



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



Short Form Return of Organization Exempt From Income Tax

2013

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 province, country, and ZIP or foreign postal code BREWSTER, MA 02631	D Employer identification number 04-3014228 E Telephone number 508-896-3500 F Group Exemption Number ▶
---	---	---

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **BREWSTERCAPECOD.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. ▶ \$ **137,491.**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	26,000.
	2 Program service revenue including government fees and contracts	2	40,241.
	3 Membership dues and assessments	3	31,773.
	4 Investment income	4	614.
	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	38,863.
c Less: direct expenses from gaming and fundraising events	6c	29,164.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,699.	
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	108,327.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	4,500.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	47,224.
	13 Professional fees and other payments to independent contractors	13	2,293.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,700.
	16 Other expenses (describe in Schedule O)	16	41,059.
	17 Total expenses. Add lines 10 through 16	17	98,776.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,551.
	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	112,720.
	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	122,271.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED NOV 13 2014

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	112,720. 22	122,271.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	112,720. 25	122,271.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,720. 27	122,271.

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 Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 PROMOTION OF LOCAL BUSINESSES THROUGH VARIOUS BROCHURES, PRESS RELEASES, WEBSITE AND REFERRALS ETC.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 MAINTENANCE OF YEAR-ROUND INFORMATION CENTER AT TOWN HALL.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 SPONSORSHIP OF TWO COMMUNITY EVENTS THAT FUND SCHOLARSHIPS AND GRANTS TO LOCAL CHARITIES SERVING BREWSTER RESIDENTS.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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
GERRY DESAUTELS DIRECTOR	5.00	0.	0.	0.
BOB DWYER VICE PRESIDENT	5.00	0.	0.	0.
MICHELLE HAGUE SECRETARY	5.00	0.	0.	0.
DAVE BENNETT PRESIDENT	5.00	0.	0.	0.
CHARLOTTE FYFE TREASURER	5.00	0.	0.	0.
AMY MASON DIRECTOR	5.00	0.	0.	0.
BOB MEIER DIRECTOR	5.00	0.	0.	0.
BRYAN WEBB DIRECTOR	5.00	0.	0.	0.
S KYLE HINKLE EXECUTIVE DIRECTOR	30.00	28,168.	0.	0.
DON POOLE DIRECTOR	5.00	0.	0.	0.

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

Form 990-EZ (2013)

04-3014228

Page 3

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 Sch. O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>0.</u>	37a		
b Did the organization file Form 1120-POL for this year?	37b		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 tax year covered by this return?	38a		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 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ <u>N/A</u>			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>			
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	40e		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>			
42a The organization's books are in care of ▶ <u>S KYLE HINKLE</u> Telephone no. ▶ <u>508-896-3500</u> Located at ▶ <u>2198 MAIN STREET, BREWSTER, MA</u> ZIP + 4 ▶ <u>02631</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 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.	42b		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: ▶ _____	42c		X
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 ▶ <u>43</u> <u>N/A</u>			<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2013)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part I Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 b If "Yes," was the related organization a section 527 organization? Yes No

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
N/A				

f Total number of other employees paid over \$100,000 Yes No

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 Yes No

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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 *David Bennett* Date *10/23/2014*
 Type or print name and title **DAVID BENNETT PRESIDENT**

Paid Preparer Use Only: Print/Type preparer's name **DAVID M. LAMB** Preparer's signature *David M. Lamb* Date *9/29/14* Check if self-employed PTIN **P00139846**
 Firm's name **LAMB, MASON, BULGER & CO., PC** Firm's EIN **04-2714253**
 Firm's address **P.O. BOX 1233 WEST CHATHAM, MA 02669-1233** 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) 2013 **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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b 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 Gross receipts	26,734.	11,428.		38,162.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	26,734.	11,428.		38,162.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,883.	10,671.		28,554.
	10 Direct expense summary Add lines 4 through 9 in column (d)				28,554.
	11 Net income summary Subtract line 10 from line 3, column (d)				9,608.

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 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 operates gaming activities: _____
a Is the organization licensed to operate 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 _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Employer identification number
04-3014228

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	614.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
AMOUNT GIVEN:	2,000.

ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: CAPE COD CHILDRENS PLACE	
AMOUNT GIVEN:	1,000.

ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: BREWSTER HISTORICAL SOCIETY	
AMOUNT GIVEN:	1,000.

ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: CAPE COD MUSEUM NATURAL HISTORY	
AMOUNT GIVEN:	500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,500.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING EXPENSES	25,042.

ANNUAL SUBSCRIPTIONS 300.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

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

Employer identification number

04-3014228

TRAVEL & CONFERENCES	310.
INSURANCE	2,372.
MEMBER MEETING EXPENSES	3,825.
OFFICE EXPENSES	4,362.
ANNUAL REPORT FEE	15.
PAYROLL TAXES	4,833.
TOTAL TO FORM 990-EZ, LINE 16	41,059.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
 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.