990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

^	For the	2016 calond	dar year or tay year begin	ning		07 01 2016 2	nd and	ina	06	20 2017		
_			dar year, or tax year begin	_		07-01 , 2016, a	na ena	ing		-30 ,2017		
B		applicable:	C Name of organization HUN							Employer identification no.		
Н	Address	•	Doing business as HUNT			FOUNDATIO				80-0325304		
	Name cha	ange	Number and street (or P.O. bo		treet address)		F	Room/suite		Telephone number		
X	Initial retu	urn	500 ALLEGHENY	ST						(814)643-1110		
Ц	Final retu	ırn/terminated	City or town, state or province	, country, and ZIP or foreign	postal code					247,009		
Ц	Amended	d return	HUNTINGDON, PA	16652					G	Gross receipts \$		
	Application	on pending	F Name and address of principa	al officer: JOHN EA	STMAN			H(a) Is this a group	return for	subordinates? Yes X No		
			SAME AS C ABOV	E				H(b) Are all subo	dinates	included? Yes No		
I	Tax-exen	npt status: 🛚 🗓	501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527		If "No," a	attach a	list. (see instructions)		
J	Website:	. ► www	W.HUNTINGDONCHAMB	ER.COM/COMMUNI	TY-FOUN			H(c) Group exe	nption n	number ►		
K	Form of o	organization: 🛚	Corporation Trust Ass	sociation Other ►		L Year of formati	on: 20 (M State	of legal	domicile: PA		
Pa	art I	Summar	'y									
	1	Briefly descr	ribe the organization's miss	sion or most significant	t activities:	THE FOUNDATI	ON IS	ORGANIZE	FO:	R THE PURPOSE		
4		OF PROVI	DING CHARITABLE,	EDUCATIONAL A	ND SCIENT	IFIC PURPOSE	S THA	T COMPLEM	ENT !	THE WORK OF		
Governance		OF PROVIDING CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES THAT COMPLEMENT THE HUNTINGDON COUNTY CHAMBER OF COMMERCE INCLUDING MAKING DISTRIBUTIONS IN FU										
rna		THOSE PU	RPOSES TO ORG DES	SIGNATED AS TA	X-EXEMPT.							
ove.	2	Check this b	oox ▶ ☐ if the organizatio	n discontinued its oper	rations or disp	osed of more than	25% of i	its net assets.				
	3	Number of v	voting members of the gove	erning body (Part VI, li	ine 1a)				3	12		
Activities &	4	Number of in	ndependent voting membe	rs of the governing bo	dy (Part VI, liı	ne 1b)			4	12		
itie	5	Total numbe	er of individuals employed in	n calendar year 2016	(Part V, line 2	a)			5	0		
妄	6		er of volunteers (estimate if	· ·					6	10		
⋖	7a		ted business revenue from	• •					7a	0		
			ed business taxable income	, ,					7b	0		
				•				Prior Year		Current Year		
	8	Contributions	s and grants (Part VIII, line	1h)						196,311		
ē	9	Contributions and grants (Part VIII, line 1h)										
en	10											
Revenue	11		ue (Part VIII, column (A), li	,, , , , ,						1,876		
	12		ue - add lines 8 through 11		•					247,009		
	13		similar amounts paid (Part	` '	` '	•				14,856		
	14		d to or for members (Part I	, ,	•					0		
	15	•	ner compensation, employe	, ,								
es	16a		I fundraising fees (Part IX,	•	. ,	*	-			0		
ens			ising expenses (Part IX, co	` ,.		0	•			V		
Expenses	17		nses (Part IX, column (A), li	· · · · · ·						1,711		
_	18	•	ses. Add lines 13-17 (mus	•			· · —			16,567		
	19		ss expenses. Subtract line	·						230,442		
		Trevenue les	o expenses. Oubitact line	TO HOHI IIIIC 12	· · · · · · ·			ginning of Current	Voor	End of Year		
ts o	20	Total assets	s (Part X, line 16)					girining of Current	i cai	502,808		
\sse	21		es (Part X, line 26)							0		
Net Assets or	22		or fund balances. Subtract				_			502,808		
_	art II		ire Block	illie 21 Hom illie 20		<u> </u>	• •			502,808		
			eclare that I have examined this retu	urn, including accompanying	schedules and sta	atements, and to the best	of my kno	wledge and belief. it	is			
			eclaration of preparer (other than of									
		TOUN	I EASTMAN							11-08-2017		
Sig	ın		re of officer						Date	11-00-2017		
He		TOHN	I EASTMAN, TREASUF) ED								
	. •		print name and title	·····								
			•	Proparor's signature		Date		Check	if P	PTIN		
Pa	id		eparer's name	Preparer's signature	CDA		17					
	ıu eparei		A HEARN CPA	WAYNE A HEARN	CFA	11-08-20		self-employe	u	P01208268		
	e Only		C P A	ASSOCIATES				Firm's EIN ►				
US	o Only	y Firm's addres		PENN STREET				Phone no.		42_E200		
Max	, the ID	C discuss this	HUNTINGI return with the preparer s	OON PA 16652	tructions)			8.	L-±-6	43-5200 Vas No		

Form 990 (2016) HUNTINGDON COUNTY CHAMBER FOUNDATION

80-0325304

Page 2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	v	
2	complete Schedule A	1	X	
2		2		X
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)	3		
7	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,	_		
3	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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	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			
	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X_
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		_X_
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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		7.7
	If "Yes," complete Schedule G, Part III	19		_X_

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
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			
	employees? If "Yes," complete Schedule J	23		Χ
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		X
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		X
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
-	Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
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		Х
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		Х
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? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2 a	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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
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			
1	Section 501(c)(12) organizations. Enter:			
a	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.)			
2a	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?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

HUNTINGDON COUNTY CHAMBER FOUNDATION Form 990 (2016) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

response to line 8a, 8b, or 10b below, describ	be the circumstances, processes, or changes in Schedule O. See instructions.
0	

	Charle if Cahadula O contains a second of the circumstances, processes, or changes in scriedule O. See instruction			₹ 7
500	Check if Schedule O contains a response or note to any line in this Part VI	• • •		. <u>X</u>
Sec	tion A. Governing Body and Management			
4-	Follow the country of conference of the country in head of the following		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
_	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			3.5
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ı
			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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	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			
	organization's exempt status with respect to such arrangements?	16b		X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	csition nore that son is the rector/to Key employee	both ar)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LARRY NEWTON	2.00									
PRESIDENT		Х		X					0 0	0
(2) ROBERT MCMINN	1.00									
VICE PRESIDENT		X		X					0 0	0
(3) JOHN_EASTMAN	3.00_									
SECRETARY/TREASURER		Х		X					0 0	0
(4) WILLIAM ALEXANDER	3.00_									
DIRECTOR		Х							0 0	0
(5) DEE DEE BROWN	1.00									
DIRECTOR		X							0 0	0
(6) WAYNE A HEARN	1.00									
DIRECTOR		Х							0 0	0
(7) JULIE W SLIVER	1.00									
DIRECTOR		Х							0 0	0
(8) ANN DUNLAVY	1.00									
DIRECTOR		Х							0 0	0
(9) PHILLIP G THOMSON	2.00									
DIRECTOR		Х							0 0	0
(10)KARLA_D_WISER	1.00									
DIRECTOR		Х							0 0	0
(11)JAMES DONALDSON	1.00									
DIRECTOR		Х							0 0	0
(12)LYNN CONAWAY	1.00	,.								
DIRECTOR		X							0 0	0
(13)										
(14)										

Form **990** (2016)

Part VII	Section A. Officers, Directors, Trustees,	tees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title			unless	perso	ion re th on is	an one both an irustee) Hignest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	CC	(F) Estimate amount of other ompensa from the organizate and relate organizate	of tion e ion ed
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
(25)													
	-total							>					
d Tota	al from continuation sheets to Part VII, Sectional (add lines 1b and 1c)										0		0
	al number of individuals (including but not limited by the compensation from the organization	to those list	ed abo	ve) v	who	rec	eived	more	than \$100,000 o		0		
3 Did	the organization list any former officer, directo	r or tructoo	kov or	mplo		ork	niahor	at oor	managed			Yes	No
	oloyee on line 1a? If "Yes," complete Schedule		-				-				3		Х
	any individual listed on line 1a, is the sum of rep anization and related organizations greater thar												
•	vidual										. 4		Х
	any person listed on line 1a receive or accrue co			-			-				_		V
	services rendered to the organization? If "Yes," 3. Independent Contractors	complete St	cneaui	e J 10	or su	icn _j	perso	n .			5		X
	nplete this table for your five highest compensate apensation from the organization. Report comper												
	(A) Name and business address								(B) Description of		Coi	(C) npensati	on
	al number of independent contractors (including eived more than \$100,000 of compensation from			ose I	istec	d ab	ove) v	who					

80-0325304

HUNTINGDON COUNTY CHAMBER FOUNDATION Form 990 (2016) Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or not	te to any line in th	is Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns		1a					0.20
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b		-			
ي ا ا	C	Fundraising events		1c		-			
ifts, arA	d	Related organizations		1d		-			
פֿ		Government grants (contribution		1e		-			
ons r Si	e	- · · · · · · · · · · · · · · · · · · ·	-	16		-			
buti	f	All other contributions, gifts, gra		4.5	106 211				
i b	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$				196,311	-			
පු පි	g								
	h	Total. Add lines 1a-1f				196,311			
Φ	_			F	Business Code				
/eun									
Re	b								
vice	C								
Ser	d			_					
Program Service Revenue	е			_					
Po		All other program service revenu		_					
	g	Total. Add lines 2a-2f			• • • • • •				
	3	Investment income (including div							
		and other similar amounts)				12,034	12,034		
	4	Income from investment of tax-ex							
	5	Royalties		▶					
			(i) Real		(ii) Personal				
		Gross rents				_			
	l .	Less: rental expenses				_			
	l .	Rental income or (loss)							
	d	Net rental income or (loss)			▶				
	7a	Gross amount from sales of	(i) Securities		(ii) Other				
		assets other than inventory	36,	788					
	b	Less: cost or other basis							
		and sales expenses							
		Gain or (loss)							
	d	Net gain or (loss)		<u>.</u>	▶	36,788	36,788		
enue	8a	Gross income from fundraising							
Ver		events (not including \$		_					
æ		of contributions reported on line	1c).						
Other Rev		See Part IV, line 18		а					
ŏ	b	Less: direct expenses		b					
	С	Net income or (loss) from fundra	ising events	· <u>-</u>	▶				
	9a	Gross income from gaming activ	ities.						
		See Part IV, line 19		а					
	b	Less: direct expenses		b					
	С	Net income or (loss) from gamin	g activities	<u>.</u>					
	10a	Gross sales of inventory, less							
		returns and allowances		а					
	b	Less: cost of goods sold		b					
	С	Net income or (loss) from sales	of inventory		▶				
		Miscellaneous Revenue			Business Code				
	11a	FEES ON NEW ENDOWMENT	rs	[611710	1,871	1,871		
	b	MISCELLANEOUS			611710	5	5		
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d				1,876			
	12	Total revenue. See instructions		<u></u>	>	247,009	50,698	0	0

Form 990 (2016) HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 14,856 14,856 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): b Legal...... d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 185 185 13 66 66 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 530 530 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.) ENDOWMENT FEES MULTIPURPOSE 930 930 b C d

16,567

15,786

781

0

е

25

All other expenses

Total functional expenses. Add lines 1 through 24e

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 ▶ ☐ if

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	22,509
	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	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	100	other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	480,299
	12	Investments - other securities. See Part IV, line 11		12	400,233
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
		`	•		500 000
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	0	16 17	502,808
	18	Grants payable		18	
		' '		19	
	19	Deferred revenue			
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and			
Ë		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			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	37,537
Bal	28	Temporarily restricted net assets		28	4,571
힏	29	Permanently restricted net assets		29	460,700
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	502,808
	34	Total liabilities and net assets/fund balances	0	34	502,808

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	:	247,	009
2	Total expenses (must equal Part IX, column (A), line 25)		16,	567
3	Revenue less expenses. Subtract line 2 from line 1	:	230,	442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		272,	366
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	!	502,	808
Pa	rt 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 (2016)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016 Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Line Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

80-0325304

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only	, if you checked the box on line	e 5, 7, or 8 of Pa	art I or if the organization	n failed to qualify under
Part III If the o	rganization fails to qualify unde	er the tests liste	d below please comple	ete Part III)

Sec	tion A. Public Support			· ·	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					198,187	198,187
2	Tax revenues levied for the 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	198,187
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)						
6	Public support. Subtract line 5 from line 4						198,187
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					198,187	198,187
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	48,821
11	Total support. Add lines 7 through 10 .						247,008
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶ 🗌
	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, c	()	•	() ,			80.24 %
15	Public support percentage from 2015 Sched						%
16a	33 1/3% support test - 2016. If the organiz						
_	box and stop here. The organization qualit						▶ 🏻
b	33 1/3% support test - 2015. If the organiz						
	this box and stop here. The organization q	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2010 10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-c	ircumstances" test,	check this box an	id stop here. Expla	ain in	
	organization						▶ □
b	10%-facts-and-circumstances test - 2019 15 is 10% or more, and if the organization	5. If the organizat	tion did not check a	box on line 13, 16	6a, 16b, or 17a, an	d line	
	Explain in Part VI how the organization meesupported organization	ets the "facts-and-	-circumstances" tes	t. The organization	qualifies as a publ	icly	▶ □
18	Private foundation. If the organization did instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			1	ı		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
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						
С	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	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □_
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	. ,	•	f))		. 15	%
16	Public support percentage from 2015 Schedu					. 16	%
	ction D. Computation of Investmer					T .= 1	
17	Investment income percentage for 2016 (line						%
18	Investment income percentage from 2015 Sc	•	•				%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop he	ere. The organization	on qualifies as a po	ublicly supported o	organization	
20	Private foundation. If the organization did n	ot check a box c	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		
A (Form 990	or 990	-EZ) 201

Га	Supporting Organizations (continued)			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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			
			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			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			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	2		
500	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	ctruci	tions	١.
' a		su uc	iioris)	
b				
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (and the parent of each of its supported in the support of the parent of each of its supported organizations.	soo in	otruot	tional
2	Activities Test. <i>Answer (a) and (b) below.</i>) 	Yes	No
			162	NO
а	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	20		
	that these activities constituted substantially all of its activities.	2a		
b	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			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0:		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

80-0325304

Schedule A (Form 990 or 990-EZ) 2016 HUNTINGDON COUNTY CHAMBER FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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 Year
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		

EEA Schedule A (Form 990 or 990-EZ) 2016

	ule A (Form 990 or 990-EZ) 2016 HUNTINGDON COUNTY CHAMBEI		80-032	25304 Page 7
Par	7. 7. 7.	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			
5				
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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
a	F (2010			
b	Excess from 2013			

c Excess from 2014 d Excess from 2015 e Excess from 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Ves 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 🗌 Yes 🗌 No 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 Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 🗌 Yes 🗌 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Pa	rt III Organizations Maintaining C	ollections of A	rt, Historic	ai i reasur	es, or Oth	er Similar Ass	ets (cor	itinue	ea)
3	Using the organization's acquisition, accession, a	and other records, ch	neck any of the	following that	are a signific	cant use of its			
	collection items (check all that apply):	_							
а	Public exhibition	d Loa	n or exchange	programs					
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain ho	w they further	the organization	on's exempt ¡	ourpose in Part			
	XIII.								
5	During the year, did the organization solicit or red	ceive donations of ar	t, historical tre	asures, or othe	er similar				
	assets to be sold to raise funds rather than to be	maintained as part	of the organiz	ation's collection	on?		🗌 Y	es [No
Pai	rt IV Escrow and Custodial Arrang	ements.							
	Complete if the organization an 990, Part X, line 21.	swered "Yes" or	n Form 990	, Part IV, lir	ne 9, or rep	oorted an amou	nt on Fo	orm	
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contribution	ns or other ass	ets not				
	included on Form 990, Part X?						🗌 ١	es [☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:						
	•		-			Am	ount		
С	Beginning balance				1	С			
d	Additions during the year				1	d			
е	Distributions during the year				1	е			
f	Ending balance					f			
2a	Did the organization include an amount on Form						🗆 ነ	es [No
b	If "Yes," explain the arrangement in Part XIII. Ch				•				
	rt V Endowment Funds.	ook note it the explana		5 p. 61. a 6 a 6					
	Complete if the organization an	swered "Yes" or	n Form 990	Part IV lin	ne 10				
	aa	(a) Current year	(b) Prior ye		o years back	(d) Three years back	(e) Four	r years b	nack
1a	Beginning of year balance	253,361	(b) I not ye	ai (c) iw	o years back	(u) Three years back	(6) 1 001	years b	ack
b	Contributions	186,356							
0	Net investment earnings, gains, and	100,330							
C	losses	40 001							
لہ	t and the second se	48,821							
d	Grants or scholarships	7,190							
е	Other expenditures for facilities and								
_	programs								
f	Administrative expenses								
g	End of year balance	481,348							
2	Provide the estimated percentage of the current		ne 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	5.00 %							
b	Permanent endowment ► 95.00 %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e	•							
3a	Are there endowment funds not in the possession	on of the organization	n that are held	and administe	red for the				
	organization by:							Yes	No
	(i) unrelated organizations						. 3a(i)	Х	
	(ii) related organizations						. 3a(ii)		Х
b	If "Yes" on 3a(ii), are the related organizations list	sted as required on S	Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the or	ganization's endown	nent funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization an	swered "Yes" or	n Form 990	, Part IV, lir	ne 11a. Se	e Form 990, Pa	art X, line	e 10.	
	Description of property	(a) Cost or other	er basis (b) Cost or other ba	sis (c)	Accumulated	(d) Boo	k value	
		(investme	ent)	(other)		depreciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
_	I. Add lines 1a through 1e. (Column (d) must ea		X. column (B).	line 10c.)					

Schedule D (Form		COUNTY CHAMBER FOUNDATI	ON 80-0325304	Page
Part VII	Investments - Other Securities.			
	Complete if the organization answ	vered "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII	Investments - Program Related			
			art IV, line 11c. See Form 990, Part X, lin	e 13.
				0 10.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets.			
	Complete if the organization answ	vered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, lin	e 15.
		(a) Description	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X		vered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Par	rt X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 25.)	>		
2. Liability for	uncertain tax positions. In Part XIII, provide the	he text of the footnote to the organization	ation's financial statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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.)	5
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	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	_
C	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	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information. ride 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; F	Dant V. Bas
		rait A, line
2, Fc	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Λ1	. Endowment funds intended uses (Part V, line 4)	
OT.	. Endowment lunds intended uses (Fait V, line 1)	
ᄪᄭᄺ	U VEND CRENDING WILL BE EQUAL TO 40 OF A MOVING AVERAGE OF THE RESULCIS FIVE	Z VENDC/
EAC	H YEAR SPENDING WILL BE EQUAL TO 4% OF A MOVING AVERAGE OF THE PREVIOUS FIVE	LIEARS
VEX	REND MARKET VALUES. THE ABOVE NOTWITHSTANDING AND AFTER THE FUND HAS 5 FULL	VENDS OF
IEA	REND MARKET VALUES. THE ABOVE NOTWITHSTANDING AND AFTER THE FORD HAS 5 FOLL	TEARS OF
EXD	ERIENCE, THE CHANGE IN THE ANNUAL SPENDING AMOUNT FROM YEAR TO YEAR WILL NEV	/ER BE LESS
LIXI	ENTENCE, THE CHANGE IN THE ARROAD DEEMDING AMOUNT FROM TEAR TO TEAR WILL ME	PER DE LEGO
тна	N 0%, NOR MORE THAN 6%. THIS POLICY IS INTENDED TO BE CONSISTENT WITH THE LO	NG-TERM
	NOT NOW MORE THAN OUR THIS TOLLET IS INTERDED TO BE CONSISTENT WITH THE EX	AIG THE
PRE	SERVATION OF THE REAL VALUE OF THE ASSETS AND TO BE GOVERNED BY APPLICABLE I	EDERAL AND
		1412
STA	TE LAWS.	
		

EEA Schedule D (Form 990) 2016

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization Employer identification number HUNTINGDON COUNTY CHAMBER FOUNDATION 80-0325304 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Direct controlling (b) (c) Legal dom. (state (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) Total income End-of-year assets entity (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year. (c) (d) (a) (e) (g) Sec. 512(b)(13) Name, address, and EIN of related organization Primary activity Legal dom. (state **Exempt Code section** Public charity status Direct controlling controlled entity? or foreign country) (if section 501(c)(3)) Yes No (1) HUNTINGDON CO CHAMBER OF COMMERCE, 25-1454408 500 ALLEGHENY STREET PROMOTE COMMERCE & Χ ECONOMIC GROWTH 501 C6 HUNTINGDON, PA 16652 PAN/A

(2)

(3)

(4)

(5)

Part III

990) 2016	HUNTINGDON	COUNTY	CHAMBER FOUNDATION	80-0325304	
Identification of R	elated Organia	zations ⁻	Гахаble as a Partnership.	. Complete if the organization answered "Yes" on Form 990, Part IV, line	34
because it had one	or more relate	d organiz	zations treated as a partner	rship during the tax year.	

				,						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j) (k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of- year assets	Disproportionate allocations?		Gen. mana partr	
		country)		sections 512-514)			Yes No	o e e e e e e e e e e e e e e e e e e e	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
		1						1		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Name, addres	(a) ss, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec.512	rolled
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

EEA

80-0325304

Part V

Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties, or (iv) rent from a controlled entity	1a		Χ
b	Gift, grant, or capital contribution to related organization(s)	1b		Χ
С	Gift, grant, or capital contribution from related organization(s)	1c		Χ
d	Loans or loan guarantees to or for related organization(s)	1d		Χ
е	Loans or loan guarantees by related organization(s)	1e		Χ
f	Dividends from related organization(s)	1f		Χ
g	Sale of assets to related organization(s)	1g		Χ
h	Purchase of assets from related organization(s)	1h		Χ
i	Exchange of assets with related organization(s)	1i		Χ
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		Χ
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Χ
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10		Χ
-	Reimbursement paid to related organization(s) for expenses	1р		Χ
q	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r		Χ
	Other transfer of cash or property from related organization(s)	1s		Χ
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 Amount involved Method of determining type (a-s)	amount	involved	
	type (a-s)			
/ 4 \				
(1)				
(2)				
(-)				
(3)				
(0)				
(4)				
`'				
(5)				
``'				
(6)				

EEA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are)	(f)	(g)	(h)	(i)	(j) (k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	part sect 501(org zatio	tners tion (c)(3) pani- ns?	Share of total income	Share of end-of-year assets	Disp ortio allo tion	nate ca-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen. mana partr	ging owner- ner? ship
(1)				163	140			163	140		163	140
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
	I .	1	I				I			Cabadula F	/Farm	000) 0040

EEA Schedule R (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HUNTINGDON COUNTY CHAMBER FOUNDATION	80-0325304
01. Governing body decisions (Part VI, line 7b)	
PERSONS ELECTD 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 WILL BE EMAILED TO ALL DIRECTORS ON THE BOARD	BEFORE THE RETURN
IS SUBMITTED TO THE IRS.	
33. Governing documents, etc, available to public (Part VI, line 19)	
FORM 990 WILL BE AVAILABLE ON THE ORGANIZATIONS WEBSITE AS WELL AS COPIE	S OF THE FORM ARE
AVAILABLE UPON REQUEST FROM MEMBERS OF THE PUBLIC.	
04. Explanation of other changes in net assets or fund balances (Part XI	, line 9)
PRIOR TO THE CURRENT YEAR THE ORGANIZATION FILED THE POST CARD-FORM 990N	. THE AMOUNT
REPORTED REPRESENTS THE CUMMULATIVE FUND BALANCE FROM PRIOR YEARS.	
05. List of other expenses (Part IX, line 24e)	
EXPENSES FOR ENDOWMENT FUND REPRESENTS FUNDS GIVEN TO RECIPIENTS.	
06. General explanation attachment	
A COPY OF THE FOUNDATION'S BYLAWS REVISED APRIL 25, 2017 ARE ATTACHED TO	THE 990 SINCE
THIS IS THE INITIAL FILING.	

990 Overflow Statement	2016 Page 1
Name(s) as shown on return	FEIN
HUNTINGDON COUNTY CHAMBER FOUNDATION	80-0325304

PART VII LINE 1F CONTRIBUTIONS AND GIFTS

Description			Amount			
GIFTS		\$	189,121			
ALLOCATION FROM ENDOWMENT FUND			7,190			
	Total:	\$	196,311			

PART VII LINE 3 INVESTMENT INCOME

Description	Amount			
DIVIDENDS	\$	12,034		
Total:	\$	12,034		

PART IX LINE 1 TO DOMESITIC ORGANIZATIONS

Description	Amount			
LEADERSHIP HUNTINGDON COUNTY	\$	700		
YOUTH LEADERSHIP		71		
GED EXPENSE		45		
LEONE SCHOLARSHIP		6,780		
GOODMAN SCHOLARSHIP		1,000		
UNRESTRICTED ENDOWMENT		600		
SCHOLARSHIP ENDOWMENT		5,660		
Total:	\$	14,856		