

Form 990-EZ  
936

# 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  
**2017**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
**JUNIATA VALLEY AREA CHAMBER OF COMMERCE**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**ONE WEST MARKET STREET RM/STE 119**

City or town, state or province, country, and ZIP or foreign postal code  
**LEWISTOWN PA 17044**

**D** Employer identification number  
**23-0806440**

**E** Telephone number  
**717-248-6713**

**F** Group Exemption Number **06**

**G** Accounting Method  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: **WWW.JUNIATARIVERVALLEY.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

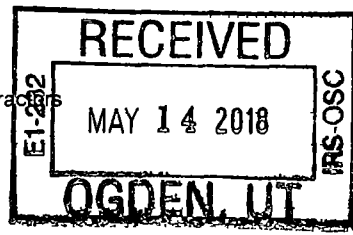
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 109,797**

**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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	26,065
3	Membership dues and assessments	79,871
4	Investment income	3
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	3,858
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>109,797</b>
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	58,715
13	Professional fees and other payments to independent contractors	3,615
14	Occupancy, rent, utilities, and maintenance	2,156
15	Printing, publications, postage, and shipping	525
16	Other expenses (describe in Schedule O)	29,114
17	<b>Total expenses.</b> Add lines 10 through 16	<b>94,125</b>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	15,672
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	26,168
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>41,840</b>



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

SCANNED JUL 24 2018 Revenue

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**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	27,496	22	43,678
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	27,496	25	43,678
26 Total liabilities (describe in Schedule O)	1,328	26	1,838
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,168	27	41,840

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RHONDA MOORE EXECUTIVE DIRECTOR	40.00	43,202	0	0
BRENT MILLER CHAMBER CHAIRMAN	1.00	0	0	0
CHER HARPSTER CHAMBER VICE-CHAIR	1.00	0	0	0
TERRY FOSTER CHAMBER TREASURER	1.00	0	0	0
BARBARA HARER CHAMBER SECRETARY	1.00	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

**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	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

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

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JOHN CURTO 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
DAVID BECKER DIRECTOR	1.00	0	0	0
KERRY BENNINGHOFF DIRECTOR	1.00	0	0	0
LORI COMP DIRECTOR	1.00	0	0	0
TODD GRAYBILL DIRECTOR	1.00	0	0	0
ADAM HARRIS DIRECTOR	1.00	0	0	0
RICH IRVIN 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
35b	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 <span style="float:right">▶ <b>37a</b></span>		
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b></span>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b></span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
40b	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		
40c	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 <span style="float:right">▶</span> _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	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 <span style="float:right">▶ <b>PA</b></span>		
42a	The organization's books are in care of <span style="float:right">▶ <b>RHONDA MOORE, EXECUTIVE DIRECTOR</b></span> Telephone no <span style="float:right">▶ <b>717-248-6713</b></span> 1 W MARKET ST, SUITE 119 Located at <span style="float:right">▶ <b>LEWISTOWN</b></span> PA ZIP + 4 <span style="float:right">▶ <b>17044</b></span>		
42b	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 <span style="float:right">▶</span> _____	Yes	No
42c	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 <span style="float:right">▶</span> _____		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 <span style="float:right">▶ <b>43</b></span> <input type="checkbox"/>		
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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

	Yes	No
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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

Yes  No

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

Sign Here *Sandra J Miller* Signature of preparer Date 5/7/18  
*Khamb S Moore, Executive Director* Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <b>SANDRA J MILLER CPA</b>	Preparer's signature <i>Sandra J Miller CPA</i>	Date <b>04/30/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00046637</b>
	Firm's name <b>MILLER - GENTRY, CPA'S</b>	Firm's EIN <b>25-1561816</b>		Firm's address <b>4 SIXTH STREET MIFFLINTOWN, PA 17059-1209</b>	
Phone no <b>717-436-9555</b>					

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

Yes  No

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization	<b>JUNIATA VALLEY AREA CHAMBER OF COMMERCE</b>	Employer identification number	<b>23-0806440</b>
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**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
COMMISSIONS	\$ 3,858
<b>TOTAL</b>	<b>\$ 3,858</b>

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

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING AND PROMOTION	\$ 451
OFFICE SUPPLIES	\$ 696
PHONE AND INTERNET	\$ 1,392
INFORMATION TECHNOLOGY	\$ 3,028
TRAVEL	\$ 1,821
INSURANCE	\$ 1,534
DUES & SUBSCRIPTIONS	\$ 675
MISCELLANEOUS	\$ 192
PROGRAM EXPENSES	\$ 19,325
<b>TOTAL</b>	<b>\$ 29,114</b>

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PAYROLL TAXES	\$ 1,100	\$ 1,838
CREDIT CARD PAYABLE	\$ 228	\$ 0

**FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT**

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