

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 private foundations)

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

09-01, 2018, and ending

08-31, 2019

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

CHATHAM HARWICH NEWCOMERS CLUB CORP

D Employer identification number

82-2970699

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

E Telephone number

PO BOX 442

(201) 321-8436

City or town, state or province, country, and ZIP or foreign postal code

HARWICH, MA 02645

07

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: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527K 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 57,794

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

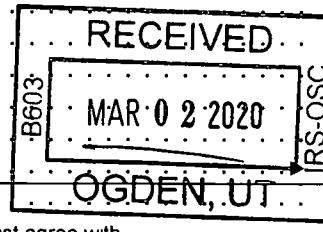
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 47,789
	3 Membership dues and assessments	3 10,005
	4 Investment income	4
	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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 57,794
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10 750
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 2,358
	14 Occupancy, rent, utilities, and maintenance	14 500
	15 Printing, publications, postage, and shipping	15 537
	16 Other expenses (describe in Schedule O)	16 61,608
	17 Total expenses. Add lines 10 through 16	17 65,753
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (7,959)
	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 24,283
	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 16,324

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

Form 990-EZ (2018)

SCANNED JUL 17 2020



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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	24,283	22 16,324
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	24,283	25 16,324
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)	24,283	27 16,324

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? TO PROMOTE FRIENDSHIP THROUGH ACTIVITIES

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 TO PROMOTE FRIENDSHIP THROUGH ACTIVITIES

Expenses

(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

(Grants \$ 29) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	57,935
(Grants \$ 30) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
(Grants \$ 31) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
Other program services (describe in Schedule O)			
(Grants \$ 32) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	57,935

Part IV: List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV).

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

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

35 a 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 35b 35c 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 36 X

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 37a 37b 38a 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 37a 37b 38a X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b 38a X

b Did the organization file Form 1120-POL for this year? 37b

38 a 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? 38b 39a 0 39b 0

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a 0 39b 0

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b 40c 40d 40e X

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d

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 ►

42 a The organization's books are in care of ► ALICE BONATT Telephone no ► 201-321-8436
Located at ► 30 INDIAN TRAIL, HARWICH, MA ZIP + 4 ► 02645 42b X

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)? 42b X

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c X

c At any time during the calendar year, did the organization maintain an office outside the United States? 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 ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a 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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

b 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 X

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

	Yes	No
46		X

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 Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

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

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

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

<input checked="" type="checkbox"/> <u>David Legendre</u> Signature of officer	2/24/20 Date
DAVID LEGENDRE, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HILARY S GAGNON	Preparer's signature 	Date 02-25-2020	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00637943
	Firm's name ► HILARY S GAGNON CPA	Firm's EIN ►			
	Firm's address ► PO BOX 444	Phone no 508-432-6700			
HARWICH PORT MA 02646					

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

CHATHAM HARWICH NEWCOMERS CLUB CORP

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**

Employer identification number

82-2970699

01. List of grants and similar amounts paid (Part I, line 10)

Activity CONTRIBUTION

Grantee LOWER CAPE OUTREACH

Street 19 BREWSTER CROSS RD

City, State, Zip ORLEANS, MA 02653

Relationship NONE

Amount 500

Activity CONTRIBUTION

Grantee HARWICH MARINERS

Street C/O CAPE COD BASEBALL LEAGUE

City, State, Zip HARWICH, MA 02645

Relationship NONE

Amount 250

02. Description of other expenses (Part I, line 16)

Description Amount

EVENTS EXPENSE 57,935

COMPUTER SOFTWARE 579

INSURANCE 1,653

SUPPLIES AND OTHER 1,441