# ON NOT CHANNED

Form 990-EZ

Department of the Treasury Internal Revenue Service

# 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)

► 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.

OMB No. 1545-1150

2016

Open to Public

| A                      |            | ne 2016 calendar year, or tax year beginning , 2016, and ending  | •                                |                            |  |  |
|------------------------|------------|--|----------------------------------|----------------------------|--|--|
| R                      | Check I    | f applicable: C  | D Employer identification number |                            |  |  |
| 누                      | Name o     | IMON VALLEY DECTONAL CHAMBED OF COMMERCE   | 25-0400390                       |                            |  |  |
| $\vdash$               | Initial re | IONE CHAMBER PLAZA   |                                  |                            |  |  |
| H                      |            | CHARLEROI, PA 15022  | (724)                            | 483-3507                   |  |  |
| H                      |            | . I  |                                  |                            |  |  |
|                        |            | tion pending   | Group Ex<br>Number               | emption •                  |  |  |
| G                      |            |  |                                  | organization is <b>not</b> |  |  |
| ı                      |            |  |                                  | Schedule B                 |  |  |
| J                      | Tax-ex     | tempt status (theck only only) — Socioto (1) Socito (1) Socioto (1) Socioto (1) Socioto (1) Socioto (1) Socioto (1 | 0, 990-EZ                        | , or 990-PF).              |  |  |
| K                      |            | of organization: X Corporation Trust Association Other   |                                  |                            |  |  |
| L                      | Add It     | ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota<br>s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  | al<br>►\$                        | 134,809.                   |  |  |
| Pa                     |            | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr   | uctions                          |                            |  |  |
| <u> </u>               |            | OL 1 CH TO THE TOTAL OF THE TOT |                                  | X                          |  |  |
|                        | 1          | Contributions, gifts, grants, and similar amounts received   | 1                                | 53,689.                    |  |  |
|                        | 2          | Program service revenue including government fees and contracts  | . 2                              |                            |  |  |
|                        | 3          | Membership dues and assessments  | . 3                              |                            |  |  |
|                        | 4          | Investment income  | . 4                              | 72.                        |  |  |
|                        | 5a         | Gross amount from sale of assets other than inventory   5a   | <b>100</b> (100)                 | <u></u>                    |  |  |
|                        |            | Less: cost or other basis and sales expenses   |                                  |                            |  |  |
|                        | ĺ          | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5 c                              |                            |  |  |
|                        | 1          | Gaming and fundraising events  | 343                              |                            |  |  |
| R                      |            | Gross income from gaming (attach Schedule G if greater than \$15,000)  |                                  |                            |  |  |
| E<br>V                 | I          | Gross income from fundraising events (not including \$ of contributions  |                                  |                            |  |  |
| REVENU                 | ١          | from fundraising events reported on line 1) (attach Schedule G if the sum  |                                  |                            |  |  |
| Ŭ                      | ĺ          | of such gross income and contributions exceeds \$15,000)  6 b  |                                  |                            |  |  |
|                        | С          | Less: direct expenses from gaming and fundraising events   |                                  |                            |  |  |
|                        |            | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | . 6d                             |                            |  |  |
|                        | 7 a        | Gross sales of inventory, less returns and allowances  |                                  |                            |  |  |
|                        | 1          | Less: cost of goods sold   |                                  |                            |  |  |
|                        | C          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7 c                              |                            |  |  |
| !                      | 8          | Other revenue (describe in Schedule O) See Schedule O  | 8                                | 81,048.                    |  |  |
|                        | 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | ▶ 9                              | 134,809.                   |  |  |
|                        | 10         | Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members  | 10                               |                            |  |  |
| EXPENSES               | 11         | Benefits paid to or for members  | 11                               |                            |  |  |
|                        | 12         | Salaries, other compensation, and employee benefits  | 12                               | 76,384.                    |  |  |
|                        | 13         | Professional fees and other payments to independent contractors .MAY 1.5. 2017.  | 13                               | 795.                       |  |  |
|                        | 14         | Occupancy, rent, utilities, and maintenance  | . 14                             |                            |  |  |
|                        | 15         | Printing, publications, postage, and shipping  | 15                               |                            |  |  |
|                        | 16         | Other expenses (describe in Schedule O)  | 16                               | 63,672.                    |  |  |
|                        | 17         | Total expenses. Add lines 10 through 16  | <b>17</b>                        | 140,851.                   |  |  |
|                        | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18                               | -6,042.                    |  |  |
| A<br>NS<br>E<br>T<br>T | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year   | ar 🐼                             |                            |  |  |
| ËE                     |            | figure reported on prior year's return)  | 19                               | 444,208.                   |  |  |
| ' T<br>S               | 20         | Other changes in net assets or fund balances (explain in Schedule O)   | 20                               |                            |  |  |
| _                      | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>►</b> 21                      | 438,166.                   |  |  |
| BA                     | A Fo       | r Paperwork Reduction Act Notice, see the separate instructions.   |                                  | Form <b>990-EZ</b> (2016)  |  |  |

|  | 1 990-EZ (2016) MON VALLEY REGIO   |  | MMERCE  | 25                           | -040       | 00390 Page 2                                  |  |  |  |
|--|--|--|---|------------------------------|------------|---|--|--|--|
| 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 |  |  |   |                              |            |   |  |  |  |
|  | Officer if the organization asea oche  |  | (B) End of year                                   |                              |            |   |  |  |  |
| 22   | Cash, savings, and investments .   |  |   | A) Beginning of year 162,061 | 22         | 160,843.                                      |  |  |  |
| 23   | Land and buildings   |  |   | 283,997                      |            | 279,173.                                      |  |  |  |
| 24   | Other assets (describe in Schedule O).   |  |   | 2007331                      | 24         | 2,3,72,01                                     |  |  |  |
| 25   |  |  |   | 446,058                      | . 25       | 440,016.                                      |  |  |  |
| 26   | Total liabilities (describe in Schedule O)   |  | ∍.0 <del> -</del>                                 | 1,850                        |            | 1,850.  |  |  |  |
| 27   | Net assets or fund balances (line 27 of c  |  | ne 21)  | 444,208                      |            | 438,166.                                      |  |  |  |
| Par  | t'III & Statement of Program Service Acco  | mplishments (see the instruction                     | ns for Part III)                                  |                              | Ť          | Expenses                                      |  |  |  |
|  | Check if the organization used Sch   | nedule O to respond to any qu                        | uestion in this Part III                          | X                            | Rea        | uired for section 501                         |  |  |  |
| What   | is the organization's primary exempt purpose? Sec  | e Schedule O   |   |                              | (c)(3)     | ) and 501(c)(4)                               |  |  |  |
| Desc   | ribe the organization's program service ad   | complishments for each of it                         | s three largest prograi                           | n services, as               |            | nizations; optional<br>thers.)                |  |  |  |
| mea:<br>bene   | ribe the organization's program service ac<br>sured by expenses. In a clear and concise<br>fited, and other relevant information for ea  | e manner, describe the service<br>ach program title. | es provided, the numb                             | er of persons                | 101 0      | uleis.)                                       |  |  |  |
| 28   |  |  |   |                              |            |   |  |  |  |
|  |  |  |   |                              | <b>i</b> : |   |  |  |  |
|  |  |  |   |                              | i          |   |  |  |  |
|  | (Grants \$ ) If th   | is amount includes foreign gr                        | ants, check here .                                | ·                            | 28 a       |   |  |  |  |
| 29   | <u> </u>   | 3_3  |   |                              |            | <del></del>                                   |  |  |  |
|  |  |  |   |                              | 1 .        | 1   |  |  |  |
|  |  |  |   |                              | 1          |   |  |  |  |
|  | (Grants \$ ) If th   | is amount includes foreign gr                        | ants, check here                                  |                              | 29 a       |   |  |  |  |
| 30   | Constitution of the consti | 3  |   |                              | -          |   |  |  |  |
| •  |  |  |   |                              | 1 1        |   |  |  |  |
|  |  |  |   |                              | 1          |   |  |  |  |
|  | (Grants \$ ) If th   | is amount includes foreign gr                        | ants, check here                                  | ·                            | 30 a       |   |  |  |  |
| 31   | Other program services (describe in Scho   | edule O)   |   |                              |            |   |  |  |  |
| •  | (Grants \$ ) If th   | is amount includes foreign gr                        | ants, check here                                  | ▶ 🗍                          | 31 a       |   |  |  |  |
| 32   | Total program service expenses (add line   |  |   |                              | 33         | <del></del>                                   |  |  |  |
|  | t IV: List of Officers, Directors, Ti  |  | VPPS (list each one en                            | en if not compensated -      | see th     | ne instructions for Part IV                   |  |  |  |
| [ 41   | Check if the organization used Sch   | nedule O to respond to any q                         | uestion in this Part IV                           |                              |            | ne instructions for Part IV)                  |  |  |  |
|  |  | (b) Average hours per                                | (c) Reportable compensatio                        | (d) Health benefi            | ts,        | <u></u>                                       |  |  |  |
|  | (a) Name and title   | week devoted to                                      | (Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | benefit plans, and de        |            | (e) Estimated amount of<br>other compensation |  |  |  |
|  |  | position   | (   | compensation                 |            |   |  |  |  |
| See  | _Schedule_Q  |  |   |                              |            |   |  |  |  |
|  |  |  | 44,509  | :                            | 0.         | 0.  |  |  |  |
|  |  |  |   |                              |            | }   |  |  |  |
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| BAA  |  | TEEA0812L  | 12/22/16  |                              |            | Form 990-F7 (2016)                            |  |  |  |

Form **990-EZ** (2016)

Form 990-EZ (2016) MON VALLEY REGIONAL CHAMBER OF COMMERCE

25-0400390

Page 3

| •                        | •  |  |   |  |  |                           |         |           |
|--------------------------|--|--|---|--|--|---------------------------|---------|-----------|
| orm 99                   | 0 EZ (2016) MON  | VALLEY REGIONAL  | CHAMBER OF CO   | MMERCE   | 25-0406  | 0390                      | Р       | age 4     |
|                          |  | -  |   |  |  |                           | Yes     |           |
| 46 Did                   | the organization<br>ndidates for public                | engage, directly or indirect office? If Yes,' complete                         | tly, in political campaig<br>Schedule C. Part I                   | n activities on behalf of  | or in opposition to  | 在立<br>46                  | 想認      | CEST<br>X |
|                          |  | 1(c)(3) organizations  |   |  | · .  |                           | Щ.      |           |
|                          | All section for lines 50                               | 501(c)(3) organization   | ons must answer q   | juestions 47-49b ar  | nd 52, and complete  | the table                 | es      |           |
|                          |  | organization used Schedule   | e O to respond to any q   | puestion in this Part VI   |  |                           |         | П         |
| 47 Du                    | t the ergenization                                     | engage in lobbying activiti  | os or have a coation Ef   | )1(b) alastica ia official d   | uring the territoral If Va   | - 1                       | Yes     | No        |
|                          | mplete Schedule (                                      |  | es of flave a section so  | orthy election in ellect di  | uring the tax year / it fe   | 47                        |         |           |
|                          |  | school as described in se  | •   | · ·  | ule E  | 48                        |         |           |
|                          | =  | make any transfers to an   | -   | related organization?  |  | 49 a                      |         | <u> </u>  |
|                          |  | ted organization a section<br>or the organization's five h                     | _   | mnlovees (other than of  | ficers directors trustons  | 49 b                      |         | L         |
| em                       | iployees) who eac                                      | h received more than \$100   | 0,000 of compensation   | from the organization II   | f there is none, enter 'No   | пе                        |         |           |
|                          | (a) Name and tille                                     | of each employee   | (b) Average hours<br>per week devoted<br>to position              | (c) Reportable compensation<br>(Forms W 2/1099 MISC)                 | (d) Health benefits<br>contributions to employee<br>benefit plans and deterred<br>compensation | (e) Estimate<br>other com |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           | -       |           |
|                          |  | er employees paid over \$1   |   |  |  |                           |         |           |
| 51 Co                    | implete this table f<br>mpensation from t              | for the organization's five the organization of there is                       | nighest compensated in<br>s none, enter 'None'                    | ndependent contractors   | who each received more   | than \$100                | 000 o   | f         |
|                          | (a) Name and busine                                    | ess address of each independent of   | ontractor   | (b) Type   | of service   | (c) Comp                  | ensalio | n         |
|                          |  |  |   | - :-   |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
| - <del>-</del>           |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
|                          |  |  |   |  |  |                           |         |           |
| _                        |  | er independent contractors<br>complete Schedule A? No                          | • ,   | ·  | lach a   |                           |         |           |
|                          | mpleted Schedule                                       | •  | The An Section 501(c)(5   | organizations must att   |  | ► Yes                     | 5 [     | No        |
| Under pena<br>true corre | ities of perjury. I declare local and complete. Declar | that I have examined this return incli<br>ration of preparer (other than offic | uding accompanying schedules a<br>er) is based on all information | and statements, and to the best of<br>of which preparer has any kno- | my knowledge and belief it is wledge   |                           |         |           |
|                          |  | Melton Kulik   |   |  | 0512-17  |                           | •       |           |
| Sıgn<br>Here             |  | AUTON KUBIK  | Treasurer   |  | Date   |                           |         |           |
|                          | Print/Type prepare                                     | name and title   | Research signature  | Date   | Pi   | TIN                       |         |           |
| Paid                     | THOMAS M   | DEMILLION  | PHOMAS M DEM  |  | Check I if   | 0106740                   | )7      |           |
| Prepare                  |  | Seals DeMillion  | , P C   |  |  | 051000                    | 222     |           |
| Use On                   | y Firm's address ►                                     | 314 5th St<br>Charleroi, PA 1  | 5022-1517   |  | Phone no (72   | <u>2513728</u><br>4) 483- |         |           |
|                          |  | CALCALACTOR, LAN I   | CVER LUL!   |  | 1  | <u>-, -, </u>             |         |           |

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

► X Yes No

Form **990-EZ** (2016)

### 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

OMB No 1545-0047

Open to Public

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

| _•s  | section 501(c)(4), (5), or (6) or  | ganizations: Complete Part III.  |   |  |  |
|------|--|--|---|--|--|
| Name | of organization  |  |   | Employer identifica  | tion number  |
|      | I VALLEY REGIONAL C  |  |   | 25-040039  |  |
| L    |  | ganization is exempt under section   |   |  | n  |
| 1    |  | organization's direct and indirect political can<br>of 'political campaign activities')  | mpaign activities in Pa   | art IV.  |  |
| 2    | Political campaign activity ex   | penditures (see instructions)  |   | ▶\$  |  |
| 3    | Volunteer hours for political of   | campaign activities (see instructions)   |   |  |  |
| Par  | t I-B Complete if the o  | rganization is exempt under secti  | on 501(c)(3).   |  |  |
| 1    | Enter the amount of any exci   | se tax incurred by the organization under s  | ection 4955   | <b>►</b> \$  |  |
| 2    | Enter the amount of any exci   | se tax incurred by organization managers i   | under section 4955  | ►\$  |  |
| 3    | If the organization incurred a   | section 4955 tax, did it file Form 4720 for t  | hıs year?   |  | Yes No   |
| 4 a  | Was a correction made?   |  |   |  | . Yes No   |
|      | If 'Yes,' describe in Part IV.   |  |   |  |  |
| Par  | t I-C Complete if the o  | rganization is exempt under secti  | on 501(c), excep  | t section 501(c)(3)  | ),   |
| 1    |  | pended by the filing organization for section  |   |  |  |
| 2    | Enter the amount of the filing function activities                                     | g organization's funds contributed to other c  | organizations for section   | on 527 exempt  |  |
| 3    |  | ditures. Add lines 1 and 2. Enter here and c   | on Form 1120-POL,   | . >\$  | <del></del>  |
| 4    | Did the filing organization file   | Form 1120-POL for this year?   |   |  | Yes X No   |
| 5    | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) of For each organization listed, enter the anons received that were promptly and directly action committee (PAC). If additional space | of all section 527 polition<br>on the file of | ing organization's funds<br>ate political organization             | ch the filing<br>Also enter the  |
|      | (a) Name   | (b) Address  | (c) EIN   | (d) Amount paid from filing organization's funds If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1)  |  |  |   |  |  |
| (2)  |  |  |   |  |  |
| (3)  |  |  |   |  |  |
| (4)  |  |  | -   |  |  |
| (5)  |  |  |   |  |  |
| (6)  |  |  |   |  |  |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule & (Form 990 or 990-EZ) 201                              |  |  |   | 25-040                              |                                      |
|--|--|--|---|-------------------------------------|--------------------------------------|
| Part II-A Complete if t<br>section 501                           |  | exempt under section   | on 501(c)(3) and file                         | d Form 5768 (electi                 | on under                             |
| A Check ► ☐ If the filing  | ng organization belong                     | s to an affiliated group (a  | and list in Part IV each                      | affiliated group member             | 's name,                             |
| _  | •  | hare of excess lobbying  |   |                                     |                                      |
| B Check ► if the filir   | ng organization checke                     | d box A and 'limited con   | troi provisions apply.                        |                                     |                                      |
| (The term  | Limits on Lobbying<br>'expenditures' means | g Expenditures<br>s amounts paid or incurre                                      | ed.)  | (a) Filing<br>organization's totals | (b) Affiliated<br>group totals       |
| 1 a Total lobbying expendition                                   | ' <u>.</u> '                               | · · · · · ·  |   |                                     |                                      |
| <b>b</b> Total lobbying expenditi                                | •  | • • •  | ring)   |                                     |                                      |
| c Total lobbying expenditi                                       | •  | 1b) .  | •   |                                     |                                      |
| d Other exempt purpose e   | •  | 1 a and 1 d\   |   |                                     |                                      |
| e Total exempt purpose e   | expenditures (add ilnes                    | ic and id)   |   |                                     | <u></u>                              |
| f Lobbying nontaxable an both columns                            | nount Enter the amou                       | nt from the following tabl   | e in  |                                     |                                      |
| If the amount on line 1e, colo                                   |  | ne lobbying nontaxable a   | amount is:                                    | <b>"这种"多点"</b>                      |                                      |
| Not over \$500,000   |  | % of the amount on line 1e   |   |                                     |                                      |
| Over \$500,000 but not over \$1                                  |  | 00,000 plus 15% of the excess  |   |                                     | Talishan Silver ramed by             |
| Over \$1,000,000 but not over \$                                 |  | 75,000 plus 10% of the excess  |   |                                     |                                      |
| Over \$1,500,000 but not over \$                                 |  | 25,000 plus 5% of the excess of ,000,000.  | ver \$1,500,000.                              |                                     |                                      |
| g Grassroots nontaxable  | <u> </u>                                   | <u> </u>   | <u>, , , , , , , , , , , , , , , , , , , </u> | [ACE]] 完整企业工程的转让。                   | Resolved to the second of the second |
| h Subtract line 1g from lir                                      | •  | •  |   |                                     |                                      |
| i Subtract line 1f from lin                                      |  |  |   |                                     |                                      |
| j If there is an amount of                                       |  |  | e organization file Form                      | A720 reporting                      |                                      |
| section 4911 tax for this  |  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·         | +720 reporting                      | Yes No                               |
| (So  | me organizations that                      | -Year Averaging Period I<br>made a section 501(h) el<br>w. See the separate inst | ection do not have to c                       |                                     |                                      |
|  | Lobbyii                                    | ng Expenditures During   | 4-Year Averaging Perio                        | d                                   |                                      |
| Calendar year (or fiscal year beginning in)                      | (a) 2013                                   | <b>(b)</b> 2014  | <b>(c)</b> 2015                               | <b>(d)</b> 2016                     | (e) Total                            |
| 2 a Lobbying nontaxable amount                                   |  |  |   |                                     |                                      |
| b Lobbying ceiling<br>amount (150% of line<br>2a, column (e))    |  |  |   |                                     |                                      |
| c Total lobbying expenditures                                    |  |  |   | 13333 2 3333                        |                                      |
| d Grassroots nontaxable amount                                   |  |  |   |                                     |                                      |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e)). |  |  |   |                                     |                                      |
| f Grassroots lobbying expenditures                               |  |  |   |                                     |                                      |
| BAA  | <del></del>                                | <del></del>  |   | <del></del>                         | <u> </u>                             |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|  | (a          | )                 | (b)  |
|--|-------------|-------------------|--|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  | Yes         | No                | Amount   |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers? |             |                   |  |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |             |                   | <b>以近代表示。</b>                                      |
| c Media advertisements?  |             | _                 | de sacre de la |
| d Mailings to members, legislators, or the public?   |             |                   |  |
| e Publications, or published or broadcast statements?  |             | _                 | <del></del>  |
| f Grants to other organizations for lobbying purposes?   |             |                   |  |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |             |                   |  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |             |                   | <del></del>  |
| i Other activities?  |             |                   | <del></del>  |
| i Total Add lines 1c through 1   |             | الة. (* التانية ا |  |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | er.         | ا تقصيمية<br>ا    | 各的混合物的品价间等   |
| b If 'Yes,' enter the amount of any tax incurred under section 4912  |             | 16.6 -13.         | المناسب المعشافلات بالماشان المائية المعتادة       |
| c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912   |             | <b>表於</b>         |  |
| d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | العديمة الم | 3407770TeV        |  |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).  | (c)(5       | ), or             |  |
|  |             |                   | Yes No   |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |             |                   | 1 X  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |             |                   | 2 X  |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri  | or yea      | ar? .             |  |
| Part III-Bal Complete if the organization is exempt under section 501(c)(4), section 501   |             |                   |  |
| (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'  | Parl        | í ÍII-A           | , line 3, is                                       |
| 1 Dues, assessments and similar amounts from members   |             | 1                 |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |             |                   |  |
| a Current year   |             | 2a                |  |
| <b>b</b> Carryover from last year  |             | 2 b               |  |
| <b>c</b> Total   |             | 2 c               |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |             | 3                 |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?   | al          | 4                 | 0  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |             | 5                 | 0.   |
| Part IV Supplemental Information   |             |                   | <u> </u>   |
| Provide the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group  | lict\: [    | Dort !!           | A lines 1 and                                      |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### **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.

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

| GOLF OUTING INCOME  | VALLEY REGIONAL CHAMBER OF COMMERCE [25-0400   | 390  |
|---|--|--|
| ### STATES OF THE STATES. | Form 990-EZ, Part I, Line 8<br>Other Revenue   |  |
| Other Expenses         Advertising and Promotion       \$ 2,38         BILL BOARD EXPENSES       1         CONTRACT LABOR       51         Depreciation       4,82         DIRECTORY EXPENSES       2,06         BUES       81         EVENT EXPENSES       3,45         GOLF OUTING       15,05         Insurance       3,81         MEETINGS       1,12         MEEMBER SERVICE       48         NETWORK EXPENSES       7,06         Office Expenses       8,10         PHONE       3,08         PROMOTIONS       3,66         REAL TAX       1,88         REPAIRS       30         UTILITIES       4,76         VEHICLE EXPENSES       25         Total       \$ 63,67          Form 990-EZ, Part II, Line 26  | NEWSLETTER & OTHER OTHER SILLBOARD INCOME FRUST ADMIN MVRCC ADM FEE WORLD KITCHEN LOT LEASE ROYALTY FACADE PROGRAM FEE | 7,445<br>5,056<br>4,800<br>4,500<br>4,200<br>3,465<br>3,257<br>2,280 |
| SILL BOARD EXPENSES   1   1   2   2   3   4   4   2   4   4   2   4   4   2   4   4   | Form 990-EZ, Part I, Line 16<br>Other Expenses   |  |
| Office Expenses       8,10         PHONE       3,08         PROMOTIONS       3,66         REAL TAX       1,88         REPAIRS       30         UTILITIES       4,76         VEHICLE EXPENSES       25         Total       \$ 63,67  | BILL BOARD EXPENSES.  CONTRACT LABOR  Depreciation  DIRECTORY EXPENSES  DUES  EVENT EXPENSES  GOLF OUTING  Insurance   | 10<br>51,<br>4,82,<br>2,06<br>81,<br>3,45<br>15,05<br>3,81,          |
| Total <u>\$ 63,67</u> Form 990-EZ, Part II, Line 26   | Office Expenses     PHONE.     PROMOTIONS     REAL TAX   | 8,10<br>3,08<br>3,66<br>1,88   |
| Form 990-EZ, Part II, Line 26<br>Total Liabilities  | VEHICLE EXPENSES   | 4,76<br>250<br>- \$ 63,67  |
|   | Form 990-EZ, Part II, Line 26<br>Total Liabilities   |  |

PROMOTE LOCAL BUSINESS ACTIVITY

Name of the organization

MON VALLEY REGIONAL CHAMBER OF COMMERCE

Employer identification number 25-0400390

# Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

| Name and Title                    | Average Hours<br><u>Per Week Devoted</u> | <br>Compen-<br>sation | Health Benefits & Contrib- bution to EBP & DC | Estimated<br>Amount Of<br>Other<br>Compen. |  |  |
|-----------------------------------|--|-----------------------|---|--|--|--|
| ARMAND FERRARA<br>EXEC COMMITTEE  | 2  | \$<br>0.              | \$ 0.   | \$ 0.                                      |  |  |
| RICHARD MUDRICK<br>Vice President | 2  | 0.                    | 0.  | 0.   |  |  |
| DAVE GALLONI<br>Secretary         | 2  | 0.                    | 0.  | 0.   |  |  |
| MILTON KUBIK<br>Treasurer         | 2  | 0.                    | 0.  | 0.   |  |  |
| DEBRA KEEFER<br>Executive Direc   | 40                                       | 44,509.               | 0.  | 0.   |  |  |
| PATRICIA BRICKNER<br>Director     | 2  | 0.                    | 0.  | 0.   |  |  |
| DEBORAH BUCK<br>Director          | 2  | 0.                    | 0.  | 0.   |  |  |
| WAYNE E. RAY<br>Director          | 2  | 0.                    | 0.  | 0.   |  |  |
| J J GEORGAGIS<br>Director         | 2  | 0.                    | 0.  | 0.   |  |  |
| VITO DENTINO<br>Director          | 2  | 0.                    | 0.  | 0.   |  |  |
| ALYSSA MENDOLA<br>Director        | 2  | 0.                    | 0.  | 0.   |  |  |
| BROOK GARDNER<br>Director         | 2  | 0.                    | 0.  | 0.   |  |  |
| JAMES PROTIN<br>President         | 2  | 0.                    | 0.  | 0.   |  |  |
| DON GOOD<br>Director              | 2  | 0.                    | 0.  | 0.   |  |  |
| RANDY MCMAHON<br>Director         | 2  | 0.                    | 0.  | 0.   |  |  |
| DIANN DONALDSON<br>Director       | 2  | 0.                    | 0.  | 0.   |  |  |

Name of the organization

MON VALLEY REGIONAL CHAMBER OF COMMERCE

Employer identification number
25-0400390

# Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

| Name and Title                 | Average Hours <a href="Per Week Devoted">Per Week Devoted</a> | _  | Compen-<br>sation | Health Benefits & Contrib- bution to EBP & DC | Estimated<br>Amount Of<br>Other<br>Compen. |          |
|--------------------------------|---|----|-------------------|---|--|----------|
| JEFFERY MENDOLA<br>Director    | 2   | \$ | 0.                | \$ 0.   | \$ 0                                       | ١.       |
| DONNA RAMUSIVICH<br>Director   | 2   |    | 0.                | 0.  | 0  | ١.       |
| JOSIE PELZER<br>Director       | 2   |    | 0.                | 0.  | 0  | ١.       |
| LUTHER SHEETS<br>Director      | 2   |    | 0.                | 0.  | 0  | ١.       |
| KEN WILTZ<br>Director          | 2   |    | 0.                | 0.  | 0  | ١.       |
| PHILLIP SPARACELLA<br>Director | 2   |    | 0.                | 0.  | 0  | ١.       |
| ANGELA STAY<br>Director        | 2   |    | 0.                | 0.  | 0  | ١.       |
|                                | Total   | \$ | 44,509.           | \$ 0.   | \$ 0                                       | <u>.</u> |