

Form **990**
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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
VENANGO ARE CHAMBER OF COMMERCE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 376 24 SENECA STREET

City or town, state or province, country, and ZIP or foreign postal code
OIL CITY, PA 16301

D Employer identification number
20-2835456

E Telephone number
(814) 676-8521

F Name and address of principal officer:
SUSAN WILLIAMS
24 SENECA ST
OIL CITY, PA 16301

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ VENANGOCHAMBER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2005

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE VENANGO AREA CHAMBER OF COMMERCE BUILDS, SERVES AND PROMOTES REGIONAL BUSINESS. THE CHAMBER STRIVES TO KEEP PROGRAMS CURRENT AND RESPONSIVE TO THE DEMANDS OF VENANGO'S CURRENT BUSINESS CLIMATE, ACTING AS A BRIDGE THAT LINKS BUSINESSES, ORGANIZATIONS AND RESIDENTS TOGETHER WITH INNOVATIVE PROGRAMS THAT STRENGTHEN VENANGO COUNTY'S LONG-TERM ECONOMIC VITALITY, BUSINESS SUCCESS, JOB CREATION AND QUALITY OF LIFE. WE PROVIDE SEVERAL WAYS FOR OUR MEMBERS TO ENHANCE THEIR CREDIBILITY, GAIN RECOGNITION, HAVE A VOICE IN ISSUES AFFECTING BUSINESS, IMPROVE THEIR BOTTOM LINES, GET INVOLVED THROUGH NETWORKING EVENTS AND VOLUNTEERING, AND SO MUCH MORE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	174,814	166,823
9 Program service revenue (Part VIII, line 2g)	141,649	141,458
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	366	225
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,371	3,477
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322,200	311,983
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,526	125,392
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	135,281	157,120
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250,807	282,512
19 Revenue less expenses. Subtract line 18 from line 12	71,393	29,471
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	180,231	211,700
21 Total liabilities (Part X, line 26)	3,454	5,452
22 Net assets or fund balances. Subtract line 21 from line 20	176,777	206,248

Part II Signature Block

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: *****
Date: 2020-09-18
SUSAN WILLIAMS PRESIDENT / CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-09-28
Check if self-employed PTIN: P01366333
Firm's name: ▶ RICHAR SHIELDS & CO PC Firm's EIN: ▶ 81-3838101
Firm's address: ▶ PO BOX 435 SENECA, PA 16346 Phone no. (814) 670-0235

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE VENANGO AREA CHAMBER OF COMMERCE BUILDS, SERVES AND PROMOTES REGIONAL BUSINESS. THE CHAMBER STRIVES TO KEEP PROGRAMS CURRENT AND RESPONSIVE TO THE DEMANDS OF VENANGO'S CURRENT BUSINESS CLIMATE, ACTING AS A BRIDGE THAT LINKS BUSINESSES, ORGANIZATIONS AND RESIDENTS TOGETHER WITH INNOVATIVE PROGRAMS THAT STRENGTHEN VENANGO COUNTY'S LONG-TERM ECONOMIC VITALITY, BUSINESS SUCCESS, JOB CREATION AND QUALITY OF LIFE. WE PROVIDE SEVERAL WAYS FOR OUR MEMBERS TO ENHANCE THEIR CREDIBILITY, GAIN RECOGNITION, HAVE A VOICE IN ISSUES AFFECTING BUSINESS, IMPROVE THEIR BOTTOM LINES, GET INVOLVED THROUGH NETWORKING EVENTS AND VOLUNTEERING, AND SO MUCH MORE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

ALL OTHER PROGRAMS INCLUDE, BUT NOT LIMITED TO, MEMBERSHIP PROGRAMS AND SUPPORT SERVICES IN ORDER TO PROMOTE BUSINESS CONNECTIONS, FLOW OF INFORMATION AND SPOTLIGHT LOCAL BUSINESSES. PROGRAMS AND EVENTS INCLUDE SOCIAL GATHERINGS, GOLF OUTINGS, DINNERS, ETC. THE YOUNG PROFESSIONAL PROGRAM SPOTLIGHTS FUTURE LEADERS AND ENTREPRENEURS' OF THE AREA, ALLOWING THEM TO MAKE CONNECTIONS AND DEVELOPE THEIR CAREERS IN ORDER TO HELP SHAPE THE FUTURE OF THE VENANGO AREA. LEADERSHIP VENANGO IS A NINE-MONTH PROGRAM DESIGNED TO MOTIVATE INDIVIDUALS WHO DESIRE TO BECOME MORE EFFECTIVE LEADERS. THE PROGRAM SEEKS TO BETTER UNDERSTAND THE PROBLEMS AND THE OPPORTUNITIES IN VENANGO COUNTY TO FURTHER FUTURE GROWTH AND SUSTAIN. ALL PROGRAMS WERE SUCESSFUL THIS YEAR AND CONTINUE TO GROW INTERST AMONG THE RESIDENTS AND BUSINESSOWNERS OF VENANGO COUNTY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and financial reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records:
SUSAN WILLIAMS 24 SENECA ST OIL CITY, PA 16301 (814) 676-8521

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

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, or 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA BEACH DIRECTOR	X						0	0	0
(2) RYAN BELL DIRECTOR	X						0	0	0
(3) MATTHEW DEAL DIRECTOR	X						0	0	0
(4) DOUG EBERLE DIRECTOR	X						0	0	0
(5) JEANNIE HENRY TREASURER	X						0	0	0
(6) JAKE HICKMAN DIRECTOR	X						0	0	0
(7) KATHY KENTZEL DIRECTOR	X						0	0	0
(8) HOPE LINEMAN SECRETARY	X						0	0	0
(9) JOYCE LUTON DIRECTOR	X						0	0	0
(10) JIM MARSHALL DIRECTOR	X						0	0	0
(11) TRENTON MOULIN VICE CHAIRMA	X						0	0	0
(12) GREG PLOWMAN DIRECTOR	X						0	0	0
(13) DAVID SNEDDEN DIRECTOR	X						0	0	0
(14) FRED TERWILLIGER DIRECTOR	X						0	0	0
(15) MATT CALDWELL CHAIRMAN			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				

1b Sub-Total	▶				
c Total from continuation sheets to Part VII, Section A	▶				
d Total (add lines 1b and 1c)	▶				

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶					
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	No		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	No		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶					
---	--	--	--	--	--

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for OIL HERITAGE FESTIVAL, CRANBERRY FESTIVAL, etc., and 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-11 for investment income, royalties, rents, gains, fundraising events, gaming activities, and sales of inventory, and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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)				
7 Other salaries and wages	111,623			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	4,288			
10 Payroll taxes	9,481			
11 Fees for services (non-employees):				
a Management				
b Legal	2,370			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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)	1,326			
12 Advertising and promotion	6,201			
13 Office expenses	17,383			
14 Information technology				
15 Royalties				
16 Occupancy	13,266			
17 Travel	566			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	150			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,824			
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 FESTIVAL EXPENSES - OHF	40,800			
b BE HERE YP PROJECT COSTS	19,883			
c MEMBER EVENTS	11,652			
d COPIER LEASE	10,214			
e All other expenses	28,485			
25 Total functional expenses. Add lines 1 through 24e	282,512	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	137,329	1	185,961
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,079	4	14,961
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,497	8	10,778
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	1,326	10c
	11 Investments—publicly traded securities		11	
	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)	180,231	16	211,700	
Liabilities	17 Accounts payable and accrued expenses	3,454	17	5,452
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,454	26	5,452
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	176,777	27	206,248
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	176,777	32	206,248	
33 Total liabilities and net assets/fund balances	180,231	33	211,700	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	311,983
2	Total expenses (must equal Part IX, column (A), line 25)	2	282,512
3	Revenue less expenses. Subtract line 2 from line 1	3	29,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	176,777
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	206,248

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b		No
2c		
3a		
3b		

Additional Data

Software ID:

Software Version:

EIN: 20-2835456

Name: VENANGO ARE CHAMBER OF COMMERCE

Form 990 (2019)

Form 990, Part III, Line 4a:

THE MEMBERS OF THE VENANGO AREA CHAMBER OF COMMERCE ANNUALLY PRODUCE JOINTLY THROUGH VOLUNTEER EFFORTS AN "OIL HERITAGE FESTIVAL" IN AN EFFORT TO ADVANCE THE PUBLIC PERCEPTION OF THE CITY OF OIL CITY, AS WELL AS VENANGO COUNTY AND TO INVITE PEOPLE FROM OUTSIDE THE COMMUNITY, AS WELL AS LOCAL RESIDENTS, TO COME TO THE CITY AND PARTICIPATE IN THE CITY'S PAST AND CURRENT HERITAGE. THE EVENT IS MEANT TO CREATE BUSINESS, INFORMATION, AND LEADERSHIP CONNECTIONS.

Form 990, Part III, Line 4b:

LEADERSHIP PROGRAMS: THE CHAMBER HOSTS SEVERAL PROGRAMS TO ADVANCE LEADERSHIP IN VENANGO COUNTY, WORKING WITH LOCAL SCHOOLS, YOUNG PROFESSIONALS AND CIVIC LEADERSHIP. - VENANGOREADY - K-12 WORK READINESS PROGRAM - FLEX - FUTURE LEADERS ENTREPRENEURS EXCHANGE (YOUNG PROFESSIONALS) - LEADERSHIP VENANGO - 9 MONTH LEADERSHIP PROGRAM

Form 990, Part III, Line 4c:

THE CHAMBER ADVOCATES FOR A HEALTHY BUSINESS CLIMATE, THROUGH THE BE HERE VENANGO QUALITY OF LIFE INITIATIVE, LEGISLATIVE ADVOCACY AND CONVENING BUSINESS FORUMS AND EDUCATIONAL OPPORTUNITIES FOR MEMBER BUSINESSES AND ORGANIZATIONS.

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

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

VENANGO AREA CHAMBER OF COMMERCE

Employer identification number

20-2835456

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE VENANGO AREA CHAMBER OF COMMERCE BUILDS, SERVES AND PROMOTES REGIONAL BUSINESS. THE CHAMBER STRIVES TO KEEP PROGRAMS CURRENT AND RESPONSIVE TO THE DEMANDS OF VENANGO'S CURRENT BUSINESS CLIMATE, ACTING AS A BRIDGE THAT LINKS BUSINESSES, ORGANIZATIONS AND RESIDENTS TOGETHER WITH INNOVATIVE PROGRAMS THAT STRENGTHEN VENANGO COUNTY'S LONG-TERM ECONOMIC VITALITY, BUSINESS SUCCESS, JOB CREATION AND QUALITY OF LIFE. WE PROVIDE SEVERAL WAYS FOR OUR MEMBERS TO ENHANCE THEIR CREDIBILITY, GAIN RECOGNITION, HAVE A VOICE IN ISSUES AFFECTING BUSINESS, IMPROVE THEIR BOTTOM LINES, GET INVOLVED THROUGH NETWORKING EVENTS AND VOLUNTEERING, AND SO MUCH MORE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ALL OTHER PROGRAMS INCLUDE, BUT NOT LIMITED TO, MEMBERSHIP PROGRAMS AND SUPPORT SERVICES IN ORDER TO PROMOTE BUSINESS CONNECTIONS, FLOW OF INFORMATION AND SPOTLIGHT LOCAL BUSINESSES. PROGRAMS AND EVENTS INCLUDE SOCIAL GATHERINGS, GOLF OUTINGS, DINNERS, ETC. THE YOUNG PROFESSIONAL PROGRAM SPOTLIGHTS FUTURE LEADERS AND ENTREPRENEURS' OF THE AREA, ALLOWING THEM TO MAKE CONNECTIONS AND DEVELOPE THEIR CAREERS IN ORDER TO HELP SHAPE THE FUTURE OF THE VENANGO AREA. LEADERSHIP VENANGO IS A NINE-MONTH PROGRAM DESIGNED TO MOTIVATE INDIVIDUALS WHO DESIRE TO BECOME MORE EFFECTIVE LEADERS. THE PROGRAM SEEKS TO BETTER UNDERSTAND THE PROBLEMS AND THE OPPORTUNITIES IN VENANGO COUNTY TO FURTHER FUTURE GROWTH AND SUSTAIN. ALL PROGRAMS WERE SUCESSFUL THIS YEAR AND CONTINUE TO GROW INTERST AMONG THE RESIDENTS AND BUSINESSOWNERS OF VENANGO COUNTY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE CHAMBER IS COMPRISED OF DUES PAYING MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE DUES PAYING MEMBERS ELECT (APPROVE) THE MEMBERS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE COMPLETED FORM 990 IS RETAINED AND MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AT THE BEGINNING OF EACH YEAR THIS REQUIRMENT IS REVIEWED WITH THE BOARD MEMBERS AND EACH IS REQUIRED TO ASSURE THEIR COMPLIANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	EMPLOYEES ARE EVALUATED BY A PERSONNEL COMMITTEE AND THEIR RECOMMENDATIONS ARE FORWARDED TO THE DIRECTORS FOR THEIR APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	EMPLOYEES ARE EVALUATED BY A PERSONNEL COMMITTEE AND THEIR RECOMMENDATIONS ARE FORWARDED TO THE DIRECTORS FOR THEIR APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	WRITTEN COPIES OF INFORMATION IS RETAINED AT ALL TIMES IN THE CHAMBER'S OFFICE AND IS AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	FLEX PROGRAM EXPESNES 6,648 0 0 WEBSITE DEVELOPEMENT 1,308 5,230 0 LEADERSHIP VENANGO PROG RA 5,410 0 0 POSTAGE 926 3,706 0 DUES AND SUBSCRIPTIONS 2,624 0 0 MISCELLANEOUS 1,595 0 0 BANK FEES 0 913 0 REGISTRATIONS AND LICENSE 125 0 0 TOTAL 18,636 9,849 0