets (describe ▶) OVERPAID TAXES	789.	0.
25	Total assets	104,105.	101,987.
26	Total liabilities (describe ▶) TAXES PAYABLE	1,334.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,771.	101,987.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 1 Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		N/A
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ S KYLE HINKLE Telephone no. ▶ 508-896-3500 Located at ▶ 2198 MAIN STREET, BREWSTER, MA ZIP + 4 ▶ 02631		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

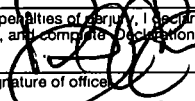
f Total number of other employees paid over \$100,000 ▶ _____


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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

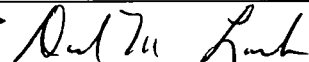
d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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:  Date: 11/5/10

Type or print name and title: 

Paid Preparer's Use Only

Preparer's signature:  Date: 10/21/10

Check if self-employed:

Preparer's identifying number (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: LAMB, MASON, BULGER & CO., PC
P.O. BOX 1233
WEST CHATHAM, MA 02669-1233

EIN: _____ Phone no.: (508) 945-3575

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

BREWSTER CHAMBER OF COMMERCE AND BOARD

Schedule G (Form 990 or 990-EZ) 2009

OF TRADE UNITED, INC.

04-3014228 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		BREWSTER IN BLOOM (event type)	BREWSTER HOLIDAYS (event type)	NONE (total number)		
Revenue	1	28,585.	6,830.		35,415.	
	2					
	3	28,585.	6,830.		35,415.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9	21,461.	3,806.		25,267.	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(25,267)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				10,148.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
	6	<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 Combine line 1, column (d), and line 7 ▶			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

BREWSTER CHAMBER OF COMMERCE AND BOARD

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

b An outside facility

13a		%
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?

15a

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?

17a

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING EXPENSES		21,401.	
ANNUAL SUBSCRIPTIONS		23.	
BANK AND CREDIT CARD FEES		336.	
COMPUTER RELATED EXPENSES		33.	
GIFTS		80.	
FINANCE CHARGES		36.	
INSURANCE		3,351.	
MEMBER MEETING EXPENSES		5,091.	
NEWSLETTER EXPENSES		451.	
OFFICE EXPENSES		7,635.	
PAYROLL TAXES		2,965.	
ANNUAL REPORT FEE		30.	
TRAVEL AND CONFERENCES		25.	
TOTAL TO FORM 990-EZ, LINE 16		41,457.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	NONE	1,000.
GRANT CAPE COD CHILDRENS PLACE	NONE	3,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>4,000.</u>

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 3

INCOME

1. GROSS RECEIPTS	2,267	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		2,267
4. COST OF GOODS SOLD (LINE 13)	155	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,112

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	155	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		155
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		155

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

EXEMPT PURPOSE IS TO SUPPORT, STRENGTHEN AND PROMOTE THE ECONOMIC FEASIBILITY, CULTURAL RICHNESS, ENVIRONMENTAL SENSITIVITY AND SOCIAL NEEDS OF BREWSTER. THE CHAMBER ENCOURAGES THE SPIRIT OF FAIR TRADE AND GOOD BUSINESS PRACTICES.