

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

2012

A For the 2020 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 04

D Employer identification number
23-0806440

E Telephone number
717-248-6713

F Group Exemption Number ▶

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **97,644**

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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																						
	2	Program service revenue including government fees and contracts																						
	3	Membership dues and assessments																						
	4	Investment income																						
	5a	Gross amount from sale of assets other than inventory		5a																				
	b	Less cost or other basis and sales expenses		5b																				
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																						
	6	Gaming and fundraising events																						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a																				
b	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)		6b																					
c	Less direct expenses from gaming and fundraising events		6c																					
d	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		7a																					
b	Less cost of goods sold		7b																					
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																							
8	Other revenue (describe in Schedule O)																							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																							
Expenses	10	Grants and similar amounts paid (list in Schedule O)																						
	11	Benefits paid to or for members																						
	12	Salaries, other compensation, and employee benefits																						
	13	Professional fees and other payments to independent contractors																						
	14	Occupancy, rent, utilities, and maintenance																						
	15	Printing, publications, postage, and shipping																						
	16	Other expenses (describe in Schedule O)																						
17	Total expenses. Add lines 10 through 16																							
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																						
	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)																						
	20	Other changes in net assets or fund balances (explain in Schedule O)																						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																						

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OGDEN, UT

SCANNED MAY 10 2022

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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	54,185	22	54,951
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	54,185	25	54,951
26 Total liabilities (describe in Schedule O)	1,845	26	1,351
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,340	27	53,600

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	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	46,703	0	0
CHER HARPSTER CHAMBER CHAIR	1.00	0	0	0
TERRY FOSTER CHAMBER TREASURER	1.00	0	0	0
BARBARA HARER CHAMBER VICE CHAIR	1.00	0	0	0
KENTON STUCK CHAMBER SECRETARY	1.00	0	0	0
MARK PARTNER DIRECTOR	1.00	0	0	0
LILLAH CHERRY DIRECTOR	1.00	0	0	0
CHRIS SEARER DIRECTOR	1.00	0	0	0
ROB POSTAL DIRECTOR	1.00	0	0	0
PETER ORT DIRECTOR	1.00	0	0	0
RUTH EDDY DIRECTOR	1.00	0	0	0
JOHN CURTO 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	0
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	0

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

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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

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29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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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) <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
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
VALERIE REED 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

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
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.
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)?
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed PA
42a The organization's books are in care of RHONDA MOORE, EXECUTIVE DIRECTOR Telephone no 717-248-6713
1 W MARKET ST, SUITE 119
Located at LEWISTOWN PA ZIP + 4 17044
42b 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
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c 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
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
45b 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

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here ▶ Yes No

Signature of officer: Rhonda Moore Date: May 13, 2021
 Type or print name and title: **RHONDA MOORE EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: SANDRA J MILLER CPA
 Preparer's signature: Sandy Miller CPA
 Date: 04/21/21
 Check if self-employed
 PTIN: P00046637
 Firm's name: MILLER - GENTRY, CPA'S
 Firm's address: 4 SIXTH STREET MIFFLINTOWN, PA 17059-1209
 Firm's EIN: 25-1561816
 Phone no: 717-436-9555

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 for the latest information.

OMB No 1545-0047

2020

**Open to Public
inspection**

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	\$ 1,060
TOTAL	\$ 1,060

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

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING AND PROMOTION	\$ 2,263
OFFICE SUPPLIES	\$ 216
PHONE AND INTERNET	\$ 4,142
INFORMATION TECHNOLOGY	\$ 5,329
ROYALTIES	\$ 1,509
TRAVEL	\$ 429
INSURANCE	\$ 1,610
DUES & SUBSCRIPTIONS	\$ 1,527
MISCELLANEOUS	\$ 197
PROGRAM EXPENSES	\$ 11,658
TOTAL	\$ 28,880

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PAYROLL TAXES	\$ 1,845	\$ 1,351

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