

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 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.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 MANSFIELD CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 54 SOUTH MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code
 MANSFIELD, PA 16933

D Employer identification number
 23-2271902

E Telephone number
 (570) 662-3442

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ MANSFIELD ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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. ▶ \$ 100,971

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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	59,724	22 60,508
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,609	24 4,609
25 Total assets	64,333	25 65,117
26 Total liabilities (describe in Schedule O).	8,083	26 12,313
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,250	27 52,804

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?
 CHAMBER OF COMMERCE ESTABLISHED TO PROMOTE ECONOMIC AND BUSINESS CLIMATE IN THE GREATER MANSFIELD, PA AREA

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

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 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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 94,591

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
CHRIS JONES	000 00	0		
VICE PRESIDE				
LARRY MANSFIELD	000 00	0		
PRESIDENT				
KATHY TELEP	000 00	0		
FIRST VICE P				
MCKENZIE FRANK	000 00	0		
TREASURER				
BARB CARLETON	000 00	0		
SECRETARY				
AMANDA SEELEY	000 00	0		
DIRECTOR				
GORDIE DUNLAP	000 00	0		
DIRECTOR				
BETHANY HAWN	000 00	0		
DIRECTOR				
AIMEE PERRY	000 00	0		
DIRECTOR				
LYNETTE HOYT	000 00	0		
DIRECTOR				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 46 No

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 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

Table with 5 columns: (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 "

Table with 3 columns: (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 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 2017-04-28 Date
MCKENZIE FRANK TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name LISA M GUTHRIE CPA Preparer's signature Date 2017-04-27 Check if self-employed PTIN P00410141
Firm's name GUTHRIE & CO PC Firm's EIN 47-2135807
Firm's address 1550 S MAIN ST STE 4 MANSFIELD, PA 16933 Phone no (570) 662-3824

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

Additional Data

Software ID:

Software Version:

EIN: 23-2271902

Name: MANSFIELD CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 CHAMBER OF COMMERCE ESTABLISHED TO PROMOTE THE ECONOMIC AND BUSINESS CLIMATE THROUGH COMMUNITY EVENTS AND OPERATION OF A CHAMBER OF COMMERCE OFFICE (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	94,591

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MANSFIELD CHAMBER OF COMMERCE

Employer identification number

23-2271902

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	YOUTH LEADER EVENT COST OF GOODS SOLD 4,603 CITIZEN OF THE YEAR EVENT COST OF GOODS SOLD 742 CHRISTMAS CELEBRATION EVENT COST OF GOODS SOLD 5,936 JULY 4TH CELEBRATION EVENT COST OF GOODS SOLD 22,690 FABULOUS 1890S EVENT COST OF GOODS SOLD 21,937 SISTER CITIES EVENT COST OF GOODS SOLD 2,220 EXPENSES ADVERTISING 15 YHEC EVENT PROMOTION 2,120 CHAMBER OFFICE TELEPHONE 1,245 CHAMBER OFFICE POSTAGE 145 CHAMBER OFFICE SUPPLIES 522 WEBSITE HOSTING/MAINT 150 INSURANCE 1,075 GAMES OF CHANCE LICENSE 125 MISC/REIMBURSEMENTS 100 DUES/MEMBERSHIPS 100 BAL ADJ/MISC 40 TOTAL 63,765

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	SPECIAL EVENTS ELECTRIC REIMB REC 3,909 3,909 PREPAID EXPENSES AND DEFERRED CHARGES 700 700 TOTAL 4,609 4,609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 430 6,910 UNSECURED NOTES AND LOANS PAYABLE 7,653 4,653 CHAMBER BUCKS OUTSTANDING 0 750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	CHAMBER OF COMMERCE ESTABLISHED TO PROMOTE ECONOMIC AND BUSINESS CLIMATE IN THE GREATER MANSFIELD, PA AREA