Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

			Undo	r contion E01	(a) 527 at 4047(a)(4)	- 	onus Cada (avas	nt privata foundatio		2018
			Under		(c), 527, or 4947(a)(1)		•		ns)	Open to Bublic
		he Treasury			enter social security n		•	•		Open to Public
		e Service		tax year beg	www.irs.gov/Form99	07-0			6-30	Inspection
		pplicable:			TINGDON COUNTY		· · ·			nployer identification no.
									-	
	ddress c	•	Doing bus		TINGDON COUNTY		DAIIO	Descrite		-0325304
	ame cha	•			box if mail is not delivered to st	treet address)		Room/suite		lephone number
	nitial retur			ALLEGHENY						4)643-1110
		n/terminated	-		ce, country, and ZIP or foreign	postal code				oss receipts
	mended			INGDON, P					\$	90,934 dinates? Yes X No
L A	Application pending F Name and address of principal officer: JOHN EASTMAN H(a) Is this a group return for subord									
				AS C ABO				H(b) Are all subordina		
			501(c)(3)	501(c) () < (insert no.)		527			see instructions)
	lebsite:				BER.COM/COMMUNI			H(c) Group exempti		
		-	Corporation	Trust A	ssociation Other ►	1	L Year of formation:	2009 M State of le	egal domi	cile: PA
Par		Summar								
	1	Briefly descr	ibe the org	anization's mis	sion or most significant	activities: THE	FOUNDATION	IS ORGANIZED	FOR 1	HE PURPOSE
e		OF PROVI	DING CH	ARITABLE,	EDUCATIONAL AN	ND SCIENTIFIC	PURPOSES 1	HAT COMPLEMEN	Г ТНЕ	WORK OF
anc		THE HUNT	INGDON	COUNTY CH	IAMBER OF COMMEN	RCE INCLUDING	MAKING DIS	TRIBUTIONS IN	FURT	HERANCE OF
Activities & Governance		THOSE PU	RPOSES	TO ORG DE	SIGNATED AS TAX	X-EXEMPT.				
Š	2	Check this be	ox ► 🗌 if	the organization	on discontinued its oper	ations or disposed of	of more than 25%	of its net assets.		
Ŭ	3	Number of v	oting mem	bers of the gov	verning body (Part VI, li	ne 1a)			3	11
ŝ	4	Number of ir	dependent	t voting membe	ers of the governing bo	dy (Part VI, line 1b)		4	1	11
itie	5	Total numbe	r of individu	uals employed	in calendar year 2018	(Part V, line 2a)			5	0
ctiv	6			ers (estimate		••••			3	10
<					n Part VIII, column (C),				a	0
					ne from Form 990-T, line				'n b	0
								Prior Year	~	Current Year
	8	Contributions	and arant	s (Part \/III_lin	e1h)			32,8	42	36,845
Ð	9		-		ne 2g)			52,0	72	0
Revenue		-			(A), lines 3, 4, and 7d)			20 5	<u>^</u>	
Seve	10							32,5		53,884
œ	11				lines 5, 6d, 8c, 9c, 10c,	,			05	205
	12			v	(must equal Part VIII, o	().)		65,5		90,934
	13			• •	t IX, column (A), lines 1	,		21,4	05	20,420
	14	•		•	IX, column (A), line 4)					0
ŝ	15				ee benefits (Part IX, col	. ,				0
nses					, column (A), line 11e)					0
Expens			0 1		olumn (D), line 25) 🕨		0			
ш	17	Other expension	ses (Part I)	X, column (A),	lines 11a-11d, 11f-24e)			2,5	10	1,912
	18	Total expens	es. Add lir	nes 13-17 (mu	st equal Part IX, columr	n (A), line 25)		23,9	15	22,332
	19	Revenue les	s expenses	s. Subtract lin	e 18 from line 12			41,6	40	68,602
ces								Beginning of Current Yea	ar	End of Year
sets	20	Total assets	(Part X, lin	e 16)				544,4	47	613,049
Net Assets or Fund Balances	21	Total liabilitie	es (Part X,	line 26)						0
Fund	22	Net assets o	r fund bala	ances. Subtra	ct line 21 from line 20 .			544,4	47	613,049
Par	't II	Signatu	re Block	(
Unde	r penaltie				turn, including accompanying			knowledge and belief, it is		
true, o	correct, a	and complete. Dec	laration of pre	eparer (other than	officer) is based on all informat	ion of which preparer has	any knowledge.			
		TOHN	EASTMA	N					0	8-28-2019
Sigr	า		e of officer					C	ate	0 20 2019
Here					ספס					
Here JOHN EASTMAN, TREASURER Type or print name and title										
		,			Deserves		Date		D.T	
De:-	1	Print/Type pre		(D)	Preparer's signature	GD3		Check if		.1.0.0.0.0
Paic		WAYNE A			WAYNE A HEARN	CPA	08-29-2019	self-employed	P	01208268
-	oarer		•	CPA	ASSOCIATES			Firm's EIN 🕨		
Use	Only	Firm's addres	s 🕨		PENN STREET			Phone no.		
					DON PA 16652				-643-	
May	the IRS	S discuss this	return with	the preparer	shown above? (see inst	ructions)				. 🛛 Yes 🗌 No

Form	990 (2018) HUNTINGDON COUNTY CHAMBER FOUNDATION	80-0325304	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	THE FOUNDATION IS ORGANIZED FOR THE PURPOSE OF PROVIDING CHARITABLE, EDUCATION		
	SCIENTIFIC PURPOSES THAT COMPLEMENT THE WORK OF THE HUNTINGDON COUNTY CHAMBE		CE
	INCLUDING MAKING DISTRIBUTIONS IN FURTHERANCE OF THOSE PURPOSES TO ORG DESIG	NATED AS	
2	TAX-EXEMPT.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	· · · . [] Tes	<u>N</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,490 including grants of \$) (Revenue	\$)
	EDUCATION SCHOLARSHIPS AND GRANTS PAID OUT DURING THE YEAR.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	-		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 21,490	,	
		For	m 000 (2018)

Form 990 (2018)

	n 990 (2018) HUNTINGDON COUNTY CHAMBER FOUNDATION 80-03253	04	P	age 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		v
~	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		~~~
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			25
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 ~	If "Yes," complete Schedule G, Part III	19 202		X X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				17

Form	990 (2018) HUNTINGDON COUNTY CHAMBER FOUNDATION 80-03253	04	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		77	
04-	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ũ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		37
a ⊾	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		v
•	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			- 23
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
Part	19? Note. All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ran	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	000 /	2010)

Form	1990 (2018) HUNTINGDON COUNTY CHAMBER FOUNDATION 80-03:	25304	P	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1-		v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114. Depart of Foreign Depk and Financial Accounts (FDAD)	-		
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fo		v
5a ⊾	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u></u> ua		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

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Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Πα	- 25	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		- 22
0	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
C	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	120		Х
				X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		450		v
a h	The organization's CEO, Executive Director, or top management official	15a 15b		X X
b		15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania Castian 5404 required on a copy of this Form 4002 (4004 or 4004 A if applicable) 000 and 000 T (Castian 504(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
•-	Image: Second state Image: Second state<			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOHN EASTMAN (814)643-1110, 500 ALLEGHENY ST, HUNTINGDON, PA 16652			

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
	Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employee	es, and
Form 990 (20	18) HUNTINGDON COUNTY CHAMBER FOUNDATION	80-0325304	Page 7

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

🔀 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	g				C)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LARRY NEWTON	4.00	37								
PRESIDENT		Х		Χ					0 0	0
(2) ROBERT MCMINN	<u>1.00</u> _			3,7					_	_
VICE PRESIDENT		Х		Χ					0 0	0
(3) JOHN EASTMAN	6.00_			3,7					_	_
SECRETARY/TREASURER		Х		Χ					0 0	0
(4) WILLIAM ALEXANDER	3.00								_	_
		Х							0 0	0
(5) DEE DEE BROWN	<u>1.00</u> _	37								
DIRECTOR		Х							0 0	0
(6) WAYNE A HEARN	<u>1.00</u> _	77								
DIRECTOR		Х							0 0	0
(7) JULIE W SLIVER	1.00_	77								
DIRECTOR		Х							0 0	0
(8) ANN DUNLAVY	<u>1.00</u> _	77								
DIRECTOR		Х							0 0	0
(9) PHILLIP G THOMSON	<u>1.00</u>								_	-
DIRECTOR		Х			_				0 0	0
(10)KARLA D WISER	<u>1.00</u>								_	_
DIRECTOR		X							0 0	0
(11)LYNN_CONAWAY	<u>1.00</u>								_	
DIRECTOR		Х							0 0	0
(12)JAMES DONALDSON	1.00								_	
<u>DIRECTOR</u> (13)							X		0 0	0
<u>(14)</u>										

	90 (2018) HUNTINGDON COUNTY	CHAMBER	FOUN	DAT	101	V				80-032	5304	F	Page 8
Part	VII Section A. Officers, Directors, Truste	es, Key Emplo	yees,	and	l Hig	hes	st Com	npen	sated Employee	s (continued)			
					(0								
	(A)	(B)	(do n	ot che	Pos ck m		nan one		(D)	(E)		(F)	
	Name and title	Average	1				both an		Reportable	Reportable		Estimated	
		hours per week (list any	office	er and	a dire	ector/	/trustee)		compensation from	compensation from related	á	amount o other	t
		hours for	or d	Inst	Officer	Key	emp	Former	the	organizations	со	mpensati	ion
		related	or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the	
		organizations below dotted	or	onalt		bloye	e com		(W-2/1099-1015C)			rganizatio and relate	
		line)	Istee	trust		ĕ	pen				or	ganizatio	ns
				ee			sate						
								1					
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total					•••							
С	Total from continuation sheets to Part VII, Sec	tion A											
d	Total (add lines 1b and 1c)								C)		0
2	Total number of individuals (including but not limi								e than \$100,000 of				
	reportable compensation from the organization	►								()		
												Yes	No
3	Did the organization list any former officer, direct	ctor, or trustee,	key er	mplo	yee	, or	highes	st cor	npensated				
	employee on line 1a? If "Yes," complete Schedu	le J for such in	ndividua	al							3	X	
4	For any individual listed on line 1a, is the sum of r	eportable comp	oensati	on a	nd o	ther	r comp	ensa	tion from the				
	organization and related organizations greater th	nan \$150,000?	If "Yes	s," c	отр	lete	Sched	dule .	J for such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue	compensation	from a	ny u	nrel	ated	d organ	nizatio	on or individual				
	for services rendered to the organization? If "Ye	s," complete S	chedul	e J f	for s	uch	persor	n.			5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation	ated independe	nt cont	racto	ors t	hat r	receive	ed mo	ore than \$100,000	of			
	compensation from the organization. Report comp	pensation for the	e caler	ndar	yea	r en	ding wi	ith or	within the organiz	ation's tax			
	year.												
	(A)								(B)			(C)	
	Name and business addre	SS							Description of	services	Con	npensatio	n

2	Total number of independent contractors (including but not limited to the	nose listed above) who
	received more than \$100,000 of compensation from the organization	►

Form 9	<u> </u>	18) HUNTINGD	ON COUNTY C	HAMBER FOUND	ATION		80-03253	04 Page 9
Part	VIII	Statement of Revenu	e					
		Check if Schedule O contain	s a response or	note to any line in th	nis Part VIII		<u></u> .	<u></u> [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ~ ~	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			
Amo G	c	Fundraising events	1c]			
ar A	d	Related organizations	1d]			
imil G	e	Government grants (contribution	ons) 1e		1			
tion er S	f				1			
ţţ		and similar amounts not includ		36,845				
onti nd (g	Noncash contributions include	d in lines 1a-1f: \$		1			
o a	h	Total. Add lines 1a-1f			36,845			
				Business Code	-			
anc	2a							
evel	b							
ce R	c							
ervi	d							
Program Service Revenue	e							
ogra	f	All other program service rever						
ā	q	Total. Add lines 2a-2f						
	3	Investment income (including di						
		and other similar amounts) .			14,890	14,890		
	4	Income from investment of tax-e						
	5	Royalties						
		5	(i) Real	(ii) Personal				
	6a	Gross rents			1			
		Less: rental expenses			1			
		Rental income or (loss)			1			
		Net rental income or (loss) .						
		Gross amount from sales of	(i) Securities	(ii) Other				
	10	assets other than inventory	38,99	4	1			
	h	Less: cost or other basis			1			
		and sales expenses						
	c	Gain or (loss)	38,99	4	1			
	d	Net gain or (loss)			38,994	38,994		
ne		Gross income from fundraising						
/en		events (not including \$						
Rev		of contributions reported on line	e 1c).					
Other Revenue		See Part IV, line 18						
ŧ	b	Less: direct expenses	b]			
	c	Net income or (loss) from fundr	aising events					
	9a	Gross income from gaming acti	vities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gami	ng activities .					
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold	b]			
	c	Net income or (loss) from sales	of inventory .					
		Miscellaneous Revenue		Business Code				
	11a	FEES ON NEW ENDOWMEN	TS	611710	200	200		
		NT AGET I AVEOUA		611710	5	5		
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d .			205			
		Total revenue. See instructions			90,934	54,089	C	(

Form	990	(2018
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HUNTINGDON COUNTY CHAMBER FOUNDATION ;) Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orgai	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to a	any line in this Part IX		• • • • • • • • • • • • • • •	X
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotai expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,420	20,420		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	100		100	
12	Advertising and promotion				
13	Office expenses	240		240	
14	Information technology				
15	Royalties				
16					
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	502		502	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ENDOWMENT FEES MULTIPURPOSE	1,070	1,070		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	22,332	21,490	842	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here \blacktriangleright if				
	following SOP 98-2 (ASC 958-720)				

Form 9	<u>`</u>	,	8	0-032	5304 Page 1
Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	•••••	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,730	1	25,097
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	523,717	11	587,952
	12	Investments - other securities. See Part IV, line 11	•	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	544,447	16	613,049
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
	-	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
Ś		complete lines 27 through 29, and lines 33 and 34.			
jče	27	Unrestricted net assets	38,452	27	44,496
alar	28	Temporarily restricted net assets	4,571	28	4,921
Ë	29	Permanently restricted net assets	501,424	29	563,632
'n	-	Organizations that do not follow SFAS 117 (ASC 958), check here F and	,		,
г Ц		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ASSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et⊿	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	544,447	33	613,049
	34	Total liabilities and net assets/fund balances	544,447	34	613,049
EEA					Form 990 (2018)

Form 990 (2018)

Form	990 (2018) HUNTINGDON COUNTY CHAMBER FOUNDATION	80-032530	4	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		90,	934
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		22,	332
3	Revenue less expenses. Subtract line 2 from line 1	. 3		68,	602
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	5	544,	447
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	6	513,	049
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2018)

~~				Public Chari	ity Status and P	ublic \$	Suppo	rt	OMB No. 1545-0047
	CREDULE A Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2018			
•		0 or 990-EZ)		Atta	ch to Form 990 or Form	990-EZ.			Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service							Inspection		
Name	of the	organization						Employer identifica	ation number
HUN	FIN	GDON COUNT	Y CHAMBER FOUN	DATION				80-032530)4
Pa	't I	Reason	or Public Charit	y Status (All or	ganizations must co	omplete	this part	.) See instruction	S.
The o	orgar	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check only	y one box.)		
1		A church, conv	vention of churches, or	association of chu	urches described in secti	on 170(b)	(1)(A)(i).		
2		A school desc	ibed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).	.)		
3		A hospital or a	cooperative hospital	service organizatio	n described in section 17	70(b)(1)(A	.)(iii).		
4		A medical rese	arch organization ope	rated in conjunctio	n with a hospital describe	ed in sect i	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5		An organizatio	n operated for the ben	efit of a college or u	university owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7		An organizatio	n that normally receive	s a substantial part	of its support from a gov	rernmental	unit or fro	m the general public	
		described in s	ection 170(b)(1)(A)(vi). (Complete Part I	l.)				
8	Х	A community t	rust described in sect	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultural	research organization	n described in sect	ion 170(b)(1)(A)(ix) oper	rated in co	njunction	with a land-grant colle	ege
		or university or	a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cit	y, and stat	e of the college or	
		university:							
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	ership fees, and gross	6
		receipts from a	ctivities related to its e	exempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
	_	acquired by the	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	plete Part	III.)		
11	Ц	An organizatio	n organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).		
12		•	•	•	the benefit of, to perform t				
				-	bed in section 509(a)(1)				. ,
			•		e type of supporting orga		•		•
	а				ised, or controlled by its	•••	•		ing
			• • • •		appoint or elect a major	ity of the d	lirectors or	trustees of the	
		_ ·· •	•	•	IV, Sections A and B.				
	b			•	ontrolled in connection wi		-		
			•		on vested in the same per	sons that o	control or r	nanage the supported	
			on(s). You must com						
	С				anization operated in con				vith,
					u must complete Part IN				
	d	- ••			g organization operated in generally must satisfy a di				()
			, 0	0 0	e Part IV, Sections A ar				
	е			-	determination from the IR				
	C		-		ntegrated supporting orga		a iypei,	туре II, туре III	
	f								
	g		owing information abo				••••		••••
) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
						other support (see			
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(A)									

(B)			
(C)			
(D)			
(E)			
Total			

Sched			TY CHAMBER F			80-0325304	
Pa	rt II Support Schedule for Org	ganizations D	escribed in S	ections 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box or	n line 5, 7, or 8	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify	under the tests	s listed below, pl	ease complete	Part III.)	
Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
'	membership fees received. (Do not						
	include any "unusual grants.")			198,187	33,047	37,050	268,284
2	Tax revenues levied for the						
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			198,187	33,047	37,050	268,284
5	The portion of total contributions by						
-	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,860
6	Public support. Subtract line 5 from line 4						264,424
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			198,187	33,047	37,050	268,284
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			48,821	32,508	53,885	135,214
11	Total support. Add lines 7 through 10 .						403,498
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			urth, or fifth tax year	as a section 501(c)(3)	
Sec	tion C. Computation of Public Su	pport Percen	itage				
14	Public support percentage for 2018 (line 6, o						65.53 %
15	Public support percentage from 2017 Scheo						%
16a	33 1/3% support test - 2018. If the organize						_
	box and stop here. The organization quali						•••• ⊠
b	33 1/3% support test - 2017. If the organized						_
	this box and stop here. The organization of						▶ []
17a		-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		•	•			
	organization						••••
b	10%-facts-and-circumstances test - 201	0				line	
	15 is 10% or more, and if the organization				-	1	
	Explain in Part VI how the organization mee			•		•	
10	supported organization						•••• □
18	Private foundation. If the organization did						
EEA	instructions	•••••		••••••	•••••		
ECA						Schedule A (FOr	m 990 or 990-EZ) 2018

			Y CHAMBER FO			80-0325304	Page 3
Pa	ITT III Support Schedule for Org						
	(Complete only if you check						Part II.
<u> </u>	If the organization fails to q ction A. Public Support	uality under the	e tests listed de	elow, please co	omplete Part II.)	
	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2014	(6) 2010	(0) 2010	(4) 2011	(0) 2010	
I	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		(d) 2014	(6) 2010	(0) 2010	(0) 2017	(6) 2010	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	organization, check this box and stop here						► 🗌
	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	()	•			15	%
<u>16</u>	Public support percentage from 2017 Scheduction D. Computation of Investmen					16	%
<u>Sec</u> 17	Investment income percentage for 2018 (line		-	column (f))		17	%
18	Investment income percentage for 2018 (inter-	.,	•	.,,		18	%
	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	zation did not cheo	k the box on line 1	4, and line 15 is m	nore than 33 1/3%,	and line	
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	zation did not cheo	k a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3%, and	_
20	Private foundation. If the organization did r	-	-			-	_

	e A (Form 990 or 990-EZ) 2018 HUNTINGDON COUNTY CHAMBER FOUNDATION 80-032	5304	P	age 4
Part	IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	complete		
Sect	ion A. All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
_	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.) 3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
Ψu	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$	10		
52	<i>purposes.</i> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>	4c		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	,		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ŭ		
	(as defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Jd		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
-	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	= A (Form 990		

			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		Vaa	Ne
4	Did the directors tructors, or membership of one or more supported ergenizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vaa	NI -
	Were a majority of the approximation la divertere or tweetere during the texture along a majority of the divertere		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	Na
	Did the encoderation manifests each of its supremeted encoderations, but the last days of the fifth manifest the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations		tional	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	IStruc	uons)	•
	 The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 			
D	The organization is the parent of each of its supported organizations. Complete line 3 below.		otruct	ional
		laaa ir	istruct	ions)
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see ir		No
с 2	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> Activities Test. <i>Answer (a) and (b) below.</i>	(see ir	Yes	No
С	 The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 	(see ir		No
с 2	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 	(see ir		No
с 2	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, 	(see ir		No
с 2	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 			No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 	(see ir 2a		No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 			No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 			No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these 			No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 			No
c 2 a	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these 	2a		No
c 2 a b	 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 	2a		No
c 2 a b	 The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 	2a		No
c 2 a b 3 a	 The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 	2a 2b		No

Schedule A (Form 990 or 990-EZ) 2018 HUNTINGDON COUNTY CHAMBER FOUNDATION

Supporting Organizations (continued)

Part IV

80-0325304

Page 5

Schedule A (Form 990 or 990-EZ) 2018 HUNTINGDON COUNTY CHAMBER FOUNDATION		80-032	25304 F	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or				
1 Check here if the organization satisfied the Integral Part Test as a qualifying			,	;
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Sectio	ns A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Y (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Y (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Yea	r
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	g organization (se	е
instructions).				

Schedule A (Form 990 or 990-EZ) 2018

Schedu	le A (Form 990 or 990-EZ) 2018 HUNTINGDON COUNTY CHAMBER		80-032	25304 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Evenes from 2011			
	Evenes from 2015			
	Evenes from 2016			
	Excess from 2017			
e	Excess from 2018			

EEA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	990 or 990-EZ) 2018 Page 8						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Organization type (check one):

Employer identification number 80-0325304

OMB No. 1545-0047

2018

HUNTINGDON	COUNTY	CHAMBER	FOUNDATION

Filers of:	Section:							
Form 990 or 990-EZ	\mathbf{X} 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1(a) No.	JOHN B BROWN FUNERAL HOME INC 417 WASHINGTON ST HUNTINGDON, PA 16652 (b) Name, address, and ZIP + 4	\$(c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
2	HUNTINGDON COMMUNITY CENTER 310 5TH ST HUNTINGDON, PA 16652	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

Employer identification number

HUNTINGDON COUNTY CHAMBER FOUNDATION

80-0325304

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	1545-0047	F		mental Financial Sta	••			
Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Inspection Name of the organization Employer identification number HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Part I Organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of granization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose yes 6 Did the organization asswered "Yes" on Form 990, Part IV, line 7. Yes yes 1 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Yes yes 1 Total number at end of year	018			-	-		500)	
Immerianal Revenue Service Impection Name of the organization Employer identification number HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	to Public						of the Treasury	Departm
HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	tion		ne latest information.	Form990 for instructions and t	to www.irs.gov/Fo	▶ 0	•	•
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	r						-	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year		0-0325						
Image: term of the term of term								Part
1 Total number at end of year			6.		on answered "Yes	e if the organiza	Complete	
 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 		Funds and othe		(a) Donor advised funds		and of year	ol number et e	4
 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 								
 Aggregate value at end of year					••• / F			
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?						•		
funds are the organization's property, subject to the organization's exclusive legal control? Image: Conservation inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure			donor advised	s in writing that the assets held in		•		
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 	Yes 🗌 No							
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				-			•	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat						-	-	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure	Yes 🗌 No							
1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure								
 Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure 			e 7.	es" on Form 990, Part IV, line	on answered "Yes	te if the organiza	Complet	
Protection of natural habitat				nization (check all that apply).	s held by the organiz	nservation easeme	pose(s) of con	1
		tant land area	ation of a historically in	or education)	e (e.g., recreation or	of land for public u	Preservation of	[
Preservation of open space		structure	ation of a certified histo	Preserv		natural habitat	Protection of r	
						of open space	Preservation of	l
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation		ion	in the form of a conse	qualified conservation contribution	ganization held a qua	a through 2d if the	nplete lines 2a	2
easement on the last day of the tax year. Held at the End of the Tax Ye	he Tax Year	Held at the	_			2		
a Total number of conservation easements		<u> </u>						
b Total acreage restricted by conservation easements						•	•	
c Number of conservation easements on a certified historic structure included in (a) 2c								
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a					., .			
historic structure listed in the National Register		<u> </u>			•			
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the		during the	inated by the organiza	d, released, extinguished, or term	nodified, transferred,	ervation easements		
tax year				n accoment is located	in at the person vetion .	where property of		
 4 Number of states where property subject to conservation easement is located ► 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 			handling of					
	Yes 🗌 No		-	a la			-	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
				ng, nanuling of violations, and en	nonitoring, inspecting			U
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 		s during the v	na conservation easem	andling of violations and enforci	toring inspecting ha	 ses incurred in mo	ount of expens	7
Y and and on openede mean of an mean of an indicating, mananing of violations, and of reliency concervation decements and year > \$		s daning the y			ioning, inop coung, na			
 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 			f section 170(h)(4)(B)(above satisfy the requirements of	ported on line 2(d) a	ervation easement		
	Yes 🗌 No			• •	• • • •			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and		nd	and expense statemer	ervation easements in its revenue	ation reports conserv	ribe how the organ	Part XIII, descri	9
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the		oes the	cial statements that de	ootnote to the organization's finar	le, the text of the foo	nd include, if applica	ance sheet, and	
organization's accounting for conservation easements.					ation easements.	counting for conse	anization's acc	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.		imilar Ass	easures, or Othe	ions of Art, Historical Tr	aining Collectio	nizations Main	Organ	Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			e 8.	Yes" on Form 990, Part IV, lir	tion answered "Ye	ete if the organiz	Comple	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet		nce sheet	evenue statement and l	6 (ASC 958), not to report in its r	ed under SFAS 116 (n elected, as permi	e organization	1a
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of		ice of	on, or research in furthe	held for public exhibition, educati	her similar assets he	orical treasures, or	ks of art, histor	
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet							-	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of		ice of	on, or research in furthe					
public service, provide the following amounts relating to these items:					-	-		
(i) Revenue included on Form 990, Part VIII, line 1								
(ii) Assets included in Form 990, Part X								
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		e the	• ·				•	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:							-	
a Revenue included on Form 990, Part VIII, line 1		🕨 \$			VIII. line 1			
b Assets included in Form 990, Part X b \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 20								

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Sched	ule D (Form 990) 2018 HUNTINGDON COUN	ITY CHAMBER FO	UNDATION		80-032	5304	F	Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (Other Similar As	sets (col	ntinue	ed)
3	Using the organization's acquisition, accession, a	and other records, che	eck any of the follow	ving that are a sig	gnificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loan	or exchange progra	ams				
b	Scholarly research	e 🗌 Othe						
с	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain hov	v they further the ord	ganization's exer	npt purpose in Part			
	XIII.							
5	During the year, did the organization solicit or re-	ceive donations of art	historical treasures	s or other similar				
•	assets to be sold to raise funds rather than to be						Yes	No
Pa	rt IV Escrow and Custodial Arrang				<u></u>	•• 🗆	100	
	Complete if the organization an		Form 990 Part	t IV line 9 or	reported an amo	unt on Fo	orm	
	990, Part X, line 21.		1 onn 000, 1 an		roportoù an amo		01111	
1a	Is the organization an agent, trustee, custodian o	r other intermediany fo	or contributions or o	ther assets not				
iu						·	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII and					•• 🗆	163	
U			ig table.		Δ.	mount		
						nount		
C	Beginning balance				10			
d	Additions during the year				1d			
e	ö				1e			
f	Ending balance				1f			┌
2a	Did the organization include an amount on Form				•	•••□`	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explan	hation has been prov	vided on Part XII			• • •	
Pai	rt V Endowment Funds.							
	Complete if the organization an	swered "Yes" on	Form 990, Pari					
		(a) Current year	(b) Prior year	(c) Two years bac	ck (d) Three years back	(e) Fou	ir years b	back
1a	Beginning of year balance	523,766	481,348	253,30	61			
b	Contributions	21,900	20,800	186,3	56			
С	Net investment earnings, gains, and							
	losses	53,885	32,508	48,82	21			
d	Grants or scholarships	11,550	10,890	7,1	90			
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	588,001	523,766	481,34	48			
2	Provide the estimated percentage of the current	-						
а	Board designated or guasi-endowment	5.00 %						
b	Permanent endowment > 95.00 %							
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possession	•	that are held and ad	dministered for th	e			
	organization by:						Yes	No
						. 3a(i)		
	., .							Х
b	If "Yes" on line 3a(ii), are the related organizatio							- 21
4	Describe in Part XIII the intended uses of the or					. 55		
	rt VI Land, Buildings, and Equipm							
Fai			Form 000 Port	t IV/ line 11e	Soo Form 000 P	ort V lin	~ 10	
	Complete if the organization an							
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Boo	ok value	
	Land	(investmen	n, ((other)	depreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements	• • •						
d	Equipment	•••						
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X	. column (B), line 1(0c.)				

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Schedule D (Form 990) 2018

Schedule D (Form		NTY CHAMBER FOUNDATION	N 80-03	25304 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answer	ed "Yes" on Form 990, Part	t IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market	value
., .	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Part VIII	must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990, Part	t IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
(4)			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answer	ed "Yes" on Form 990, Part	t IV, line 11d. See Form 990	, Part X, line 15. (b) Book value
(1)		· ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line	15.)	<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	ed "Yes" on Form 990, Part	t IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)			_	
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.) 🕨			
-	uncertain tax positions. In Part XIII, provide the t			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text o	of the footnote has been provided in	Part XIII

	ule D (Form 990) 2018 HUNTINGDON COUNTY CHAMBER FOUNDATION	80-0325304	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J	Compensa	tion Information	OMB No. 1545-0047				
(Form 990)		s, Trustees, Key Employees, and Highest Isated Employees	t	2018			
	 Complete if the organization ar 	nswered "Yes" on Form 990, Part IV, line	ə 23.	Open to Public			
Department of the Treasury Internal Revenue Service	► Atta ► Go to www.irs.gov/Form990	ach to Form 990. for instructions and the latest informat	ion.	Inspec			
Name of the organization			Employer identifica	tion number			
	Y CHAMBER FOUNDATION		80-0325304	4			
Part I Question	ns Regarding Compensation						
to Check the entropy	into hav(ac) if the argonization provided any of	the following to or for a naroon listed on Fr			Yes	No	
	iate box(es) if the organization provided any of ion A, line 1a. Complete Part III to provide any						
First-class or c		Housing allowance or residence for p					
Travel for com		Payments for business use of persona					
	ation and gross-up payments	Health or social club dues or initiation					
Discretionary s	spending account	Personal services (such as maid, cha	auffeur, chef)				
	on line 1a are checked, did the organization fol						
	or provision of all of the expenses described ab						
				. <u>1b</u>			
2 Did the organization	on require substantiation prior to reimbursing or	allowing expenses incurred by all					
	and officers, including the CEO/Executive Dire						
				. 2			
	ny, of the following the filing organization used						
	D/Executive Director. Check all that apply. Do n		1				
	on to establish compensation of the CEO/Execu-						
Compensation		Written employment contract					
·	ompensation consultant	Compensation survey or study					
Form 990 of o	ther organizations	Approval by the board or compensati	on committee				
4 During the year, did	d any person listed on Form 990, Part VII, Sectio	on A line 12 with respect to the filing					
	elated organization:	on A, line ra, with respect to the hing					
•	ice payment or change-of-control payment?			. 4a			
	eceive payment from, a supplemental nonqualifie	ed retirement plan?		. 4b			
c Participate in, or re	eceive payment from, an equity-based compensi	ation arrangement?		. 4c			
If "Yes" to any of li	nes 4a-c, list the persons and provide the applic	able amounts for each item in Part III.					
	c)(3), 501(c)(4), and 501(c)(29) organizations	-					
•	on Form 990, Part VII, Section A, line 1a, did the ingent on the revenues of:	e organization pay of accrue any					
				. 5a		x	
0	zation?					X	
, ,	or 5b, describe in Part III.						
6 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any					
•	ingent on the net earnings of:						
-						X	
	zation?			. 6b		X	
If "Yes" on line 6a	or 6b, describe in Part III.						
7 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the	e organization provide any porfixed					
	cribed on lines 5 and 6? If "Yes," describe in Pa			. 7		x	
	s reported on Form 990, Part VII, paid or accrue						
	ct exception described in Regulations section 5						
	· · · · · · · · · · · · · · · · · · ·			. 8		Х	
9 If "Yes" on line 8, c	did the organization also follow the rebuttable pr	esumption procedure described in					
Regulations sectio	on 53.4958-6(c)?	<u></u>		. 9			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018 HUNTINGDON COUNTY CHAMBER FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JAMES DONALDSON	(i)	0	0	0		0	0 0)
1 DIRECTOR	(ii)	0	0	0		0	o c)
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							

Schedule J (Form 990) 2018

80-0325304

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EEA

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. 2018 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

80-0325304

Department of the Treasury Internal Revenue Service Name of the organization

HUNTINGDON COUNTY CHAMBER FOUNDATION

01. Governing body decisions (Part VI, line 7b)

PERSONS ELECTED TO THE FOUNDATION BOARD MUST BE APPROVED BY THE HUNTNGDON COUNTY CHAMBER

OF COMMERCE BOARD.

02. Form 990 governing body review (Part VI, line 11)

A COPY OF THE 990 TAX FORM WAS EMAILED TO ALL DIRECTORS ON THE BOARD BEFORE THE RETURN WAS

SUBMITTED TO THE IRS.

03. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 WILL BE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS COPIES OF THE FORM ARE

AVAILABLE UPON REQUEST.

04. List of other expenses (Part IX, line 24e)

THIS EXPENSE REPRESENTS ENDOWMENT FUNDS TO BE GIVEN TO AWARD RECIPIENTS.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.									1545-00)18 :o Publ	
Department of the Treasury Internal Revenue Service										ection	
Name of the organization								Employer identifica			
	ITY CHAMBER FOUNDATION	4 - : f th				Dent IV / Lin	- 00	80-0325304	4		
Part I Identific	cation of Disregarded Entities. Comple (a)	te if the of	rganization answe	ered Yes		<u>Part IV, lin</u> (d)	e 33.	(e)		(f)	
Nam	e, address, and EIN (if applicable) of disregarded entity		Primary activit	ty	(c) Legal dom. (state or foreign country)	Total income	e E	nd-of-year assets	Direct	controlling entity	3
(1)											
(2)											
(3)											
(1)											
(4)											
(5)											
Identific	cation of Related Tax-Exempt Organiza	ations Co	molete if the ora:	anization a	Inswered "Yes	" on Form (990 Pai	rt IV line 34 h	ecause i	t had	
Part II	nore related tax-exempt organizations du		•		inswered res		550, i ai	11 I V, III E O4 C	Jecause I	thau	
	(a)		(b)	(c)	(d)		(e)		(f)	(0	J)
Name	e, address, and EIN of related organization		Primary activity	Legal dom. (st			charity status		ontrolling	Sec. 512 controlle	
	CULANDED OF COMMEDICE 25 1454409			or foreign cou	ntry)	(if sec	ction 501(c)(3	i)) e	ntity	Yes	No
(1) HONTINGDON CO 500 ALLEGHENY	CHAMBER OF COMMERCE, 25-1454408 STREET	PROMOTE	COMMERCE &								
HUNTINGDON, P.		ECONOMIC		PA	501 C6			N/A			Х
(2)											
(0)											
(3)											
(4)											
(5)											
(5)											

Page 2

Part III	Identification of Related Organiz								ered "Yes" o	n Forn	n 990, Par	t IV, line	34,	
	because it had one or more related (a) Name, address, and EIN of	d orgar	hIZATIONS treated a (b) Primary activity	s a pa (c) _{Legal}	rtnership (d) Direct contro		(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Disprop	- Code V-U	IBI ((j) Sen. or	(k) %
	related organization			domicile (state or foreign country)	entity	,	income (related, unrelated, excluded from tax under	income	year assets	ortionat alloca- tions?	of Schedul (Form 10	oox 20 m e K-1 p 165)	anaging partner?	owner- ship
(1)							sections 512-514)			Yes N		Ť	es No	
(2)														
(3)														
(4)														
(5)														
Part IV	Identification of Related Organiz line 34, because it had one or mor									d "Yes	s" on Form	990, Pa	rt IV,	
	(a) Name, address, and EIN of related organization		(b) Primary activity		(C) Legal domicile (state or foreign country)		(d) rect controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot		(g) Share of d-of-year assets	(h) Percentage ownership	Sec.51 cont	(i) 2(b)(13) rolled ity?
(1)													Yes	No
(2)														
(3)														
(4)														
(5)														

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ne 34, 35b, or 36.		

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)	1b		Х
c Gift, grant, or capital contribution from related organization(s)	1c		Х
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		Х
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o Sharing of paid employees with related organization(s)	10		X
p Reimbursement paid to related organization(s) for expenses	1p		Х
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)	1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
1)			
2)			
3)			
4)			
5)			
(6)			
A			Schedule R (Form 990) 20

Overnow Statement		Page I
Name(s) as shown on return HUNTINGDON COUNTY CHAMBER FOUNDATION	FEIN	80-03253
		00 03233
PART VII LINE 1F CONTRIBUTIONS AND GIFT	S	
	-	
Description	\$	Amount
GIFTS FROM THE PUBLIC ALLOCATION FROM ENDOWMENT FUND		<u> </u>
Total:	\$	
PART IX LINE 1 TO DOMESITIC ORGANIZATION	S	5
Description	\$	Amount
EDUCATION JVGED EXPENSE	>_	4,5
GOODMAN SCHOLARSHIP		2,0
HUNTINGDON COMMUNITY CENTER ENDOWMENT		2,0
HUNTINGDON COMMUNITY CENTER FUND		1
LEONE SCHOLARSHIP		3,1
SCHOLARSHIP ENDOWMENT		9,7
UNRESTRICTED ENDOWMENT		5
Total:	\$	20,4

Overflow Statement

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