

Form **990EZ**
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.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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): 54 SOUTH MAIN STREET
Room/suite:
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)

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

I Website: MANSFIELD.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. \$ 87,664

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 8,000
2	Program service revenue including government fees and contracts 43,085
3	Membership dues and assessments 25,280
4	Investment income 228
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 8,765
c	Less direct expenses from gaming and fundraising events 6c 2,849
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 5,916
7a	Gross sales of inventory, less returns and allowances 7a 2,000
b	Less cost of goods sold 7b 1,303
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 697
8	Other revenue (describe in Schedule O) 8 306
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 83,512
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 31,906
13	Professional fees and other payments to independent contractors 13 2,336
14	Occupancy, rent, utilities, and maintenance 14 8,400
15	Printing, publications, postage, and shipping 15 775
16	Other expenses (describe in Schedule O) 16 39,664
17	Total expenses. Add lines 10 through 16 17 83,081
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 431
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 47,919
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 48,350

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	57,648	22 58,485
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,609	24 700
25 Total assets	59,257	25 59,185
26 Total liabilities (describe in Schedule O).	11,338	26 10,835
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,919	27 48,350

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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (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 80,296

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
KATHY TELEP PRESIDENT	000 00	0		
CHRIS JONES FIRST VICE P	000 00	0		
JODI MCNEAL TREASURER	000 00	0		
BARB CARLETON SECRETARY	000 00	0		
BRYAN BAILEY DIRECTOR	000 00	0		
STEVE MCCLOSKEY DIRECTOR	000 00	0		
BETHANY HAWN DIRECTOR	000 00	0		
JIM NOBELS DIRECTOR	000 00	0		
BEN WEISKOPFF DIRECTOR	000 00	0		
VERONICA NOWAK DIRECTOR	000 00	0		

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JODI MCNEAL Telephone no (570) 662-3442 Located at 1550 S MAIN ST STE 4 MANSFIELD, PA ZIP + 4 16933

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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

		Yes	No
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		

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 ▶ 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	2019-04-29 Date
KATHY TELEP, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LISA M GUTHRIE CPA	Preparer's signature	Date 2019-04-29	Check <input type="checkbox"/> 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 \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	80,296

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

Department of the Treasury

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 306 TOTAL 306

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	YOUTH LEADER EVENT COST OF GOODS SOLD 3,312 CITIZEN OF THE YEAR EVENT COST OF GOODS SOLD 1,118 CHRISTMAS CELEBRATION EVENT COST OF GOODS SOLD 4,152 HOMETOWN BANNER PROJECT COST OF GOODS SOLD 1,951 JULY 4TH CELEBRATION EVENT COST OF GOODS SOLD 15,291 FABULOUS 1890S EVENT COST OF GOODS SOLD 8,554 EXPENSES ADVERTISING 20 CHAMBER OFFICE TELEPHONE 1,640 CHAMBER OFFICE EXPENSE 1,006 POSTAGE/PETTY CASH 100 OFFICE INTERNET 635 BANK FEES 5 WEBSITE HOSTING /MAINT 170 WORKERS COMPENSATION 249 OTHER INSURANCE 765 HORSEHEADS REPLACEMENTS 192 DUES/ MEMBERSHIPS 190 MISC 189 LICENSE/PERMITS 125 TOTAL 39,664

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	SPECIAL EVENTS ELECTRIC REIMB REC 909 0 PREPAID EXPENSES AND DEFERRED CHARGES 700 700 TOTAL 1,609 700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 35 DEFERRED REVENUE 7,685 9,165 UNSECURED NOTES AND LOANS PAYABLE 2,653 0 CHAMBER BUCKS OUTSTANDING 1,000 1,635

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