

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 WESTERN CHESTER COUNTY
 CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 50 S 1ST AVE

City or town, state or province, country, and ZIP or foreign postal code
 COATESVILLE, PA 19320

D Employer identification number
 23-0479610

E Telephone number
 (610) 384-9550

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.WESTERNCHESTERCOUNTY.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 139,687

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	45,234	12	Salaries, other compensation, and employee benefits	12	63,804
4	Investment income	4	1	13	Professional fees and other payments to independent contractors	13	986
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	6,417
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	1,217
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	23,368
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	95,792
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-490
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	94,352	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	8,317
c	Less direct expenses from gaming and fundraising events	6c	44,385	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	49,967	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	7,827
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	100				
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,302				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here *****
Signature of officer
Date 2017-11-07
BILL SHAW Treasurer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name M CYNTHIA QUINN CPA
Preparer's signature
Date
Check [X] if self-employed PTIN P00170051
Firm's name M Cynthia Quinn CPA
Firm's EIN
Firm's address 7 Red Oak Drive
Coatesville, PA 19320
Phone no (610) 380-1040

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 23-0479610

Name: WESTERN CHESTER COUNTY
CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE CHAMBER HOSTED NETWORKING EVENTS, THE ANNUAL DINNER, COMMUNITY EVENTS FEATURING LOCAL GOVERNMENTAL, BUSINESS AND ENVIRONMENTAL GROUPS TO PROVIDE UPDATES ON VARIOUS ISSUES, AND FREE SEMINARS THAT RELATE TO LOCAL AND BUSINESS TOPICS</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ANNUAL DINNER (event type)	GOLF OUTING (event type)	3 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	25,624	16,598	28,821	71,043
2	Less Contributions				
3	Gross income (line 1 minus line 2)	25,624	16,598	28,821	71,043
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	286	113		399
	6 Rent/facility costs				
	7 Food and beverages	10,817	7,880	10,532	29,229
	8 Entertainment	1,000			1,000
	9 Other direct expenses	3,379			3,379
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				37,036

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

- 16** Gaming manager information
- Name ▶
- Gaming manager compensation ▶ \$
- Description of services provided ▶
- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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.

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

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Department of the Treasury
Internal Revenue Service

Name of the organization
WESTERN CHESTER COUNTY
CHAMBER OF COMMERCE

Employer identification number

23-0479610

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$3698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2681

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2011

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CENTENNIAL EXPENSES \$3387

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	WEBSITE MAINTENANCE \$2598

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	NEWSLETTER \$2410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	PHONE \$1805

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	TRAVEL - MILEAGE \$1266

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	DUE TO PARTNER ORGANIZATIONS \$794

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	NETWORKING EVENTS \$710

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	CONFERENCES \$692

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	BOARD MEETING EXPENSES \$651

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	CHAMBER DAY HARRISBURG \$325

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	IT \$214

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	DONATIONS TO LOCAL ORG \$100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	BANK FEES \$25

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	ROUNDING \$1