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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Α	For t	he 2019 calendar year, or tax year beginning , 2019, and ending	,		
В	Check	if applicable C	Employer identification number		
	Addres	s change	25-0400390		
	Name	change   11011 VIIIIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number		
	Initial i	CHARLEROT PA 15022	·		
Ц		uni terminateu	(724) 483-3507		
Н			Group Exemption Number		
G			X if the organization is not		
		site: N/A required to	attach Schedule B		
		tempt status (check only one) —	), 990-EZ, or 990-PF)		
K	Form	of organization X Corporation Trust Association Other			
_	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totis (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ <u>137,492.</u>		
Pa	it i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Part I)		
	,	Check if the organization used Schedule O to respond to any question in this Part I	X ·		
	1	Contributions, gifts, grants, and similar amounts received	51,086.		
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income.	4 95.		
	5 a	Gross amount from sale of assets other than inventory			
	b	Less cost or other basis and sales expenses 5 b			
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c		
	6	Gaming and fundraising events			
ĕ	1	Gross income from gaming (attach Schedule G if greater than \$15,000)			
Jen 1	b	Gross income from fundraising events (not including \$ of contributions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	c	Less direct expenses from gaming and fundraising events  6 c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
	7 a	Gross sales of inventory, less returns and allowances 7 a			
	b	Less cost of goods sold 7 b			
	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 86,311.		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9 137,492.		
	10	Grants and similar amounts paid (list in Schedule O) RECEIVED	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12 63,093.		
es	13	Professional fees and other payments to independent confessions. APR 17 2020 Occupancy, rent, utilities, and maintenance	13 4,734.		
Expenses	14	Occupancy, rent, utilities, and maintenance	14 2,540.		
ă	15	Printing, publications, postage, and shipping OGDEN, UT.	15		
ш	16	Other expenses (describe in Schedule O)	<b>16</b> 95, 996.		
	17	Total expenses. Add lines 10 through 16	<b>17</b> 166, 363.		
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 -28,871.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	MANGET !		
ASS		figure reported on prior year's return)	19 400,361.		
et/	20	Other changes in net assets or fund balances (explain in Schedule O)  See Schedule O	20 1,552.		
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b>▶ 21</b> 373,042.		
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2019)		

Forn	n 990-EZ (2019) MON VALLEY REGIO	ONAL CHAMBER OF CO	MMERCE	25	-04 <u>0</u>	0390 Page <b>2</b>
Pai	Table Balance Sheets (see the Institute Check if the organization used Sche	ructions for Part II)	estion in this Part II			П
	Check if the organization used Sche	dule O to respond to any qui	estion in this rait in	(A) Beginning of ye	ar T	(B) End of year
22	Cash, savings, and investments		<del></del>	130,836		108,341.
23	Land and buildings		-	269,525		264,701.
24	Other assets (describe in Schedule O)				24	
25	Total assets		_	400,361	. 25	373,042.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	·			400,361	. 27	373,042. Expenses
Pai	Statement of Program Service Ac Check if the organization used Sci	hedule O to respond to any o	ructions for rait in) uestion in this Part I	II X	(Real	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule O			(c)(3)	and 501(c)(4)
Desc	cribe the organization's program service as sured by expenses. In a clear and concise	ccomplishments for each of	ts three largest prog	ram services, as	orgar	nizations, optional thers )
bene	efited, and other relevant information for e	each program title	Les provided, the hai	ilber of persons	10. 00	
28						
			- <b></b>			
	707-7-5	is amount includes foreign g	rants sheek here		28 a	
29	(Grants \$ ) If th	is amount includes loreign gi	rants, check here		20 a	<u></u>
23					1 1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29 a	
30					l i	
	(Grants \$) If th	is amount includes foreign g	rants check here		30 a	
21	Other program services (describe in Sch		rants, check here		30 a	
31	, -	is amount includes foreign g	rants, check here	▶ □	31 a	
32	Total program service expenses (add lin		<del></del>	•	32	
Pai	rt IV - List of Officers, Directors,				see the i	instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o	question in this Part	(d) Health benefi	10	Δ
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC	contributions to emp	loyee	(e) Estimated amount of other compensation
		position	(if not paid, enter -0-)	compensation		
See	_ Schedule_0		20.21		0.	0.
	_		39,21	<u>.                                    </u>	υ.	U.
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BAA	<i>t</i>	TEEA0812L	08/23/19			Form <b>990-EZ</b> (2019)

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the instructions for Part V ) Check if the organization used Schedule O to respond to any question in	n this Part V		
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
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.	ments if they reflect	<del> </del>	Х
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	1	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business active		.,	
(such as those reported on lines 2, 6a, and 7a, among others)? <b>b</b> If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation is	n Schedule O 35 t	<del></del>	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	notice,	$\top$	
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 0	X	<u> </u>
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	36		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		
b Did the organization file Form 1120-POL for this year?	37 t		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		*	X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	0.		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	0.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities  39b	0.		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ►  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49	0. 958 excess		
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that I	has not been		
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	400		39.41
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			X
shelter transaction? If 'Yes,' complete Form 8886-T  41 List the states with which a copy of this return is filed None	40 €	<u> </u>	
	ne no ► <u>(724) 48</u>	) _ 2E(	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country.	P + 4 \ 15022   er a ount)?	Yes	No X
financial account in a foreign country (such as a bank account, securities account, or other financial account '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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country   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	er a ount)? 421	Yes	No X
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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country.  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.  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed into of Form 990-EZ.	42 days stead	Yes	No X X X N/A N/A No X
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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country.  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.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed insof Form 990-EZ.  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.	42 days stead	Yes	No X X X N/A N/A
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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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country  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  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed into of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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	42 ded 444	Yes	No X X X N/A N/A No X
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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country.  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.  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed into of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 day and	Yes	No X X N/A N/A No X X X
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) c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country  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  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed into of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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	42 day and	Yes	No X X N/A N/A No X X X

Form 9	990-EZ	2 (2019)	MON	VALLE	Y REGIO	NAL	CHAMBER	R OF	COMMERC	CE	2 <u>5</u>	-0400	0390	Р	age 4
<b>46</b> D	old the	organız ates for	ation of	engage, d office? If	rectly or in	ndırec ıplete	tly, in politic Schedule C	cal can , Part	npaign activ	vities on behalf	of or in opposition	to	46	Yes	
Part !	VIX.	Sectio	n 501	(c)(3) O	rganizat	ions	Only								
		All sec	tion!	501(c)(3	) organız	zatioi	ns must a	nswe	r questioi	ns 47-49b an	d 52, and com	plete	the table	S	
				and 51.		andula	O to rospo	nd to	any questio	n in this Part VI					П
		Check ii	the o	rgariizatio	ii useu sci	euule	: O to respo	110 10	ariy question	11 111 (1113 1 21 ( 11	<del></del>			Yes	No
					bbying activ	vities d	or have a sec	ction 50	01(h) election	n in effect during	the tax year? If 'Ye	es,'	47		
		te Sche			d = = =b = d		otion 170/h)	/1\/A\	(u)2 If 'Voc	' complete Sch	odulo E		47		<del></del> -
										' complete Sche d organization?	saule L		49 a		
							527 organiz			2 0. guu			49 b		
<b>50</b> C	Comple	te this ta	ble for	the organ	ization's five	e high	est compens	ated er	mployees (ot	ther than officers	directors, trustees	, and ke	<sub></sub>		•
e	mploy	ees) who	each	received m	ore than \$1	100,00	0 of compen	sation	from the org	anization If there	e is none, enter 'No	ne '			
	(	(a) Name a	nd title o	of each emplo	oyee		(b) Averag per week to pos	devoted	(c) Repo (Form	ortable compensation is W 2/1099-MISC)	(d) Health benefit contributions to emp benefit plans, and de compensation	loyee	(e) Estimate other com	d amou pensati	nt of on
							_		-						
	 									<del></del> .					
					<del></del>			_			-	+			
	<del>.</del>	<del></del>					_			× ×*					
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												1			
<b>51</b> C	Comple	ete this ta	ble for	the organ	ees paid ov	e hiah		► ated in	ndependent o	contractors who e	each received more	than \$1	00,000 of		
					each indepen					<b>(b)</b> Type	of service		(c) Comp	ensatio	on
							<del>-</del>								
							<del>-</del>								
T	Total	umbor e	of other	rindonon	dont contr	antore	each recei	, upa o	40r \$100 00	<u> </u>					
<b>52</b> D	Oid the		zation	complete				_		nizations must	attach a	-	► Yes	, [	 □ No
Under pe	enalties rect. and	of perjury,	l declar	that I have	examined this	return, n officer	including accom	npanying	schedules and	statements, and to the statements and to the statements and the statements are statements.	he best of my knowledge	e and beli	ef, it is		
			phe	nata 1	Dank	<b>-</b> Q(	Durd	È_			2/25	120	<b>)</b>		
Sign Here			r print n	ame and title	Kru	ell	-Buc	K			Date				
	+	Print/Type	prepare	r's name		7	Minus	atypen -	AMIO	Date	/ -   -	ا , [	TIN		
Paid		THOMA	S_M.	DEMIL	LION		THOMAS	M. D	EMILLIO	N 8/11/	Check L self-emplo	yed P	0106740	7_	
Prepai	T	Firm's nam			DeMill	ion		<u>_</u>				1			
Use O		Fırm's add	ress ►	314 5			`				Firm's EIN		2513728		
							5022-151				Phone no	(72			2
	he IRS	discuss	this r	eturn with	the prepa	rer sh	nown above?	<sup>2</sup> See	instructions				► X Ye		No
BAA													Form 99	0-EZ	(2019

### 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

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

Section 501(c)(4) (5) or (6) organizations. Complete Part III

•	$\mathcal{I}_{I}_{\mathcal{I}_{I}}}}}}}}}}$	rgariizations complete rait in			
	of organization			Employer identifica	ation number
OM	N VALLEY REGIONAL C	HAMBER OF COMMERCE		25-040039	0
		rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the (see instructions for definition	organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV	
2	Political campaign activity ex			<b>►</b> \$	
		campaign activities (see instructions)		·	
	<del></del>	rganization is exempt under section	on 501(c)(3).		
1		ise tax incurred by the organization under		<b>▶</b> \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	<b>►</b> \$	
3		section 4955 tax, did it file Form 4720 for			Yes No
4 a	Was a correction made?		•		Yes No
	If 'Yes,' describe in Part IV				٠٠٠٠ الــــ
		rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	· · · · · · · · · · · · · · · · · · ·
		pended by the filing organization for section			
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other s	organizations for sec	tion ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ars received that were promptly and directly del action committee (PAC). If additional spa	nount paid from the fivered to a separate po	iling organization's fund ditical organization, such	ds Also enter the as a separate
	(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 C (Form 990 or 990-EZ) 2019

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25-	11/1		≺Ч	11

	MON VALLEI	KEGIONAL CHAMPEN	OF COMMERCE	23 040	0000
Part II A Complete if section 501(	the organizatior h)).	is exempt under se	ction 501(c)(3) and	filed Form 5768 (	election under
A Check ► ☐ if the filin	g organization belong	s to an affiliated group (and	list in Part IV each affilia	ited group member's nam	ne,
address,	EIN, expenses, and	I share of excess lobbying	expenditures)		•
B Check ► ☐ If the filling	ng organization chec	cked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pul	olic opinion (grassroots lol	obying)		
<b>b</b> Total lobbying expendition		• • •	oying).	t	<del></del>
c Total lobbying expendition	`	nd 1b)			<u> </u>
d Other exempt purpose of	·		•		
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable an both columns					
If the amount on line 1e, col	<del></del>	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000 g Grassroots nontaxable a		\$1,000,000		が、「は、「は、「は、」という。	
h Subtract line 1g from lir	•		+	<del></del>	
i Subtract line 1f from lin					
j If there is an amount othe section 4911 tax for this	er than zero on either		ganization file Form 4720	reporting	Yes No
		4-Year Averaging Period I	Index Section 501(h)		•
(Som	e organizations that	t made a section 501(h) el ow. See the separate inst	ection do not have to o		3
	Lobby	ying Expenditures During	4-Year Averaging Peri	od	•
Calendar year (or fiscal year beginning in)	( <b>a)</b> 2016	<b>(b)</b> 20,17	(c) 2018	<b>(d)</b> 2019	(e) Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures			-	,	
d Grassroots nontaxable amount					*1
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures		•			,
BAA				Schedule C (Fo	rm 990 or 990-EZ) 2019

Page 3

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		No	Am	ount	
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>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <b>c</b> 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?					
i Total Add lines 1c through 1:	adusti.	vándel			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	I The Late		Certification in the	THE PERSON	in and
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		is the law			
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?	i sa de la como de la			a de la	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	)1(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 th	e prior y	ear?	3		X

Partill 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.'

_	Dues, assessments and similar amounts from members	11	
	Dues, assessments and samual amounts from members	<u> </u>	
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	
_	<b>b</b> Carryover from last year	2 b	
	c 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.
Ę	Taxable amount of lobbying and political expenditures (see instructions)	5	0.
P	Supplemental Information		

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

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

Open to Public Inspection

Name of the organization

Employer identification number 25-0400390

MON VALLEY REGIONAL CHAMBER OF COMMERCE	25-0400390
Form 990-EZ, Part I, Line 8 Other Revenue	
PLAZA MANAGEMENT FUND GOLF OUTING INCOME EVENT INCOME DIRECTORY INCOME WORLD KITCHEN/WADELL REED BILLBOARD INCOME MURDER MYSTERY DINNER GAS ROYALTY FACADE PROGRAM FEE MVRCC ADM FEE PLAZA ADMIN FEE NEWSLETTER & OTHER ROYALTY OTHER	\$ 29,688. 20,764. 8,578. 7,550. 5,175. 4,800. 3,030. 2,978. 1,032. 900. 651. 415. 400. 350.
	Total \$ 86,311.
Form 990-EZ, Part I, Line 16 Other Expenses	
Advertising and Promotion BILL BOARD EXPENSES CONSULTING FEES CONTRACT LABOR Depreciation DIRECTORY EXPENSES DUES EVENT EXPENSES FUNDRAISER EXPENSES GOLF OUTING Insurance MEETINGS/ACTIVITIES MEMBER SERVICE MEMORIALS MISC NEWSLETTER EXPENSES Office Expenses PHONE/INTERNET REAL ESTATE TAXES REPAIRS Travel UTILITIES	\$ 2,952. 400. 900. 4,310. 4,824. 4,792. 5,426. 2,752. 12,368. 5,183. 1,101. 605. 100. 1,782. 780. 6,385. 3,647. 6,767. 18,420. 741. 7,255.
WEBSITE DEVELOPMENT	Total $\frac{3,960.}{$95,996.}$
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances	•
OTHER	Total \$ 1,552. \$ 1,552.

Name of the organization

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 <u>Per Week Devoted</u>	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
ARMAND FERRARA President	2	\$ 0.	\$ 0.	\$ 0.
RICHARD MUDRICK Vice President	2	0.	0.	0.
DAVE GALLONI Secretary	2	0.	0.	0.
ROBERTA RITTER Director	2	0.	0.	0.
JEAN HALE Director	2	0.	0.	0.
PATRICIA BRICKNER Director	2	0.	0.	0.
DEBORAH BUCK Treasurer	2	0.	0.	0.
WAYNE E. RAY Director	2	0.	0.	0.
LISA NEIL Director	2	0.	0.	0.
ALYSSA MENDOLA Director	2	0.	0.	0.
DON GOOD Director	2	0.	0.	0.
RANDY MCMAHON Director	2	0.	0.	. 0.
DONNA RAMUSIVICH Director	2	0.	0.	0.
JOSIE PELZER 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 <u>Per Week Devoted</u>	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
LUTHER SHEETS Director	2	\$ 0.	\$ 0.	\$ 0.
KEN WILTZ Director	2	0.	0.	0.
PHILLIP SPARACELLA Director	2	0.	0.	0.
LEANNA L SPADA EXECUTIVE DIREC	40	39,210.	0.	0.
DIANN DONALDSON EXECUTIVE COMM	. 2	0.	0.	0.
	Total	\$ 39,210.	\$ 0.	\$ 0.