Department of the Treasury Internal Revenue Service

# 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/Form990 for instructions and the latest information

2018 Openito Public

٩	For the 2018 c	alendar year, or tax year beginning , and ending			
3	Check if applicable	C Name of organization Mechanicsburg Merch & Bus Assoc dba		D Employer	identification number
	Address change	Mechanicsburg Chamber of Commerce			
$\overline{}$	Name change	Doing business as			703274
룩	·	· · · · · · · · · · · · · · · · · · ·	m/suite	E Telephone	796-0811
$\dashv$	Initial return Final return/	6 West Strawberry Alley  City or town, state or province, country, and ZIP or foreign postal code		/ 1 / -	790-0011
	terminated			_	. 001 000
	Amended return	Mechanicsburg PA 17055  F Name and address of principal officer		G Gross rece	ipts\$ 201,820
╗	Application pending		(a) Is this a grou	up return for su	bordinates? Yes X No
_	Application pending	See Attached Listing "	/h. \		ded? Yes No
		"	(b) Are all subc		
_			11 140,	allaci a list (	see instructions)
1	Tax-exempt status	501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or \$27			
J	Website W		(c) Group exen	<del></del>	
<u> </u>	Form of organization		formation 1	927	M State of legal domicile PA
·F	art'i Su	mmary			
	-	scribe the organization's mission or most significant activities			
9	_	romote the commercial and community interests of			
ā	Mech	anicsburg, Pennsylvanıa and ıts environs.			
Governance					
Š	2 Check th	s box ▶ if the organization discontinued its operations or disposed of more than 25% of	fits net ass	ets	
∞	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12
es	1	of independent voting members of the governing body (Part VI, line 1b)		4	12
¥	1	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	2
Activities	0 7-1-1	show a final value and do a transfer of a second	_	6	95
⋖	7a Total unr	elated business revenue from Part VIII, column (C) line 12RECEIVED	1111A	7a	645
	b Net unrel	ated business taxable income from Form 990-T, line 88	1911	7b	0
<b>a</b>		NOV 1 9 2010 100	Prior Yea		Current Year
	8 Contribut	service revenue (Part VIII, line 2g)	3	3,150	4,320
Ž	9 Program	service revenue (Part VIII, line 2g)	4.8	3,962	44,795
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	(*)	3,054	4,126
ď		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80	,583	82,090
	1	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135		135,331
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		paid to or for members (Part IX, column (A), line 4)		0	0
ın	45 0-1	other compensation, employee benefits (Part IX, column (A), lines 5–10)	106	5,742	107,902
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0
pen	h Total fun	draising expenses (Part IX, column (D), line 25) ▶			
Ä	17 Other ev	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	31	.,198	32,084
	1	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	137		139,986
	1	less expenses Subtract line 18 from line 12		2,191	-4,655
5 6			inning of Curr		End of Year
Net Assets or	20 Total ass	ets (Part X, line 16)	171		162,311
Ass	21 Total liab	lities (Part X, line 26)	2	2,223	2,073
ž	22 Net asse	s or fund balances. Subtract line 21 from line 20		,500	160,238
_	<del></del>	gnature Block	<del></del>	<del></del>	
		perjury, I declare that have examined this return, including accompanying schedules and statements,	and to the be	st of my kno	wiedge and helief it is
tr	ue, correct, and	pholete Declaration of preparer (other than officer) is pased on all information of which preparer has a	ny knowledge	• /	A
		Marusaymi roll -		11/1/2	3/19
Sid	gn 🕴 🏂	grature of officer		Date	<del></del>
	re	Mary Helmbuch Treasure	or.		
16	1 -	ype or print name and title	<u> </u>	· - ·	
	<del></del>	preparer's name Preparer's signature	Date /	Check	If PTIN
<sup>o</sup> aı			11/1/1	9 self-emp	<b>□</b> "
	30000	J Christ Must, Christ  me  Greenawalt & Company, P.C.	-1-7-7		
	e Only		Fil	rm's EIN	23-2405297
J .31		400 West Main Street			717 766 1762
	Firm's ad		PI	none no	717-766-4763
_	<del></del>	s this return with the preparer shown above? (see instructions)			Yes No
-or	raperwork Redi	iction Act Notice, see the separate instructions		1	Form <b>990</b> (2018)

		cch & Bus Assoc dba	25-1703274	Page 2
	tatement of Program Serv heck if Schedule O contains	ice Accomplishments a response or note to any line	ın this Part III	
	ibe the organization's mission			
		l and community int		
Mechanio	csburg, Pennsylva	nia and its enviror	ns.	
-		program services during the year which	n were not listed on the	
	90 or 990-EZ? cribe these new services on Sche	dule O		Yes X No
•		e significant changes in how it conduct	s, any program	
services?				Yes X No
	cribe these changes on Schedule		respit areas and an area and area area.	
expenses So		anizations are required to report the an	rgest program services, as measured by nount of grants and allocations to others,	
An (Codo	) (Expenses \$	47,220 including grants of \$	) (Davies 6	116,755)
in the opromote	oilee Day, one of country, and othe	the largest one dar smaller special education its surroundings	events, to	116,755)
	d membership bene	93,766 including grants of \$ fits, including an		31,824)
		er social mixers an ess & individual me		
4c (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra	m services (Describe in Schedule	O) uding grants of \$	) (Revenue \$	)
	m service expenses ▶	140,986		, 
DAA				Form <b>990</b> (2018)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II



	n 990 (2018) Mechanicsburg Merch & Bus Assoc dba 25-1/032/4		P	age
Pa	art IV Checklist of Required Schedules			
			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
2	complete Schedule A	1		X
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		<sub>&gt;</sub>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		-
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del>                                     </del>		<u> </u>
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b> </b>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ı
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	i		٠,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	l l		٠,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			.,
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,	}	v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> X</u>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	^	—
. •	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		_ <u>X</u>

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20b

21

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ŀ
	employees? If "Yes," complete Schedule J	23		}
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		<b>\</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	ł
	disqualified persons? If "Yes," complete Schedule L, Part II	26		\ \
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		γ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		Ì	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		ļχ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		L.X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	į	×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		ļχ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Г
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			_[
			Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	1c		Ιx

_Pa	Statements Regarding Other IRS Filings and Tax Compliance (Continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	110
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			<u></u>
			000	•

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

~	- Check if Schedule O contains a response of note to any line in this fact vi					177
Sec	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		162	NO
ıa	If there are material differences in voting rights among members of the governing body, or			1		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		
•	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			- <u>-</u>		<u> </u>
·	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	2		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	<b>-</b>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<b> </b>		1
, u	one or more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1	<del></del>	<u> </u>
J	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he following	1.5		<u> </u>
а	The governing body?	u	ile iollowing	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			- 00		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	1	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal F	Pevenue Ci		·	
000	tion D. Follows (Fine Coulon B requeste information about policide not required by the inter	mar r		<del>, , , , , , , , , , , , , , , , , , , </del>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100	<b>-</b>	
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,		1		
12a	· · · · · · · ·			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	inflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		
·	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	<u> </u>	Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1,44		
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1	i	
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		••		<b>!</b>	·
17	List the states with which a copy of this Form 990 is required to be filed None		•			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	ction !	501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	= •••	V-7			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est pol	icv. and			
. •	financial statements available to the public during the tax year		. , , ==			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds Þ				
	effrey Palm 6 W Strawberry Alley					
	echanicsburg PA 1705	55	717	7-79	6-0	811

Form 990 (2018) Mechan	icsbura Mercl	h & Bus	Assoc (	dba 2	5-1703274

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, and	
	Independent Contractors			_

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

DAA

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (D) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the ndıvıdual trustee (W-2/1099-MISC) related ey employee organization ghest compensated nployee stitutional trustee organizations and related below dotted organizations line) (1) See Attached Listing 0.00 0.00 0 0 Directors (2) Mary Heimbuch 0.00 0.00 Χ 0 0 0 Treasurer (3)(4) (5) (6) (7) (8) (9) (10)(11)

Form 990 (2018)

! Pa	rt VII   Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	bo.	x, unte	Pos check ess pe	rson ı	than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-NIISC)	from the organization and related organizations
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)							<b>▶ ▶</b>			
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	ibov	ve) who received more than	s \$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	<i>complete Sched</i> to the sum	<i>dule</i> of re	J for	suc. able	h ind	lividi pens	<i>ial</i> satio	on and other compensation	from the	3 X 4 X
5 Sect	Did any person listed on line 1 for services rendered to the or ion B. Independent Contractor	ganization? If "Y								r individual	5 X
1	Complete this table for your five compensation from the organic	ve highest comp									Par
		(A) business address	<u> </u>				10 00			(B) of services	(C) Compensation
	·										
		, ,						-			
						. ,					
2	Total number of independent of received more than \$100,000	contractors (inclu	uding	but	not	limite	ed to	tho	ose listed above) who		(i) (ii)

Form 990 (2018) Mechanicsburg Merch & Bus Assoc dba 25-1703274 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated business (D) Revenue exempt function excluded from tax under sections revenue revenue 512-514 Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts 1a 1a Federated campaigns b Membership dues 1b 4,320 c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 4,320 h Total. Add lines 1a-1f Busn, Code 43,400 43,400 2a Chamber Membership Dues 750 750 b Commissions and misc 541800 645 645 C Directory/Newsletter Adv f All other program service revenue 44,795 g Total. Add lines 2a-2f  $\triangleright$ Investment income (including dividends, interest,

		and other similar amounts)	<b>&gt;</b>	4,126			4,126
	4	Income from investment of tax-exempt bon	d proceeds ►				
	5	Royalties	<u> </u>				
		(ı) Real	(ii) Personal				,
	6a	Gross rents					
	b	Less rental exps					
	C	Rental inc or (loss)					
	_d		<u> </u>				
	/a	Gross amount from (i) Securities sales of assets	(ii) Other				
		other than inventory					
	b	Less cost or other			,		
		basis & sales exps					
	c	Gain or (loss)					-
	d	Net gain or (loss)	<u> </u>				
a	8a	Gross income from fundraising events					
Š		(not including \$ 4,320					
eve		of contributions reported on line 1c)					
ξ.		See Part IV, line 18 a	148,579				
Other Revenue	ь	Less direct expenses b	66,489	]			
0	c	Net income or (loss) from fundraising even	ts 🕨	82,090			
	9a	Gross income from gaming activities					
		See Part IV, line 19 a		] .			
	ь	Less direct expenses b		]			
	c	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventor	y <b>&gt;</b>				
		Miscellaneous Revenue	Busn Code				
	11a						-
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	<b></b>				
	1	Total revenue. See instructions	•	135,331	43,400	645	4,876
_				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2018)
DAA							
	_	<u> </u>					

Part IX Statement of Functional Expenses

Seci	con 501(c)(3) and 501(c)(4) organizations must co.  Check if Schedule O contains a respo			mpiete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	05 040			
7	Other salaries and wages	85,240			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	15 504			
9	Other employee benefits	15,584			
10	Payroll taxes	7,078			
11	Fees for services (non-employees)	1 116			
a		1,116			
b	· · · · · · · · · · · · · · · · · · ·	850			
C	Accounting	0.50			
d	, , , , , , , , , , , , , , , , , , ,		·		-
e f	· · · · · · · · · · · · · · · · · · ·				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,929			
12	Advertising and promotion	1,756			
13	Office expenses	8,242			
14	Information technology	0,232	<del></del>		
15	Royalties				
16	Occupancy	6,162	<del>-</del>		
17	Travel	335			
18	Payments of travel or entertainment expenses			-	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · ·		
21	Payments to affiliates		····· - · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				
23	Insurance	9,983			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a		1,263			
b	_ ,,	238			
С	Small equipment	165			
d	Committees	45			
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	139,986	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line in this Part X			·		
				(A) Beginning of year	·	(B) End of year		
	1	Cash—non-interest bearing		7,003	1	6,473		
	2	Savings and temporary cash investments		94,609	2	87,358		
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net			4			
	5	Loans and other receivables from current and former offi	cers, directors,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		trustees, key employees, and highest compensated emp	loyees					
		Complete Part II of Schedule L	•		5			
	6	Loans and other receivables from other disqualified pers	ons (as defined under section	14年1月1日日本	110			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and		)	THE PARTY OF THE P		
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary	The State of the state of				
S.	,	organizations (see instructions) Complete Part II of Sch	edule L		6			
Assets	7	Notes and loans receivable, net			7			
¥	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment cost or			11.25	THE REPORT OF		
		other basis Complete Part VI of Schedule D	10a 6,00	O THE PROPERTY OF THE O	بشد			
	b	Less accumulated depreciation	10b	6,000	10c	6,000		
	11	Investments—publicly traded securities		64,111	11	62,480		
	12	Investments—other securities See Part IV, line 11		12				
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets		14				
•	15	Other assets See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	)	171,723	16	162,311		
	17	Accounts payable and accrued expenses			17	<u> </u>		
	18	Grants payable			18			
	19	Deferred revenue			19			
_	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21			
es.	22	Loans and other payables to current and former officers,			100			
Ħ		trustees, key employees, highest compensated employe	es, and	The state of the s	11000	La allate sabitation properties		
Liabilities		disqualified persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third	·		23			
	24	Unsecured notes and loans payable to unrelated third pa			24			
	25	Other liabilities (including federal income tax, payables to						
		parties, and other liabilities not included on lines 17-24)	Complete Part X	2 222		0 071		
		of Schedule D		2,223	1	2,073		
	26	Total liabilities. Add lines 17 through 25	. h N V	2,223	26	2,073		
S.		Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34.	there ▶ X and		16			
2	27	Unrestricted net assets		169,500	27	160,238		
Fund Balances	27 28	Temporarily restricted net assets		109,300	27	100,230		
<b>B</b>	29	Permanently restricted net assets			29			
5	25	Organizations that do not follow SFAS 117 (ASC 958)	, check here	Lata Make Markey	25	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
ō		complete lines 30 through 34.	, check here		1	THE RESERVE OF THE PERSON OF T		
sts	30	Capital stock or trust principal, or current funds		3,735 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	The second second		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment						
et A	32	Retained earnings, endowment, accumulated income, or			31 32			
ž	33	Total net assets or fund balances	Janet remed	169,500	33	160,238		
	34	Total liabilities and net assets/fund balances		171,723		162,311		
		<del></del>	<del></del>	<del></del>				

orm	1990 (2018) Mechanicsburg Merch & Bus Assoc dba 25-1703274				Pag	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13	5,	331
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	9,	986
3	Revenue less expenses Subtract line 2 from line 1	3		-	4,	655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				500
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4.	607
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		16	0.3	238
Pa	art XII Financial Statements and Reporting			•		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Ţ,	T		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					•
	Schedule O			'	: :	:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<u> </u>		C 1	
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			ŀ		·
b	Were the organization's financial statements audited by an independent accountant?		2	b.		$\tilde{X}$
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					1
	separate basis, consolidated basis, or both				İ	
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					-
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		<u> </u>			,
	Schedule O				.]	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			-  -	1	
	the Single Audit Act and OMB Circular A-133?		3	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь		

#### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name	of organization	Mechanicsburg N	Merch &	Bus Assoc db	а	Employer ident	ification number
		Mechanicsburg (				25-17032	
Par	t I-A i Comp	olete if the organization	is exempt ι	ınder section 501(c	) or is a section	n 527 organizatio	on.
1	Provide a descrip	tion of the organization's direct	and indirect po	litical campaign activities	in Part IV (see in	structions for	
	definition of "polit	ical campaign activities")					
2	Political campaig	n activity expenditures (see inst	ructions)			▶ \$	
3		or political campaign activities (					
Par	t.I-B⊹ Comp	olete if the organization	is exempt ι	inder section 501(c	(3).		
1	Enter the amount	of any excise tax incurred by the	ie organization	under section 4955		▶ \$	
2	Enter the amount	t of any excise tax incurred by o	rganization ma	nagers under section 495	55	▶ \$	
3	If the organization	n incurred a section 4955 tax, di	d it file Form 4	720 for this year?			Yes No
4a	Was a correction	made?					Yes No
<u> </u>	If "Yes," describe			<del></del>			
<u>Par</u>	t I-C Comp	olete if the organization	is exempt ι	ınder section 501(c	), except secti	on 501(c)(3).	<del> </del>
1	Enter the amount	directly expended by the filing	organization foi	r section 527 exempt fund	ction		
	activities					▶ \$	
2	Enter the amount	of the filing organization's fund	s contributed to	other organizations for s	section		
	527 exempt funct	ion activities				▶ \$	
3	•	ction expenditures Add lines 1	and 2 Enter he	re and on Form 1120-PC	PL,		
	line 17b					▶ \$	
4	Did the filing orga	nization file Form 1120-POL fo	r this year?				Yes No
5		addresses and employer identi		• •		<del>-</del>	
	-	e payments For each organiza		,			
	•	litical contributions received tha		•	•	•	
	as a separate seg	gregated fund or a political action	n committee (F	PAC) If additional space	s needed, provide	information in Part IV	
		(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
						filing organization's funds if none, enter -0-	contributions received and promptly and directly
						Tando il Horie, eriter -o-	delivered to a separate
			1				political organization
		<del></del>					If none, enter -0-
(1)							
(2)							
(3)							
(4)							
	<u>.</u> .			<del></del>			
(5)							
(6)							
					1		

Schedule C (Form 990 or 990-EZ) 2018 M⊖C	hanicsburg N	Merch & Bus	Assoc	dba	25-170327	4	Page <b>2</b>
Part II-A Complete if the orga							
section 501(h)).	•		( / ( /		•		
	ion belongs to an affi	liated group (and lis	t in Part IV e	ach affi	liated group mer	nber's	name,
	ises, and share of ex				•		
B Check ▶ ☐ If the filing organizat	ion checked box A ar	nd "limited control" p	rovisions ap	oly			
	obbying Expendi				(a) Filing		(b) Affiliated
(The term "expenditures				org	ganization's totals		group totals
1a Total lobbying expenditures to influence							
b Total lobbying expenditures to influence	e a legislative body (dire	ect lobbying)					
c Total lobbying expenditures (add lines	1a and 1b)						
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (ad	ld lines 1c and 1d)						
f Lobbying nontaxable amount Enter the	amount from the follow	ving table in both					•
columns							
If the amount on line 1e, column (a) or (t	) is The lobbying no	ntaxable amount is:		.,		34.1	
Not over \$500,000	20% of the amour	nt on line 1e		भारति ।	是是是生的的	1 -	्राप्तः च्रिक्तः । स्थापन
Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000	1 1-1 4.16			e cruesid
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10 <sup>4</sup>	% of the excess over \$1,0	000,000	in the	A Company of the sales	7.7	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000	1	是各种人一个		
Over \$17,000,000	\$1,000,000			1		1.00	精 高麗
g Grassroots nontaxable amount (enter 2	25% of line 1f)						
h Subtract line 1g from line 1a If zero or	less, enter -0-						
i Subtract line 1f from line 1c If zero or I	ess, enter -0-						
j If there is an amount other than zero or	n either line 1h or line 1i	, did the organization f	ile Form 4720				
reporting section 4911 tax for this year	7						Yes No
	4-Year Averag	ing Period Under S	ection 501(l	n)		•	
(Some organizations that m	_	-	-	•	of the five colu	ımns t	below.
	. See the separate i		•				
	Lobbying Expendit	ures During 4-Year	Averaging	Period			
Calendar year (or fiscal year							
beginning in)	(a) 2015	(b) 2016	(c) 201	7	(d) 2018		(e) Total
				<u>.</u>			
2a Lobbying nontaxable amount							
b Lobbying ceiling amount	<b>那世中的</b>		AN USE PLOT HER T	TENNETH HER		ACTIVAL	•
(150% of line 2a, column (e))	Mark the firm in the			表記			
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount	Billian Control (4)	C Paragraph		明治场	Later recognition	£3:	
(150% of line 2d, column (e))	是是是是	WOUNDERS REPORT	HILL DESCRIPTION OF THE PERSON			PEG	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

_	(election under section 501(h)).	(;	a)		(b)		
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed aption of the lobbying activity	Yes	No	_	Amou	nt	
1 (	During the year, did the filing organization attempt to influence foreign, national, state, or local						
١	legislation, including any attempt to influence public opinion on a legislative matter or						
ſ	referendum, through the use of						
a \	Volunteers?						
b l	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c f	Media advertisements?						
d f	Mailings to members, legislators, or the public?						
e i	Publications, or published or broadcast statements?						
f (	Grants to other organizations for lobbying purposes?				· .		
g (	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_					
1 (	Other activities?						
J -	Total Add lines 1c through 1i						
2a (	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b l	If "Yes," enter the amount of any tax incurred under section 4912						
		- 1					
c I	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-				
<u>d</u>		(c)(5),	or se	ection			
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5),	or se	ection			
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or se	ection		Yes	No
d Part	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or se		1		No X
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2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part Na Supplemental Information (continued)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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OMB No. 1545-0047

Name of the organization Employer identification number Mechanicsburg Merch & Bus Assoc dba 25-1703274 Mechanicsburg Chamber of Commerce Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. - Part I 陳 Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🖟 Part II 🎉 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Part III*   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continual collection) teams (check all that apply)	Page 2
collection dems (check all that apply)  a	∍d)
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be soid to raise funds rather than to be maintained as part of the organization's collection?  Peārtī IV:: Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 if the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 if the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 if the organization include an amount on Form 990, Part X, line 21 if the organization include an amount on Form 990, Part X, line 21 if the organization include an amount on Form 990, Part X, line 21 if the organization include an amount on Form 990, Part X, line 21 if the organization include an amount on Form 990, Part X, line 10 if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e) Other expenditures for facilities and programs f Administrative expenses g Grants or scholarships e) Other expenditures for facilities and programs g End of year balance porganization by f Yes or the organization of the organization that are held and administered for the organization of the organization of the organization that are held and administered for the organizations (ii) related organizations f Yes on Form 990, Part IV, line 11a See Form 990, Part X, line 10	
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assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV: Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V:  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment   %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment Funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  (ii) related organizations  b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  Part VI:  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10	
PăiTIV:   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ye   If "Yes," explain the arrangement in Part XIII and complete the following table   Amount 1 c   Amo	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10	
(investment) (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	
Schedule D (Form	990) 2018

	orm 990) 2018 Mechanicsburg Merch	& Bus Assoc db	a 25-1703274	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV Jin	a 11h Saa Form 990 D	art X line 12
· ·	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(5) 500K Tailed	Cost or end-of-year	
(1) Financial (	derivatives			
` '	eld equity interests		,	
(3) Other	sid equity interests			
(A)		<del></del>		····
(B)		-		
(C)				
(D)				
(E)				<del></del>
(F)				
(G)				
(H)				4 1781 7
	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶			7 E. W
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or		<u>e 11c See Form 990, P</u>	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			· PERFECT
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d See Form 990, P	art X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	· <del>- ·· · · · · · · · · · · · · · · · · ·</del>
(9)				
	n (b) must equal Form 990, Part X, col_(B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
Par STAN	Complete if the organization answered "Yes" or	n Form 990 Part IV Jun	e 11e or 11f See Form	990 Part X
	line 25	111 OIIII 000, 1 GICTY, IIII		000, 1 alt X,
1	(a) Description of liability	(b) Book value	Γ.	
	income taxes	(2) 2221		
	oll taxes payable	2,073		nia then
	orr canco payabre	2,073	4	、"龙田"。
(3)		<del> </del>	· " · .	· • •
(4)			<b>{</b>	1 . 55
(5)				l l
(6)			4 . ',	1
(7)				
(8)			· · · · · ·	ر ا در د ا
(9)		0.070		Program .
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	2,073	1 <u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

4b

Part XIII : Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

3 Subtract line 2e from line 1

b Other (Describe in Part XIII )c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

3

4c

5

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

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

-EZ (Open-to Public ) inspection (Communication (Co

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ

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

Mechanicsburg Merch & Bus Assoc dba Mechanicsburg Chamber of Commerce Employer identification number 25-1703274

	<del></del>			<del></del>		
Fundraising Activities. Complete if Form 990-EZ filers are not required to				red "Yes" on Form	990, Part IV, line	17
1 Indicate whether the organization raised funds through a				Check all that apply		
a Mail solicitations	<del></del>			ernment grants		
b Internet and email solicitations	Solicitation		_	-		
$\overline{}$	g Special fun	_		-		
d In-person solicitations			J			
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in	th any individual (in connection with	nclud profes	ing of	ficers, directors, truste al fundraising services	es,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization				=		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raisei custo cont	d fund- have dy or rol of ulions?	(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						
•		ļ				
4						
5						
6		-				
7						
8		<u> </u>				
9			_			
10						
		l				
Total			<u> </u>			l
3 List all states in which the organization is registered or li	censed to solicit c	ontrib	utions	s or has been notified i	t is exempt from	

Mechanicsburg Merch & Bus Assoc dba 25-1703274

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

		gross receipts t	greater than \$5,000		······································	
			(a) Event #1	(b) Event #2	(c) Other events	
o)			Jubilee Day (event type)	Holiday/Communi (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	116,755	13,855	22,289	152,899
	2	Less Contributions			4,320	4,320
	3	Gross income (line 1 minus line 2)	116,755	13,855	17,969	148,579
	4	Cash prizes			2,000	2,000
	5	Noncash prizes		·		· ·
ses	6	Rent/facility costs	39,293		5,076	44,369
Direct Expenses	7	Food and beverages			2,770	2,770
Direct	8	Entertainment	875			875
	9	Other direct expenses	7,052	4,995	4,428	16,475
			Add lines 4 through 9 in column (c		<b>&gt;</b>	66,489 82,090
			ubtract line 10 from line 3, column (			02,090

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

une			(	(a) Bingo	bi	(b) Pull tabs/instant ngo/progressive bingo		(c) Other gam	ing	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue								
SS	2	Cash prizes								
Direct Expenses	3	Noncash prizes				<del></del>				
Orect E	4	Rent/facility costs								
_	5	Other direct expenses					ļ.,		· <b>-</b> ····	
	6	Volunteer labor	Yes No	%	Y	es % o		Yes No	%	
	7	Direct expense summary	Add lines 2 th	nrough 5 in column	(d)				•	
	8	Net gaming income sumn	nary Subtract	line 7 from line 1,	column (d)				<u> </u>	

9 Enter the state(s) in which the organization conducts gan	ming activitie	es.
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a Is the org	anization licensed	to conduct g	aming activitie	es in each c	of these states?
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b	lf	"No,"	expla	aın
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10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

D I	1 "Y	es,	exp	laın
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Yes	П	No

Yes No

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	edule G (Form 990 or 990-EZ) 2018 Mechanicsburg Merch & Bus Assoc dba 25-1703274 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in
a	The organization's facility  13a %
b	An outside facility  Fator the name and address of the parent who prepares the argenyatten's gaming/appeal events backs and
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?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party > \$
С	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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
D44	spent in the organization's own exempt activities during the tax year ▶ \$
Pa	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
	See instructions

## 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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ
► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Mechanicsburg Merch & Bus Assoc dba <u>Mechanicsburg Chamber of Commerce</u> Employer identification number 25-1703274

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual Conflict of Interest forms are completed by all Board members.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Determined by Personnel Committee of the Board of Directors annually

Form 990, Part VI, Line 15b - Compensation Process for Officers

Determined by Personnel Committee of the Board of Directors annually

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Unrealized loss on investments \$ -4,607