## 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

2018

Department of the Treasury Internal Revenue Service

► 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(b/Public Inspection

| A                   | For   | the 2018 calendar year, or tax year beginning , 2018, and ending  |                 | ,                               |                  |  |  |
|---------------------|-------|---|-----------------|---------------------------------|------------------|--|--|
| В                   | Chec  | ck if applicable C  | Di              | Employer identificati           | on number        |  |  |
|                     | Addre | ress change   |                 | 25 0400300                      |                  |  |  |
|                     | Name  | e change MON VALLEY REGIONAL CHAMBER OF COMMERCE ONE CHAMBER PLAZA  |                 | 25-0400390<br>Telephone number  | )                |  |  |
| Ĺ                   | ≓ ``  | CHARLEROT PA 15022  |                 |                                 |                  |  |  |
| Ļ                   | ╡     | eum/terminated  | 1 —             | (724) 483-                      | 3507             |  |  |
| Ļ                   | =     | nded return   |                 | Group Exemption                 | n                |  |  |
| Ť                   |       | ication pending   Counting Method   |                 | Number •                        |                  |  |  |
| G                   |       | counting Method:   Cash Accrual Other (specify) ►  bsite: N/A   |                 | X if the organize attach Schedu |                  |  |  |
| J                   |       | exempt status (check only one) — 501(c)(3) X 501(c) (6) <(insert no) 4947(a)(1) or 527  |                 | , 990-EZ, or 990                |                  |  |  |
| <del>-</del>        |       |   |                 | ,                               |                  |  |  |
| ĸ                   |       | m of organization X Corporation Trust Association Other   |                 |                                 |                  |  |  |
| L                   | Add   | I lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or moi<br>ets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ | re, or if total | <b>►</b> \$                     | 115 422          |  |  |
| 10                  |       |   | the instru      |                                 | 115,433.         |  |  |
| 11.                 | artti | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see Check if the organization used Schedule O to respond to any question in this Part I  | uie iristru     | CHOIS IOI Pa                    | X                |  |  |
|                     | T 1   |   | · · ·           | T 1 T                           | 51,672.          |  |  |
|                     | 2     |   |                 | 2                               | 31,672.          |  |  |
|                     | 3     |   |                 | 3                               |                  |  |  |
|                     | 4     |   |                 | 4                               | 81.              |  |  |
|                     | 1 '   | a Gross amount from sale of assets other than inventory a   |                 |                                 | 01.              |  |  |
|                     | 1     | 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)   |                 | 5 c                             |                  |  |  |
|                     | 6     |   |                 | 30                              |                  |  |  |
| <u>ت</u> وحد        |       | a Gross income from gaming (attach Schedule G if greater than \$15,000)   |                 |                                 |                  |  |  |
| 5 2                 |       | b Gross income from fundraising events (not including \$ of contribution)   | ons             | -                               |                  |  |  |
| 7 8                 |       | from fundraising events reported on line 1) (attach Schedule G if the sum   |                 |                                 |                  |  |  |
| Z v Zuig<br>Revenue |       | of such gross income and contributions exceeds \$15,000) 6 b  |                 |                                 |                  |  |  |
|                     | •     | c Less direct expenses from gaming and fundraising events . 6 c   |                 |                                 |                  |  |  |
| 50                  | Ι,    | d Net income or (loss) from gaming and fundraising events (add lines 6a and   |                 |                                 |                  |  |  |
| -                   | ı     | 6b and subtract line 6c)  |                 | 6 d                             |                  |  |  |
| ,                   |       | a Gross sales of inventory, less returns and allowances.  |                 |                                 |                  |  |  |
| -                   |       | b Less cost of goods sold 7 b   |                 |                                 |                  |  |  |
| -<br>-              | '     | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe in Schedule O)  See Schedul   | ۱۵ 0            | 7 c                             |                  |  |  |
| 5                   | 8     |   |                 | 8                               | <u>63,680.</u>   |  |  |
| <b>5</b> _          | 9     | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | '               | 9                               | 115,433.         |  |  |
|                     | 10    | , ISI   | VED             | 10                              |                  |  |  |
|                     | 11    | Benefits paid to or for members  Salaries other compensation, and employee benefits  MAY 7.0  |                 | /11                             |                  |  |  |
|                     | 12    | Salaries, other compensation, and employee benefits   | 2010 /          | 12                              | <u>69,230.</u>   |  |  |
| ses                 | 13    | Professional fees and other payments to independent contractors   | -018 \Q         | / 13                            | <u>2,679.</u>    |  |  |
| Expenses            | 14    |   | 2019            | 14                              | <u>3,715.</u>    |  |  |
| X                   | 15    |   | UT -            | 13                              | 835.             |  |  |
| _                   | 116   |   |                 | 16                              | 59,052.          |  |  |
|                     | 17    |   |                 | 17                              | 135,511.         |  |  |
| y.                  | 18    |   |                 | 18                              | <u>-20,</u> 078. |  |  |
| Net Assets          | 19    |   | end-of-year     | 10                              |                  |  |  |
|                     |       | figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  See Schedul  | e 0 .           | 19                              | 423,190.         |  |  |
|                     | 20    | other changes in her assets or rains salarises (explain in contease of  |                 | 20                              | -2,751.          |  |  |
|                     | 21    | Net assets or fund balances at end of year Combine lines 18 through 20  |                 | 21                              | 400,361.         |  |  |
| R                   | AA FO | or Paperwork Reduction Act Notice, see the separate instructions.   |                 | Form                            | 990-EZ (2018)    |  |  |

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Form, 990-EZ (2018) MON VALLEY REGIONAL CHAMBER OF COMMERCE

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| 1 | 1)            |

25-0400390 Form 990-EZ (2018) MON VALLEY REGIONAL CHAMBER OF COMMERCE Page 3 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 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 33 X 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 34 Х 35 a 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)? 35 a 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 35 b Х c 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 35 c Х 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 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0 b Did the organization file Form 1120-POL for this year? 37 b X 38 a 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? 38 a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A N/A, section 4912 ► section 4911 N/A, section 4955 N/A 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 40 h 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 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. 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 40 e Х List the states with which a copy of this return is filed > 42 a The organization's CHAMBER STAFF books are in care of Telephone no. > (724)483-3507 CHARLEROI PA ZIP + 4Located at 1 CHAMBER PLAZA Yes No 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)? 42 b Х 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). Х c At any time during the calendar year, did the organization maintain an office outside the United States? 42 c If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A Yes No 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a 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 44 h c Did the organization receive any payments for indoor tanning services during the year? 44 c 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a 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 45 h TEEA0812L Form 990-EZ (2018)

|                          |   |  |   |  |                           | 1162     | 140         |  |
|--------------------------|---|--|---|--|---------------------------|----------|-------------|--|
| <b>46</b> D              | nd the organization engage, directly or indirect<br>andidates for public office? If 'Yes,' complete   | ctly, in political campaig<br>Schedule C. Part I                 | n activities on behalf of   | or in opposition to  | 46                        |          | X           |  |
|                          | Section 501(c)(3) Organization All section 501(c)(3) organization   | s Only   | questions 47-49b ar   | nd 52, and complet   |                           | les      | <u> </u>    |  |
|                          | for lines 50 and 51.  |  |   |  |                           |          |             |  |
|                          | Check if the organization used Schedul  | e O to respond to any o  | question in this Part VI  |  |                           |          | Ш           |  |
|                          | id the organization engage in lobbying activiti   | ies or have a section 50   | 01(h) election in effect d  | uring the tax year? If 'Y  | es,'                      | Yes      | No          |  |
|                          | omplete Schedule C, Part II   | -1 170/5/(1)/(1)/(1)   | f Was tas well to Oak and   | t. <b>5</b>  | 47                        |          | <u> </u>    |  |
|                          | s the organization a school as described in se<br>iid the organization make any transfers to an   |  |   | ule E  | 48<br>49 a                |          | <del></del> |  |
|                          | 'Yes,' was the related organization a section   | •  | related organization:   |  | 49 a                      |          | <u> </u>    |  |
| <b>50</b> C              | omplete this table for the organization's five Imployees) who each received more than \$10  | nighest compensated e  |   |  | s, and key                |          |             |  |
|                          | (a) Name and title 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 deferred<br>compensation | (e) Estimate<br>other com |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           | •        |             |  |
|                          |   |  |   |  |                           |          |             |  |
| <b>51</b> C              | otal number of other employees paid over \$1 omplete this table for the organization's five tompensation from the organization. If there is | nighest compensated in   | ndependent contractors v  | who each received more   | e than \$100,             | 000 of   | f           |  |
|                          | (a) Name and business address of each independent of  | ontractor  | <b>(b)</b> Type (   | of service   | (c) Comp                  | ensation | 1           |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   | • ••   |   |  | · ·                       |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           | •        |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
|                          |   |  |   |  |                           |          |             |  |
| d To                     | otal number of other independent contractors  | each receiving over \$1  | 100,000   | •  |                           |          |             |  |
| co                       | nd the organization complete Schedule A? <b>No</b><br>completed Schedule A  |  |   |  | ► <b>Yes</b>              |          | No          |  |
| Under pen<br>true, corre | alties of perjury, I declare that I have examined this return, inclu<br>ect, and complete. Declaration of preparer (other than office       | ding accompanying schedules a<br>er) is based on all information | nd statements, and to the best of a<br>of which preparer has any know | my knowledge and belief, it is<br>rledge   |                           |          |             |  |
| Sign                     | Signature of officer Suell - 12   | zuch<br>Z  |   | 5-3-19<br>Date   |                           |          |             |  |
| Here                     | Type or print name and title  | Duck - 7   | reasurer  |  |                           |          |             |  |
|                          | Print/Type preparer's name  | Frengrer's Malbre 1  | Date  |  | rin                       |          | <del></del> |  |
| Paid                     | THOMAS M. DEMILLION   | ·  | LLION 4-16-1  | G Check ☐ if self-employed P   | 0106740                   | 7        |             |  |
| Prepare                  |   | , P.C.   | · · · · · · · · · · · · · · · · · · ·                                 |  |                           |          |             |  |
| Use On                   |   |  |   |  | 2513728<br>4) 493         |          |             |  |
| May the                  | Charleroi, PA 1:  |  | ctions  | Phone no (72   |                           |          |             |  |
| viay lile                | s into discuss this return with the preparer sho  | JWIT ADOVE , See INSTRUC   | CHOLIZ  |  | Form 99                   |          | No<br>2018) |  |
|                          |   |  |   |  | 1.011U <b>33</b>          | U-EZ (   | 2010)       |  |

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Form 990-EZ (2018) MON VALLEY REGIONAL CHAMBER OF COMMERCE

#### 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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

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

|     | xy Tax) (see separate instruct<br>Section 501(c)(4), (5), or (6) o | ions), then rganizations. Complete Part III   | •                              | •  |  |
|-----|--|---|--------------------------------|--|--|
|     | <del> </del>   | LEY REGIONAL CHAMBER OF COM   | MERCE                          | Employer (dentific   | ation number   |
|     | HON VIIII  | BET REGIONAL CHARBER OF COR   | HUICU                          | 25-040039  | 0  |
| Pai | t I-A Complete if the or   | ganization is exempt under section  | 501(c) or is a sect            | tion 527 organizatio   | n.   |
| 1   | Provide a description of the (see instructions for definition      | organization's direct and indirect political con of 'political campaign activities')  | ampaign activities in F        | Part IV.   |  |
| 2   | Political campaign activity ex                                     | spenditures (see instructions)  |                                | <b>▶</b> \$  | •  |
| 3   | Volunteer hours for political                                      | campaign activities (see instructions).   |                                | •  |  |
| Pai | t I-B   Complete if the o  | rganization is exempt under sect  | ion 501(c)(3).                 |  |  |
| 1   | Enter the amount of any exc  | ise tax incurred by the organization under  | section 4955                   | ▶ Ç  | 5  |
| 2   | Enter the amount of any exc  | ise tax incurred by organization managers   | under section 4955             | <b>►</b> \$  |  |
| 3   | If the organization incurred a                                     | a section 4955 tax, did it file Form 4720 for   | this year?                     |  | Yes No   |
| 4 : | a Was a correction made?   |   |                                |  | Yes No   |
| ı   | b If 'Yes,' describe in Part IV                                    |   |                                |  |  |
| Pai | t I-C Complete if the o  | organization is exempt under sect   | ion 501(c) , exce <sub>l</sub> | pt section 501(c)(3  | ).   |
| 1   | Enter the amount directly ex                                       | pended by the filing organization for sectio  | n 527 exempt function          | activities > \$  |  |
| 2   | Enter the amount of the filing 527 exempt function activities      | g organization's funds contributed to other s   | organizations for sect         | ion<br>► \$  | S  |
| 3   | Total exempt function expendine 17b.                               | ditures Add lines 1 and 2 Enter here and  | on Form 1120-POL,              | <b>►</b> \$  | i  |
| 4   | Did the filing organization file                                   | e Form 1120-POL for this year?  |                                |  | Yes X No   |
| 5   | organization made nayments   | and employer identification number (EIN) is For each organization listed, enter the arons received that were promptly and direct all action committee (PAC) If additional spa | nount naid from the fi         | ling organization's funds  | Also enter the   |
|     | (a) Name   | (b) Address   | (c) EIN                        | (d) Amount paid from<br>filing organization's<br>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) |  |   |                                |  |  |

| Schedule C (Form 990 or 990-EZ) 2018                                 | MON VALLEY                          | REGIONAL CHAMBER                                  | OF COMMERCE              | 25-040                           | 0390 Page <b>2</b>          |
|--|-------------------------------------|---|--------------------------|----------------------------------|-----------------------------|
| Part II-A Complete if the  | he organization                     | ı is exempt under section                         |                          | ed Form 5768 (election           | on under                    |
| section 501(   | <del></del>                         |   |                          |                                  |                             |
|  |                                     | ongs to an affiliated group (a                    |                          | affiliated group member          | 's name,                    |
|  |                                     | nd share of excess lobbying                       | •                        |                                  |                             |
| B Check ► if the filin   | g organization che                  | ecked box A and 'limited con                      | itrol' provisions apply  |                                  |                             |
| (The term  | Limits on Lobb<br>'expenditures' me | oying Expenditures<br>eans amounts paid or incurr | ed.)                     | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu   | res to influence pi                 | ublic opinion (grass roots lob                    | obying)                  |                                  |                             |
| <b>b</b> Total lobbying expenditu                                    | res to influence a                  | legislative body (direct lobby                    | yıng)                    |                                  |                             |
| c Total lobbying expenditu   | res (add lines 1a                   | and 1b)   |                          |                                  |                             |
| d Other exempt purpose e   | xpenditures                         |   |                          |                                  |                             |
| e Total exempt purpose ex  | openditures (add li                 | nes 1c and 1d)                                    |                          |                                  |                             |
| f Lobbying nontaxable am both columns                                | ount Enter the ar                   | mount from the following tab                      | le ın                    |                                  |                             |
| If the amount on line 1e, colu                                       | mn (a) or (b) is:                   | The lobbying nontaxable a                         | amount is                |                                  |                             |
| Not over \$500,000   |                                     | 20% of the amount on line 1e                      |                          |                                  |                             |
| Over \$500,000 but not over \$1,0                                    | 000,000                             | \$100,000 plus 15% of the excess                  | over \$500,000           |                                  |                             |
| Over \$1,000,000 but not over \$1                                    | <u> </u>                            | \$175,000 plus 10% of the excess                  |                          |                                  |                             |
| Over \$1,500,000 but not over \$1                                    | 17,000,000                          | \$225,000 plus 5% of the excess over \$1,500,000. |                          |                                  |                             |
| Over \$17,000,000  | <del></del>                         | \$1,000,000                                       |                          |                                  |                             |
| g Grassroots nontaxable a  | · ·                                 | •   |                          |                                  |                             |
| h Subtract line 1g from line   |                                     | <i>'</i>  |                          |                                  |                             |
| i Subtract line 1f from line   | e Ic If zero or less                | s, enter -U-                                      | •                        |                                  |                             |
| j If there is an amount oth<br>section 4911 tax for this             |                                     | ither line 1h or line 1i, did th                  | e organization file Fori | m 4720 reporting                 | Yes No                      |
|  |                                     | 4-Year Averaging Period l                         | Jnder Section 501(h)     |                                  |                             |
| (Son   |                                     | hat made a section 501(h) el                      |                          |                                  |                             |
|  |                                     | below. See the separate inst                      |                          |                                  |                             |
|  | Lob                                 | bying Expenditures During                         | 4-Year Averaging Peri    | od<br>                           |                             |
| Calendar year (or fiscal year beginning in)                          | (a) 2015                            | <b>(b)</b> 2016                                   | (c) 2017                 | ( <b>d)</b> 2018                 | <b>(e)</b> Total            |
| 2 a Lobbying nontaxable amount                                       |                                     |   |                          |                                  |                             |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                                     |   |                          |                                  |                             |
| c Total lobbying expenditures  |                                     |   |                          |                                  |                             |
| d Grassroots nontaxable amount                                       |                                     |   |                          |                                  |                             |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))      |                                     |   |                          |                                  |                             |
| f Grassroots lobbying expenditures                                   |                                     |   |                          |                                  | 000 000                     |
| BAA  |                                     |   |                          | Schedule C (Forn                 | n 990 or 990-EZ) 2018       |

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. No Yes **Amount** 1 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)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 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? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

|   |   |   | 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 |     | Х  |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 |     | X  |

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| 1 | Dues, assessments and similar amounts from members   |     |    |
|---|--|-----|----|
| 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   | 2 a |    |
| ı | Carryover from last year   | 2 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 political expenditure next year? | 4   | 0. |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5   | 0. |

#### Part IV | Supplemental Information

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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)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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

**2018** 

Section 2016

Employer identification number

25-0400390 MON VALLEY REGIONAL CHAMBER OF COMMERCE Form 990-EZ, Part I, Line 8 Other Revenue GOLF OUTING INCOME \$ 23,065. RETIREMENT ROAST 9,220. 7,354. NET WORKING 5,955. EVENT INCOME BILLBOARD INCOME 4,800. RENT WORLD KITCHEN 3,465. ROYALTY 3,051. TRUST ADMIN MVRCC ADMIN FEE 2,400. 2,100. FACADE PROGRAM FEE 940. 818. OTHER CHAMBER INCOME 512<u>.</u> NEWSLETTER & OTHER Total \$ 63,680. Form 990-EZ, Part I, Line 16 Other Expenses 1,650. Ś Advertising and Promotion BILL BOARD EXPENSES 314. 755. BOARD MEETING CONSULTING FEES 2,100. CONTINGENCY 3,250. Depreciation 4,824. 573. DUES **EVENT EXPENSES** 3,683. GOLF OUTING 14,280. Insurance 1,642. MEMBER SERVICE 503. 400. **MEMORIALS** MISC 181. NETWORKING EXPENSES 5,550. NEWSLETTER EXPENSES 915. Office (Expenses 5,132. PHONE 3,568. 4,409. RETIREMENT ROAST Travel 580. UTILITIES 4,743. Total \$ 59,052. Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances OTHER Form 990-EZ, Part II, Line 26 **Total Liabilities** Ending <u>Beginning</u> 0. PAYROLL TAXES ,850. 0. 1,850.

MON VALLEY REGIONAL CHAMBER OF COMMERCE

Employer identification number

25-0400390

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTE LOCAL BUSINESS ACTIVITY

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

| . Name and Title                  | Average Hours<br><u>Per Week Devoted</u> | Compen-<br>sation | Health Benefits & Contrib- bution to EBP & DC | · Estimated<br>Amount Of<br>Other<br>Compen. |
|-----------------------------------|--|-------------------|---|--|
| ARMAND FERRARA                    | 2  | \$ 0.             | \$ 0.   | \$ 0.  |
| President                         | 2  | Ş U.              | \$ 0.   | \$ 0.  |
| RICHARD MUDRICK<br>Vice President | 2  | 0.                | 0.  | 0.   |
| DAVE GALLONI<br>Secretary         | 2  | 0.                | 0.  | 0.   |
| MILTON KUBIK<br>RETIRED           | 2  | 0.                | 0.  | 0.   |
| DEBRA KEEFER<br>RETIRED           | 40                                       | 24,059.           | 0.  | 0.   |
| PATRICIA BRICKNER<br>Director     | 2  | 0.                | 0.  | 0.   |
| DEBORAH BUCK<br>Director          | . 2                                      | 0.                | 0.  | 0.   |
| WAYNE E. RAY Director             | 2  | 0.                | 0.  | 0.   |
| J J GEORGAGIS<br>Director .       | 2  | 0.                | 0.  | 0.   |
| ALYSSA MENDOLA<br>Director        | 2  | 0.                | 0.  | 0.   |
| DON GOOD<br>Director              | 2  | . 0.              | 0.  | 0.   |
| RANDY MCMAHON<br>Director         | 2  | 0.                | 0.  | 0 :  |
| DONNA RAMUSIVICH<br>Director      | 2  | 0.                | 0.  | 0.   |
| JOSIE PELZER<br>Director          | 2  | 0.                | 0.  | 0.   |

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<br>Per Week Devoted | Compen-<br>sation | Health Benefits & Contrib- bution to EBP & DC | Estimated<br>Amount Of<br>Other<br>Compen. |
|-----------------------------------|-----------------------------------|-------------------|---|--|
| LUTHER SHEETS<br>Director         | . 2                               | \$ 0.             | \$ 0.   | \$ 0.                                      |
| KEN WILTZ<br>Director             | 2                                 | 0.                | 0.  | 0.   |
| PHILLIP SPARACELLA<br>Director    | 2                                 | 0.                | 0.  | 0.   |
| LYNN BARON<br>Director            | . 2                               | 0.                | 0.  | 0.   |
| CASEY CLARK<br>Director           | 2                                 | 0.                | 0.  | 0.   |
| DONNA RAMUSIVICH<br>Director      | 2                                 | 0.                | 0.  | 0.   |
| LEANNA L SPADA<br>EXECUTIVE DIREC | 40                                | 27,033.           | 0.  | 0.   |
| ROBERTA FIELDING Director         | 2                                 | 0.                | 0.  | 0.   |
| }                                 | Total                             | \$ 51,092.        | \$ 0.   | \$ 0.                                      |