

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: NORTHERN LANCASTER COUNTY CHAMBER OF COMMERCE
Number and street (or P O box, if mail is not delivered to street address): PO BOX 723
Room/suite: [blank]
City or town, state or province, country, and ZIP or foreign postal code: EPHRATA, PA 17522

D Employer identification number: 23-2489968
E Telephone number: (717) 738-9010
F Group Exemption Number: [blank]

G Accounting Method: Cash Accrual Other (specify) [blank]

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

I Website: WWW.NORTHERNLANCASTERCHAMBER.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 [blank]

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. \$ 83,783

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	18,103
3	Membership dues and assessments	3	53,293
4	Investment income	4	182
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 \$ [blank] 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	11,535
c	Less direct expenses from gaming and fundraising events	6c	9,006
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,529
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	670
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,777
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	44,087
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	586
15	Printing, publications, postage, and shipping	15	112
16	Other expenses (describe in Schedule O)	16	38,032
17	Total expenses. Add lines 10 through 16	17	82,817
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,040
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	70,667
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	62,627

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	70,667	22	62,627
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	70,667	25	62,627
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,667	27	62,627

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?
PROMOTE BUSINESS WITHIN THE EPHRATA AREA

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(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) <input type="checkbox"/>		32	

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
PAMELA ARMITAGE	5 00	0		
TREASURER				
PENNY TALBERT	0 50	0		
BOARD MEMBER				
DAVID BOLAND	0 50	0		
BOARD MEMBER				
KURT GARDNER	0 50	0		
BOARD MEMBER				
ERIN TREESE	5 00	0		
PRESIDENT				
JENNIFER DECK	0 50	0		
BOARD MEMBER				
JEFF BURROUGHS	2 50	0		
SECRETARY				
DR ELLA MUSSER	0 50	0		
BOARD MEMBER				
MARK THOMPSON	5 00	0		
VICE PRESIDE				
CAROL BRIAN	0 50	0		
BOARD MEMBER				
CHRISSE GARIANO	0 50	0		
BOARD MEMBER				
TYLER EBERLY	0 50	0		
BOARD MEMBER				

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 3 columns: Question ID, Question Text, Yes, No. 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 PAMELA A ARMITAGE TREASURER Telephone no (717) 336-3801
Located at 1360 RIDGE AVE EPHRATA, PA ZIP + 4 175220610

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 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 3 columns: Question ID, Question Text, Yes, No. 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.

***** Signature of officer	2019-05-16 Date
PAMELA ARMITAGE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

Additional Data

Software ID:
Software Version:
EIN: 23-2489968
Name: NORTHERN LANCASTER COUNTY 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.)	
<p>28 THE ORGANIZATION HOLDS MEETINGS THAT INCLUDE INFORMATIONAL/EDUCATIONAL SPEECHES ON CURRENT ISSUES AFFECTING LOCAL BUSINESS THE ORGANIZATION ALSO ORGANIZES NETWORKING EVENTS FOR ITS MEMBERS</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 THE ORGANIZATION ELECTRONICALLY DISTRIBUTES PERIODIC NEWSLETTERS TO ITS MEMBERS THAT INCLUDE ARTICLES ON BUSINESS TOPICS AND INFORMS MEMBERS OF CURRENT CHAMBER OF COMMERCE EVENTS THAT INVOLVE LOCAL BUSINESSES AND PROVIDE BUSINESS NETWORKING OPPORTUNITIES (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 THE ORGANIZATION PROVIDED BUSINESS RELATED TOPICS AT VARIOUS SEMINARS, LUNCHEONS, AND DINNERS THE ORGANIZATION ALSO SUPPORTED STUDENT OF THE MONTH PROGRAMS AT LOCAL SCHOOLS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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

NORTHERN LANCASTER COUNTY CHAMBER OF COMMERCE

Employer identification number

23-2489968

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 670 TOTAL 670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	STUDENT OF THE MONTH DIRECT PROGRAM EXPENSES 91 BUSINESS EXPO DIRECT PROGRAM EXPENSE 397 C HAMBER MIXERS DIRECT PROGRAM EXPENSES 245 WELLNESS WEDNESDAY PROGRAM COSTS 292 THIRD THURSDAY EVENTS DIRECT PROGRAM EXPENSES 900 ANNUAL MEETING OTHER DIRECT EXPENSES 2,425 FALL DINNER DIRECT PROGRAM EXPENSE 4,251 WOMEN IN BUSINESS OTHER DIRECT EXPENSES 2,738 EXPENSES MEMBERSHIP EXPENSES 583 ADVERTISING 3,760 OFFICE SUPPLIES 167 OFFICE EQUIPMENT & MAINT 3,210 INTERNET 979 TELEPHONE 1,694 SOFTWARE FEES 807 177 TRAVEL 200 2,944 CREDIT CARD FEES 1,286 BANK CHARGES 449 MISCELLANEOUS 455 PAYROLL PROCESSING FEE 703 BUSINESS DEVELOPMENT 98 WEBSITE DESIGN 9,181 TOTAL 38,032

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	THE ORGANIZATION ELECTRONICALLY DISTRIBUTES PERIODIC NEWSLETTERS TO ITS MEMBERS THAT INCLUDE ARTICLES ON BUSINESS TOPICS AND INFORMS MEMBERS OF CURRENT CHAMBER OF COMMERCE EVENTS THAT INVOLVE LOCAL BUSINESSES AND PROVIDE BUSINESS NETWORKING OPPORTUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	THE ORGANIZATION PROVIDED BUSINESS RELATED TOPICS AT VARIOUS SEMINARS, LUNCHEONS, AND DINNERS THE ORGANIZATION ALSO SUPPORTED STUDENT OF THE MONTH PROGRAMS AT LOCAL SCHOOLS