

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
CHAMBER OF COMMERCE OF CLEARFIELD

Number and street (or P O box, if mail is not delivered to street address) Room/suite
125 EAST MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code
CLEARFIELD, PA 16830

D Employer identification number
25-0408170

E Telephone number
(814) 765-7567

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: www.clearfieldchamber.com

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 \$ 131,503

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

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																						
Revenue	1	Contributions, gifts, grants, and similar amounts received																																																
	2	Program service revenue including government fees and contracts																								5,437																								
	3	Membership dues and assessments																								48,549																								
	4	Investment income																								19,777																								
	5a	Gross amount from sale of assets other than inventory										5a																																						
	b	Less cost or other basis and sales expenses										5b	0																																					
	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	57,740																																					
c	Less direct expenses from gaming and fundraising events										6c	38,331																																						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)										6d	19,409																																						
7a	Gross sales of inventory, less returns and allowances										7a																																							
b	Less cost of goods sold										7b	0																																						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										7c																																							
8	Other revenue (describe in Schedule O)																								8																									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								9	93,172																								
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	57,465																							
	13	Professional fees and other payments to independent contractors																								13	2,360																							
	14	Occupancy, rent, utilities, and maintenance																								14																								
	15	Printing, publications, postage, and shipping																								15																								
	16	Other expenses (describe in Schedule O)																								16	45,117																							
	17	Total expenses. Add lines 10 through 16																								17	104,942																							
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								18	-11,770																							
	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	93,895																							
	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	82,125																							

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, 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 KIM M BLOOM Telephone no (814) 765-7567
Located at 125 EAST MARKET STREET CLEARFIELD, PA ZIP + 4 16830

Table with 3 columns: Question, 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, 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
NONE				

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
NONE		

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	2019-08-12 Date
KEVIN WAIN Chairman Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KATHERINE B ECKLEY CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01218164
	Firm's name ▶ Walter Hopkins & Company LLP			Firm's EIN ▶ 25-1065143	
	Firm's address ▶ 1107 Linden Street / PO Box 910-A Clearfield, PA 168300910			Phone no (814) 765-7876	

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

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.

(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
KENN STARR Director	1 00	0		
MIKE RYAN Director	1 00	0		
DEBRA THOMAS Director	1 00	0		
DAWN SHAW Treasurer	1 00	0		
KEVIN WAIN Chairman	1 00	0		
KATHY COLLINS Vice Chair	1 00	0		
KATIE PENOYER Director	1 00	0		
ADAM BAILEY Director	1 00	0		
DAVID MAYERSKY Director	1 00	0		
JUDY DIXON Director	1 00	0		
JOSH KUNKLE Secretary	1 00	0		
JENNIFER SUHONEY Director	1 00	0		
LINDSIE WISOR Director	1 00	0		
JAY SIEGEL Director	1 00	0		
LINDA BROSKY Director	1 00	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.

(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
YVONNE LEHMAN Director	1 00	0		
RYAN SAYERS SOLICITOR	1 00	0		
SHARI LEARISH Director	1 00	0		
KIM BLOOM Executive Dir	40 00	34,309		
GARY LYONS Director	1 00	0		

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization
CHAMBER OF COMMERCE OF CLEARFIELD

Employer identification number
25-0408170

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		SPECIAL EVENTS (event type)	HALLOWEEN HOWL (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,400	10,913	25,047	53,360
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	17,400	10,913	25,047	53,360
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,121	5,983	19,277	37,381
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				37,381
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				15,979

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

CHAMBER OF COMMERCE OF CLEARFIELD

Employer identification number

25-0408170

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$5530

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$5829

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$5210

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$4506

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	UTILITIES \$8285

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	EXPLORER PROGRAM EXPENSES \$4508

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	REAL ESTATE TAXES \$3451

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	REPAIRS & MAINTENANCE \$2407

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	CHAMBER GIFT CHECKS \$1780

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	COPIER LEASE \$1350

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	DUES & SUBSCRIPTIONS \$856

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	CERTIFICHECKS \$655

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	EMPLOYEE PARKING \$375

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	BANK FEES \$375

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$1146 Furniture and Fixtures - Ending \$822

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$2211 Accounts Receivable - Ending \$470

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$2822 Accounts Payable and Accrued Expenses - Ending \$2407