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## Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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		e 2009 calendar year, or tax year beginning JUL 1, 2009		and er		<u> 7</u>		2010
В	Check if applicab					D Emp	loyer i	identification number
Г	Addres	S USE IRS BREWSTER CHAMBER OF COMMERCE AND D	BOA	RD				
F	Name change	print or OF TRADE UNITED, INC.				Λ.	1 _ 3	014228
늗	Initial	Number and street (or P.O. box, if mail is not delivered to street address)			Doom/ourto			number
╘	return	1 1000 1			Room/suite		-	
L	Termi	Instruc- FO BOX 1241			L	<u> </u>	<u> 80</u>	<u>896-3500</u>
	Amer	ded tions City or town, state or country, and ZIP + 4				F Gro	up Exe	mption
Г	Applica	BREWSTER, MA 02631				Nun	nber 🕨	<b>&gt;</b>
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a com	nleted	G Account			X Cash Accrual
	- 060	Schedule A (Form 990 or 990-EZ).	a com	picted				
_					Other (s		_	
		e: ▶ BREWSTERCAPECOD.ORG			H Check	-		the organization is <b>not</b>
<u>J</u>	Tax-ex	empt status (check only one) — 🗶 501(c) ( 6 ) ◀ (insert no.) 📖 4947(a)(1	_					tule B (Form 990, 990-EZ, or 990-PF)
K	Check )	If the organization is not a section 509(a)(3) supporting organization and its gi	ross re	ceipts ar	e normally <b>not</b>	more t	han \$2	25,000. A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return	, be su	re to file	a complete reti	urn.		
$\overline{}$	nıl bbA	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9				1	<b>\$</b>	115,438.
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund				ctions		
	T .				1000 1110 11101111	1		
	1	Contributions, gifts, grants, and similar amounts received					_1_	24,500.
	2	Program service revenue including government fees and contracts				-	2	22,946.
	3	Membership dues and assessments				L	3	27,783.
	4	Investment income				1	4	1,378.
	5a	Gross amount from sale of assets other than inventory	5a			Ī		
	Ι.		5b	-				
	b	Less: cost or other basis and sales expenses	่อม				<b>.</b> .	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				\	5c	
Ë	6	Special events and activities (complete applicable parts of Schedule G). If any amount is	s from	gaming,	check here	╙┷┤		
Revenue	a	Gross revenue (not including \$ of contributions						
ڇَ		reported on line 1) NOV 1 5 2010   Y	6a		36,56	54.		
_	Ь	Less: direct expenses other than fundraising expenses	6b		26,34			
		L   Lib.	0.0				6c	10,221.
	C	Net income or (loss) from special-events and activities (Subtract line 6b from line 6a)	<b>-</b> . 1		2 2	c -7		10,221.
Ų,	7a	Gross sales of inventory, less returns and allowances STMT 3	7a		2,20			
$\Sigma$	Ь	Less: cost of goods sold	7b_			55.		
4	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				L	7c	2,112.
Ź	8	Other revenue (describe				)	8	-
SCANNEL	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	88,940.
€	10		STM	T 2			10	4,000.
	111	Benefits paid to or for members				Ì	11	
DE Caseuses) 3U	11	•				ŀ		37,884.
es.	12	Salaries, other compensation, and employee benefits				}	12	
22	13	Professional fees and other payments to independent contractors				-	13	3,821.
×	14	Occupancy, rent, utilities, and maintenance				ļ	14	
빵	15	Printing, publications, postage, and shipping				L	15	2,562.
8	16	Other expenses (describe ► S:	EΕ	STAT	EMENT	1 )	16	41,457.
	17	Total expenses. Add lines 10 through 16				•	17	89,724.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-784.
ţ						ŀ		,,,,,
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A))					4.0	100 771
Net Assets		(must agree with end-of-year figure reported on prior year's return)				ŀ	19	102,771.
ě	20	Other changes in net assets or fund balances (attach explanation)				,	20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	_				21	<u>101,987.</u>
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	re, file	Form 99	0 instead of Fo	rm 990	)-EZ.	
		(See the instructions for Part II.)			A) Beginning of			(B) End of year
99	Cac	h covince and investments			103,		. 22	101,987.
22		h, savings, and investments				<u> </u>	23	
23		d and buildings		$\downarrow$		700		0.
24		er assets (describe OVERPAID TAXES		<i>¹</i>		789		101 005
25		al assets			104,			101,987.
26		al liabilities (describe TAXES PAYABLE		)		<u> 334</u>		0.
_27		assets or fund balances (line 27 of column (B) must agree with line 21)			102,	<u>771</u>	. 27	101,987.
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instr	uction	<b>S</b> .		G	-1:	Form <b>990-EZ</b> (2009)

Λ	1	1	2	2	Ω	Page

Fori	m 990-EZ (2009) OF TRADE UNITED, INC.			04-	30142	28 Page 2
$\overline{}$	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Т	penses
	at is the organization's primary exempt purpose? SEE STATEMENT	1 5	· · · · · · · · · · · · · · · · · · ·		-1	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		se manner descr	ibe		) organizations and
	eservices provided, the number of persons benefited, and other releval				for others )	7(a)(1) trusts, optional
	PROMOTION OF LOCAL BUSINESSES THROU	<del></del>	<u> </u>		1 1	
20	PRESS RELEASES, WEBSITE AND REFERM		OCHORED,			
	TRESS REDEASES, WEBSITE AND REPERRE	ID EIC.	•			
	(Create # ) If the amount includes favored	aranta abadi bara		$\overline{}$	28a	
••	(Grants \$ ) If this amount includes foreign		morni iirii		Z0a	
29	MAINTENANCE OF YEAR-ROUND INFORMATI	ON CENTER AT	TOWN HALL	•		
	(Grants \$ ) If this amount includes foreign		<u> </u>	Ш	29a	
30	SPONSORSHIP OF TWO COMMUNITY EVENTS		<u>HOLARSHIP</u>	S		
	AND GRANTS TO LOCAL CHARITIES SERVI	NG BREWSTER R	ESIDENTS.			
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	
31	Other program services (attach schedule)	_				
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			_	32	
	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	ven if not compensated	(See the		or Part IV)
•	are re-			_	ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)		leferred	other allowances
_				COII	pensation	
	ORM MICHAUD	PRESIDENT			_	
<u>53</u>		5.00	0.	ļ	0.	0.
PE	EYTON JOHNSON	1ST VICE PRES	1			_
19	935 MAIN STREET, BREWSTER, MA 02631	5.00	0.		<u> </u>	0.
<u>CI</u>	HERYL KIMBERLY	ND VICE PRES	IDENT			
30	057 MAIN STREET, BREWSTER, MA 02631	5.00	0.		0.	0.
$\overline{D}$	AVE BENNETT	TREASURER		ĺ		
_	573 MAIN STREET, BREWSTER, MA 02631	5.00	0.		0.	0.
_	CHELLE HAGUE	SECRETARY				
_	B BIRCH LANE, BREWSTER, MA 02631	5.00	0.	1	0.	0.
	ORMA JEAN ANDERSON	DIRECTOR	7.3			
_	361 MAIN STREET, BREWSTER, MA 02631	5.00	٥.		0.	0.
_	DB DWYER	DIRECTOR		<del>                                     </del>		
_		5.00	0.		0.	0.
		DIRECTOR				
_	JD NOYES	<b>-</b>	_		^	0.
_	589 MAIN STREET, BREWSTER, MA 02631	5.00	0.	<del> </del>	0.	ļ
_	KYLE HINKLE	EXECUTIVE DIR			^	
<u>21</u>	198 MAIN STREET, BREWSTER, MA 02631	30.00	24,039.	<b> </b>	0.	0.
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		Ī	i .	1		1

932172 02-08-10

Page 3

Pa	art 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b	l	X
	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?	38a		Х
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			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		i	
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A	1		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		<u> </u>	
	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	40b	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		, ,	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		. 1	
	organization N/A			
е	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	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of $\triangleright$ S KYLE HINKLE Telephone no. $\triangleright$ 508-89			
	Located at ► 2198 MAIN STREET, BREWSTER, MA ZIP+4 ► 0	<u> 263</u>	<u>1</u>	
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		Yes	
	account)?	42b	<b></b>	X
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			_
	Form 990-EZ	44		<u> </u>
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	45		X
		Form 9	90-EZ (	(2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

OF TRADE UNITED, INC.

04-3014228

Page 4

		organizations and 51	and sectio	n 4947(a)(1)	) nonexen	npt charita	ble trus	sts must an	swer quest	tions 4	16-49b a	and con	nplete	the table	s for	lines	50
46	Did the o	rganization eng	age in direct	or indirect po	olitical camp	paign activit	ties on b	ehalf of or in	opposition t	to can	didates fo	or public				Yes	No
		"Yes," compl			·							•		[	46		
47	Did the o	rganization eng	age ın lobbyı	ng activities?	If "Yes,"	complete (	Schedu	ıle C, Part I							47		
48	Is the org	ganızatıon a sch	ool as descri	bed in sectio	n 170(b)(1	)(A)(II)? If "	Yes," c	omplete So	hedule E						48		
		rganization mak					ited orga	ınızatıon?							49a		<u> </u>
		was the related o	-		-										49b		<u> </u>
	-	e this table for th 0,000 of compe	=	-					licers, direct	iors, tr	ustees ai	nd key er	mploye	es) who ea	ich re	ceived	more
		(a) Name and address of each employee than \$100,000 N/A		e paid more		(	(b) Title and average hours per week devoted to position		rs (c	c) Compensation		(d) Contribution to employee benefit plans deferred compensation		e (e) E & acco other a		ense t and wances	
51	Complete	nber of other ene this table for the tion. If there is n (a) Name and	ne organizatione, enter "N	nn's five high one." N/A	est compei				who each red	ceived		an \$100, pe of ser				rom th	
d	Total nur	mber of ot <u>her</u> in	dependent co	ontractors ea	ch receivin	g over \$100	0,000				<b></b> _						
Sign Here		Under penalties of correct, and complete some some some some some some some som		e that I have ex of preparer (oth	amined this r her than office	eturn, includir er) is based or	ng accom n all inforn	panying sched nation of which	ules and stater preparer has a	ments, a any kno	and to the wledge	best of my	y knowle   // Date	edge and be	ief, it is	s true,	
		Type or print na	ime and title	<u> </u>													
Paid Prep Use (	arer's Only —	reparer's signati	/V	17u MASOI	<u>, , , , , , , , , , , , , , , , , , , </u>	LCEP			, ,	Check employ		Prep EIN I		dentifying n	ımber (	See ins	tr)
	ef s	m's name (or yours self-employed), dress, and ZIP + 4		BOX 12	233							Phon	ne ►	508)	945	3	 575
Mari		iscuss this retur						. 2. 3. 3							X Y		No No
iviay	แเร เกอ น	iacnaa iiiia ieini	n wigi aic pi	υραιοι οπονί	11 above - O	oo moudout	J.10										(2009

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to 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. ► See separate instructions.

Open To Public Inspection

Name of the organization

BREWSTER CHAMBER OF COMMERCE AND BOARD OF TRADE UNITED. INC.

Employer identification number 04-3014228

Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "\	es" to	Form 990, Part IV,	ine 17 Form 990-EZ	filers are not				
<ul> <li>Indicate whether the organization rais a</li></ul>	e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing d ding o lonal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes					
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody		have custody or control of		(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							
			-							
Total  3 List all states in which the organization	on is registered or licensed to solicit	funds	or has	been notified it is ex	rempt from registrati	on or licensing				
List all states in which the organization					<u>-</u>					
						· · · · · · · · · · · · · · · · · · ·				
					<u> </u>					
HA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	Schedule G (For	n 990 or 990-EZ) 2009				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### BREWSTER CHAMBER OF COMMERCE AND BOARD

		e G (Form 990 or 990 EZ) 2009 OF TRA Fundraising Events. Complete if the	DE UNITED, I	NC.		301422		
Pa	rt I	on Form 990-EZ, line 6a. List events with	_		iv, line 18, or reported	more than \$	15,000	,
-		Off offit 550 EZ, life oa. Elst events with	(a) Event #1	(b) Event #2	(c) Other events	1		
			BREWSTER IN	BREWSTER	NONE	(d) Total		
			BLOOM	HOLIDAYS	110112	(add col (a	•	ugh
an.			(event type)	(event type)	(total number)	col	(c))	
Ĕ					<u>-</u>			
Revenue	1	Gross receipts	28,585.	6,830.		3	5,4	15.
Œ		·		•				
	2	Less. Charitable contributions						
	3	Gross income (line 1 minus line 2)	28,585.	6,830.		3	<u>5,4</u>	<u>15.</u>
	4	Cash prizes						
ŝ	5	Noncash prizes						
ens								
Ϋ́	6	Rent/facility costs				ļ		
Direct Expenses	_							
	7	Food and beverages		-				
	_	Entertainment						
	8	Other direct expenses	21,461.	3,806.		2	5,2	67.
	9	Direct expense summary Add lines 4 through		5,000			5,2	
		Net income summary Combine line 3, colum			•		0,1	
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	,	<u>- 1</u>	
		\$15,000 on Form 990-EZ, line 6a.						
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total ga		
Revenue			(a) 5go	bingo/progressive bingo	( <b>0</b> , 0 thor <b>g</b> aming	col (a) throu	ugh co	ol (c))
ě								
	1	Gross revenue						
es	2	Cash prizes			<u></u> .			
Expenses								
Ϋ́	3	Noncash prizes						
ಕ		Post/facility costs						
Dire	4	Rent/facility costs	· -					
	_	Other direct expenses						
		Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	□ No	ļ		
	_							
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		<b>&gt;</b>	(		)
	8	Net gaming income summary Combine line	1, column (d), and line 7		<u></u>	l	1	
							Yes	No
-		ter the state(s) in which the organization opera	_					
		he organization licensed to operate gaming ac	ctivities in each of these	states?		<u>9a</u>		
b	If "	No," explain:						
	_				<del></del>			
40-	10/-	ere any of the organization's gaming licenses re	avoked suspended or to	erminated during the tax s	vear?	10a		
		ere any of the organization's gaming licenses of Yes," explain	croned, suspended of the	manacoa during the tax	, out i	100		
i.		105, Capiani						
	_							
11	D0	es the organization operate gaming activities i	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?

## BREWSTER CHAMBER OF COMMERCE AND BOARD

Schedule G (Form 990 or 990-EZ) 2009 OF TRADE UNITED, INC.	04-301	422	8 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	a %			
b An outside facility	-			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records			
Name				
Name =	<del></del>			
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	e 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				
birector/onicer Employee independent contractor				
17 Mandatory distributions				
· · · · · · · · · · · · · · · · · · ·				
a is the organization required under state law to make charitable distributions from the gaming proceeds to		470		1
retain the state gaming license?		17a		
<b>b</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 🕨 \$				

Schedule G (Form 990 or 990-EZ) 2009

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

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	r
SCHOLARSHIP	NONE	1,0	00.
GRANT CAPE COD CHILDRENS PLACE	NONE	3,00	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,0	00.

FORM 990-EZ	INCOME AND COST OF GOODS S INCLUDED ON PART I, LINE		STATEMENT 3
INCOME			
2. RETURNS AND ALLO	OWANCES	2,267	
	E 2		2,267
	OLD (LINE 13)	155	2,112
COST OF GOODS SOLD			
7. MERCHANDISE PURC 8. COST OF LABOR 9. MATERIALS AND ST	JPPLIES	155	
	OUGH 10		155
	O OF YEAR		155

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		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
В)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	 [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT 5

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.