Form **990-EZ**

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 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 $1,000,000 and total assets less than $2,500,000 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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01 **, 2008, and ending** 09-30 **, 20** 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GREATER OSSIPEE AREA CHAMBER

Number and street (or P O box, if mail is not delivered to street address): PO BOX 323 — Room/suite

City or town, state or country, and ZIP + 4: CENTER OSSIPEE, NH 03814

D Employer identification number 02-0328177

E Telephone number

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) ▶

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

I Website: ▶

J Organization type (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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶$ 110,137

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	68,942
	2	Program service revenue including government fees and contracts		2	18,253
	3	Membership dues and assessments		3	
	4	Investment income		4	1,080
	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) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	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 ▶ STM141)		8	21,862
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	110,137
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	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	18,098
	14	Occupancy, rent, utilities, and maintenance		14	8,231
	15	Printing, publications, postage, and shipping		15	861
	16	Other expenses (describe ▶ STM130)		16	83,412
	17	**Total expenses.** Add lines 10 through 16 ▶		17	110,602
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(465)
	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	46,413
	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	45,948

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	35,413	22	34,948
23	Land and buildings	11,000	23	11,000
24	Other assets (describe ▶)		24	
25	**Total assets**	46,413	25	45,948
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	46,413	27	45,948

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 100

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	THE GREATER OSSIPEE CHAMBER OF COMMERCE HAS FACILITATED THE GROWTH OF THE OSSIPEE BUSINESS COMMUNITY AND CONTRIBUTED TO THE GENERAL WELL BEING OF THE TOWN (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	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	

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVEN SOUSA WHT MTN HWY CHOCORUA NH, 03817	PRESIDENT 0	0	0	0
ROB PLANTE 450 WHT MTN HWY TAMWORTH NH, 03886	VP 0	0	0	0
BILL GROVER PO BOX 237 CTR OSSIPEE NH, 03864	TREASURER 0	0	0	0
ANN WARD 115 HODSDON SHORE ROAD OSSIPEE NH, 03864	SECRETARY 0	0	0	0
HENRY ANDERSON PO BOX 126 SILVER LAKE NH, 03875	DIRECTOR 0	0	0	0
LEO SPENCER 893 WHT MTN HWY CHOCORUA NH, 03817	DIRECTOR 0	0	0	0
JOE COSTELLO PO BOX 59 WOLFEBORO NH, 03984	DIRECTOR 0	0	0	0
CAROL GARTLAND PO BOX 434 OSSIPEE NH, 03864	DIRECTOR 0	0	0	0
KATHRYN AMARAL PO BOX 191 WEST OSSIPEE NH, 03864	DIRECTOR 0	0	0	0
JOHN SZEWCZYK PO BOX 29 WEST OSSIPEE NH, 03890	DIRECTOR 0	0	0	0
JIM SULLIVAN WHT MTN HWY NORTH CONWAY NH, 03818	DIRECTOR 0	0	0	0

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

			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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 books are in care of ▶ LISA HAYFORD Telephone no ▶ 603-651-6213

Located at ▶ PO 323 CENTER OSSIPEE, NH ZIP + 4 ▶ 03814

			Yes	No
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 **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 ? 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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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 operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
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

✓ Linda Siracusa — Signature of officer

✓ 02-04-10 — Date

✓ LINDA SIRACUSA — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Richard P. Smith — Date 01-19-2010 — Check if self-employed ▶ ☐ — Preparer's Identifying No (See inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANCHOR BUSINESS SERVICES LLC, PO BOX 2559, CONWAY, NH 03818 — EIN ▶ 02-0512507 — Phone no ▶ 603-447-2220

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

Federal Supporting Statements	2008
Name(s) as shown on return	FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
ADVERTISING	330
SUPPLIES	372
TRAVEL	168
EVENT EXPENSES	60,096
SCHOLARSHIP EXPENSES	3,631
GUIDBOOK	17,051
REGISTRATION FEES	75
INSURANCE	1,098
LICENSES	75
BANK SERVICE CHARGE	13
CONTRIBUTIONS	401
GIFTS	102
TOTAL	83,412

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

DESCRIPTION	AMOUNT
GUIDBOOK INCOME	22,102
GUIDBOOK-BARTER	(505)
COTTAGE RENTAL	250
MAILING LABEL	15
TOTAL	21,862