

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](http://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: MON YOUGH AREA CHAMBER OF COMMERCE  
Number and street (or P O box, if mail is not delivered to street address): 4304 WALNUT STREET  
Room/suite: [blank]  
City or town, state or province, country, and ZIP or foreign postal code: McKeesport, PA 15132

**D** Employer identification number: 23-2917105  
**E** Telephone number: [blank]  
**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: [blank]  
**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. \$94,466

**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 . . . . . 600  |
| 2          | Program service revenue including government fees and contracts . . . . .   |
| 3          | Membership dues and assessments . . . . . 62,008  |
| 4          | Investment income . . . . . 1   |
| 5a         | Gross amount from sale of assets other than inventory . . . . . 5a  |
| 5b         | 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   |
| 6a         | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 6a  |
| 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) . . . . . 6b |
| 6c         | Less direct expenses from gaming and fundraising events . . . . . 6c  |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 6d   |
| 7a         | Gross sales of inventory, less returns and allowances . . . . . 7a  |
| 7b         | Less cost of goods sold . . . . . 7b  |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7c   |
| 8          | Other revenue (describe in Schedule O) . . . . . 8 31,857   |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 94,466  |
| 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 72,322   |
| 13         | Professional fees and other payments to independent contractors . . . . . 13 3,256  |
| 14         | Occupancy, rent, utilities, and maintenance . . . . . 14 15,895   |
| 15         | Printing, publications, postage, and shipping . . . . . 15 7,896  |
| 16         | Other expenses (describe in Schedule O) . . . . . 16 8,503  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . 17 107,872   |
| 18         | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 -13,406  |
| 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 25,215  |
| 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 11,809  |



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 MAURY BURGWIN Telephone no (412) 678-2450
Located at 4304 WALNUT STREET McKeesport, PA ZIP + 4 15132

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.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> 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 . . . . . | <b>46</b>  | 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 . . . . .

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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 . . . . . | <b>47</b>  |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |           |

**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.

|   |                    |
|---|--------------------|
| <b>Sign Here</b><br>Signature of officer<br>MAURY BURGWIN EXECUTIVE DIREC<br>Type or print name and title | 2019-07-17<br>Date |
|---|--------------------|

|                               |  |                      |                    |   |                   |
|-------------------------------|--|----------------------|--------------------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JAMES SCHERICH                 | Preparer's signature | Date<br>2019-08-05 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00476450 |
|                               | Firm's name ▶ JAMES SCHERICH                                 |                      |                    | Firm's EIN ▶                                    |                   |
|                               | Firm's address ▶ 589 PITTSBURGH PIKE<br>Ruffs Dale, PA 15679 |                      |                    | Phone no (724) 722-3482                         |                   |

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-2917105  
**Name:** MON YOUGH AREA CHAMBER OF COMMERCE

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

| <b>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.</b> | <b>Expenses<br/>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b> |  |
|--|--|--|
| <b>28 NA</b><br>(Grants \$ )<br><br>If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>28a</b>   |  |

**Form 990EZ, Part IV — List of Officers, 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. . . . . 

| <b>(a) Name and title</b>        | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|----------------------------------|---|---|--|---|
| MAURY BURGWIN EXECUTIVE DIRECTOR | 40 00   | 53,238  | 0  | 0   |
| CHARLES BENNET CHAIRMAN          | 4 00  | 0   | 0  | 0   |
| HATTI TOPOLNAK VICE CHAIRMAN     | 4 00  | 0   | 0  | 0   |
| STEPHANIE SCANLON SECRETARY      | 4 00  | 0   | 0  | 0   |
| JAMES SCHERICH TREASURER         | 4 00  | 0   | 0  | 0   |
| MARK URBASSIK BOARD MEMBER       | 1 00  | 0   | 0  | 0   |
| NICK BENEVENTO BOARD MEMBER      | 1 00  | 0   | 0  | 0   |
| TRACY PETRAS BOARD MEMBER        | 1 00  | 0   | 0  | 0   |
| SCOTT BIDDLE BOARD MEMBER        | 1 00  | 0   | 0  | 0   |
| NANCY SHELTON BOARD MEMBER       | 1 00  | 0   | 0  | 0   |
| DONNA HUDAK BOARD MEMBER         | 1 00  | 0   | 0  | 0   |
| PHILIP SCOLIERI BOARD MEMBER     | 1 00  | 0   | 0  | 0   |
| VICTORIA GARWOOD BOARD MEMBER    | 1 00  | 0   | 0  | 0   |
| DANIEL BURNS BOARD MEMBER        | 1 00  | 0   | 0  | 0   |
| ANDREA ZOBER BOARD MEMBER        | 1 00  | 0   | 0  | 0   |

**Form 990EZ, 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. . . . . 

| <b>(a) Name and title</b>      | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|--------------------------------|---|---|--|---|
| MARY KAY BOROWSKI BOARD MEMBER | 1 00  | 0   | 0  | 0   |
| IRVING LATTERMAN BOARD MEMBER  | 1 00  | 0   | 0  | 0   |
| RUTH BYRD-SMITH BOARD MEMBER   | 1 00  | 0   | 0  | 0   |
| ROBERT JOHNSON BOARD MEMBER    | 1 00  | 0   | 0  | 0   |
| DAN LLOYD BOARD MEMBER         | 1 00  | 0   | 0  | 0   |
| CARL PETERSON BOARD MEMBER     | 1 00  | 0   | 0  | 0   |
| TOM PICKFORD BOARD MEMBER      | 1 00  | 0   | 0  | 0   |

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

MON YOUGH AREA CHAMBER OF COMMERCE

Employer identification number

23-2917105

**990 Schedule O, Supplemental Information**

| Return Reference                           | Explanation   |
|--|---|
| Description of other revenue Part I line 8 | Description Amount<br>MEMBER EVENT REVENUE MINUS EXPENSES 17,844<br>PROJECT REVENUE 13,037<br>HEALTH INSURANCE FOR MEMBERS COMMIS 976 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>   |
|---|--|
| Description of other expenses<br>Part I line 16 | Description Amount<br>MEMBER EVENT EXPENSES 342<br>INSURANCE DIRECTORS 1,217<br>FINANCIAL SERVICES 1,432<br>MISCELLANEOUS EXPENSES 5,512 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                     | <b>Explanation</b>  |
|---|---|
| Description of other assets Part II line 24 | Category Beginning of Year End of Year OTHER ASSETS 8,016 8,016 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                          | <b>Explanation</b>  |
|--|---|
| Description of total liabilities Part II line 26 | Category Beginning of Year End of YearPAYROLL LIABILITIES 1,837 1,810 |