

10-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Form 990-EZ header section including: A For the 2016 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Group Exemption Number; G Accounting Method; H Check if the organization is not required to attach Schedule B; I Website; J Tax-exempt status; K Form of organization; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from BOSTON, MA dated MAY 04 2017. Revenue total is 97,539 and expenses total is 86,095, resulting in a net asset total of 26,167.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Handwritten initials 'A' and '9-30' at the bottom right of the page.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	16,234	22	27,495
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	16,234	25	27,495
26 Total liabilities (describe in Schedule O)	1,511	26	1,328
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,723	27	26,167

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PROMOTION OF JUNIATA VALLEY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28			
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RHONDA MOORE EXECUTIVE DIRECTOR	40.00	33,380	0	0
BRENT MILLER CHAMBER CHAIRMAN	2.00	0	0	0
CHER HARPSTER CHAMBER VICE-CHAIR	2.00	0	0	0
LEE ELLEN FOOSE CHAMBER TREASURER	2.00	0	0	0
BARBARA HARER CHAMBER SECRETARY	2.00	0	0	0
MARK PARTNER DIRECTOR	1.00	0	0	0
DEB SWIGART DIRECTOR	1.00	0	0	0
LAUREN HASSINGER DIRECTOR	1.00	0	0	0
ROB POSTAL DIRECTOR	1.00	0	0	0
PETER ORT DIRECTOR	1.00	0	0	0
KENTON STUCK DIRECTOR	1.00	0	0	0
RUTH EDDY DIRECTOR	1.00	0	0	0

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23 Land and buildings	0	23
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26 Total liabilities (describe in Schedule O)	0	26 0
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JOHN CURTO DIRECTOR	1.00	0	0	0
TERRY FOSTER DIRECTOR	1.00	0	0	0
CHRISTINA CALKINS-MAZUR DIRECTOR	1.00	0	0	0
MIKE TATE DIRECTOR	1.00	0	0	0
JIM ZUBLER DIRECTOR	1.00	0	0	0
MIKE BUFFINGTON DIRECTOR	1.00	0	0	0
AMY ODEN-BITNER DIRECTOR	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of		
Located at		
b 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)? If "Yes," enter the name of the foreign country	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question number, Yes, No. Row 46: 46, [ ], X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

[ ]

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question number, Yes, No. Row 47: 47, [ ], [ ]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, [ ], [ ]

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, [ ], [ ]

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, [ ], [ ]

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows are empty.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

[ ] Yes [ ] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer: Rhonda S. Moore, Executive Director. Date: 4/28/17

Paid Preparer Use Only: Preparer's name: SANDRA J MILLER CPA, Preparer's signature: Sandra J Miller CPA, Date: 04/20/17, PTIN: P00046637, Firm's name: MILLER - GENTRY, CPA'S, Firm's EIN: 25-1561816, Firm's address: 4 SIXTH STREET, MIFFLINTOWN, PA 17059-1209, Phone no: 717-436-9555

May the IRS discuss this return with the preparer shown above? See instructions

[X] Yes [ ] No

**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.

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**JUNIATA VALLEY AREA CHAMBER OF  
COMMERCE**

Employer identification number

**23-0806440**

**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
COMMISSIONS	\$ 3,716
<b>TOTAL</b>	<b>\$ 3,716</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING AND PROMOTION	\$ 488
OFFICE SUPPLIES	\$ 374
PHONE AND INTERNET	\$ 1,676
INFORMATION TECHNOLOGY	\$ 4,714
TRAVEL	\$ 383
INSURANCE	\$ 1,144
DUES & SUBSCRIPTIONS	\$ 826
MISCELLANEOUS	\$ 369
PROGRAM EXPENSES	\$ 17,035
CONTRIBUTION	\$ 112
<b>TOTAL</b>	<b>\$ 27,121</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PAYROLL TAXES	\$ 1,511	\$ 1,100
CREDIT CARD PAYABLE	\$ 0	\$ 228

Name of the organization

Employer identification number

**JUNIATA VALLEY AREA CHAMBER OF**

**23-0806440**

**PROMOTION OF BUSINESS AND IMPROVEMENT OF QUALITY OF LIFE  
IN MIFFLIN AND JUNIATA COUNTIES, PENNSYLVANIA, INCLUDING  
PROMOTION OF COMMUNITY INVOLVEMENT**