

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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. \$ 71,449

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	6,290
2 Program service revenue including government fees and contracts	32,151
3 Membership dues and assessments	23,360
4 Investment income	117
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
5c 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 7,315
c Less direct expenses from gaming and fundraising events	6c 3,035
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 4,280
7a Gross sales of inventory, less returns and allowances	7a 2,075
b Less cost of goods sold	7b 1,418
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 657
8 Other revenue (describe in Schedule O)	8 141
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 66,996
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 25,249
13 Professional fees and other payments to independent contractors	13 2,110
14 Occupancy, rent, utilities, and maintenance	14 8,400
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 36,122
17 Total expenses. Add lines 10 through 16	17 71,881
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,885
Net Assets	
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 52,804
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 47,919

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	60,508	22	57,648
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,609	24	1,609
25 Total assets	65,117	25	59,257
26 Total liabilities (describe in Schedule O).	12,313	26	11,338
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,804	27	47,919

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	67,840

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				
CRYSTAL SMITH	000 00	0		
DIRECTOR				
VERONICA NOWAK	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 columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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: LARRY MANSFIELD PRESIDENT Date: 2018-04-30

Paid Preparer Use Only Print/Type preparer's name: LISA M GUTHRIE CPA Preparer's signature Date: 2018-04-27 Check 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 \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	67,840

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2017

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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 8	MISC/REFUNDS/REIMBURSEMENTS 141 TOTAL 141

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	YOUTH LEADER EVENT COST OF GOODS SOLD 3,684 CITIZEN OF THE YEAR EVENT COST OF GOODS SOLD 790 CHRISTMAS CELEBRATION EVENT COST OF GOODS SOLD 5,069 HOMETOWN BANNER PROJECT COST OF GOODS SOLD 2,781 JULY 4TH CELEBRATION EVENT ADVERTISING AND PROMOTION 592 COST OF GOODS SOLD 17,545 FABULOUS 1890S EVENT COST OF GOODS SOLD 1,249 SISTER CITIES EVENT COST OF GOODS SOLD 218 EXPENSES ADVERTISING 165 CHAMBER OFFICE TELEPHONE 1,401 CHAMBER OFFICE EXPENSE 348 POSTAGE/PETTY CASH 96 WEBSITE HOSTING/MAINT 170 INSURANCE 1,174 HORSEHEADS REPLACEMENTS 650 DUES/MEMBERSHIPS 190 TOTAL 36,122

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	SPECIAL EVENTS ELECTRIC REIMB REC 3,909 909 PREPAID EXPENSES AND DEFERRED CHARGES 700 700 TOTAL 4,609 1,609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 6,910 7,685 UNSECURED NOTES AND LOANS PAYABLE 4,653 2,653 CHAMBER BUCKS OUTSTANDING 750 1,000

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