

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	48,581	22 20,106
23 Land and buildings		23
24 Other assets (describe in Schedule O)	19,591	24 3,743
25 Total assets	68,172	25 23,849
26 Total liabilities (describe in Schedule O).	8,579	26 6,161
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,593	27 17,688

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
LOCAL AREA CHAMBER OF COMMERCE

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	

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
BONNIE HULL PRESIDENT	1 00	0	0	0
CHAD COVELL BOARD MEMBER	1 00	0	0	0
CHRISSEY GWIN BOARD MEMBER	1 00	0	0	0
CHRISTOPHER FIELY VICE-PRESIDENT	1 00	0	0	0
EMILY ALTOMARE PRIOR EXECUTIVE DIRECTOR	40 00	23,180	0	0
JAYLA PERTZ BOARD MEMBER	1 00	0	0	0
JESSICA STOVER BOARD MEMBER	1 00	0	0	0
JOE CARTER BOARD MEMBER	1 00	0	0	0
KAREN CAREY EXECUTIVE DIRECTOR	40 00	1,845	0	0
KRISTA EBERT BOARD MEMBER	1 00	0	0	0
MALOY SHROUT BOARD MEMBER	1 00	0	0	0
MEGAN MADDEN BOARD MEMBER	1 00	0	0	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 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 CHRISTOPHER FIELY Telephone no (814) 827-2941 Located at 202 WEST CENTRAL AVE TITUSVILLE, PA ZIP + 4 16354

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

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 CHRISTOPHER FIELY VICE-PRESIDENT Type or print name and title	2019-11-06 Date
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Paid Preparer Use Only	Print/Type preparer's name BRUCE LAWRENCE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01329574
	Firm's name ▶ MCGILL POWER BELL & ASSOCIATES LLP			Firm's EIN ▶ 25-1031405	
	Firm's address ▶ 623 STATE STREET MEADVILLE, PA 16335			Phone no (814) 724-5890	

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

Additional Data

Software ID:

Software Version:

EIN: 25-0839795

Name: TITUSVILLE AREA 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 PROVIDED SUPPORT TO LOCAL BUSINESSES WITHIN THE JURISDICTION OF THE TITUSVILLE CHAMBER OR COMMERCE'S AREA (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: TITUSVILLE AREA CHAMBER OF COMMERCE

EIN: 25-0839795

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GOLF OUTING (event type)	OIL FESTIVAL (event type)	12 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,494	14,118	33,353	64,965
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	17,494	14,118	33,353	64,965
Direct Expenses	4 Cash prizes	1,060	900		1,960
	5 Noncash prizes		285		285
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,949	13,127	16,108	35,184
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				37,429
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				27,536

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.

		(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
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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

TITUSVILLE AREA CHAMBER OF COMMERCE

Employer identification number

25-0839795

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 2,612 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 992 GROSS PROFIT 1,620 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 992 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 992

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7B - OTHER COSTS	DESCRIPTION OTHER COSTS AMOUNT 992

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 3,081 DESCRIPTION NEWSLETTER AMOUNT 660 DESCRIPTION REIMBURSEMENTS AMOUNT 20 TOTAL TO FORM 990-EZ, LINE 8 3,761

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 2,537 DESCRIPTION BANK FEES AMOUNT 557 DESCRIPTION CREDIT CARD PROCESSING FEES AMOUNT 49 DESCRIPTION INSURANCE AMOUNT 2,348 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 5,596 DESCRIPTION TAKE PRIDE EXPENSES AMOUNT 34,671 DESCRIPTION TRAVEL AND MEETING EXPENSES AMOUNT 904 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 875 TOTAL TO FORM 990-EZ, LINE 16 47,537

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT TO WRITE OFF BAD DEBTS AMOUNT -14,389

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECIEVABLE BEG OF YEAR AMOUNT 18,716 END OF YEAR AMOUNT 3,743 DESCRIPTION COMPUTERS BEG OF YEAR AMOUNT 875 END OF YEAR AMOUNT 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,468 END OF YEAR AMOUNT 1,425 D DESCRIPTION RESERVE FOR GIFT CERTIFICATES BEG OF YEAR AMOUNT 7,111 END OF YEAR AMOUNT 4,736