

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

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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): 50 S 1ST AVE
Room/suite:
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:
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Accounting Method: Cash Accrual Other (specify)
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. \$ 144,721

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	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 53,820
4	Investment income 47
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	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) 90,854
6c	Less direct expenses from gaming and fundraising events 34,953
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 55,901
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 109,768
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits 80,830
13	Professional fees and other payments to independent contractors 3,025
14	Occupancy, rent, utilities, and maintenance 7,241
15	Printing, publications, postage, and shipping 875
16	Other expenses (describe in Schedule O) 18,053
17	Total expenses. Add lines 10 through 16 110,024
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -256
Net Assets or Fund Balances	
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) 5,928
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 5,672

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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of DONNA STELTZ EXEC DIRSEC Telephone no (610) 384-9550
Located at 50 S 1ST AVE COATESVILLE, PA ZIP + 4 19320

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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

		Yes	No
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		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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
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"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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.

***** Signature of officer	2019-11-14 Date
MICHAEL GUYER Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MCYNTHIA QUINN CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00170051
	Firm's name ▶ M CYNTHIA QUINN CPA	Firm's EIN ▶ 82-3285023			
	Firm's address ▶ 7 RED OAK DR COATESVILLE, PA 19320	Phone no (610) 380-1040			

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

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		ANNUAL DINNER (event type)	GOLF OUTING (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	22,260	11,614	28,509	62,383
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	22,260	11,614	28,509	62,383
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	328	850		1,178
	6 Rent/facility costs			1,159	1,159
	7 Food and beverages	8,250	4,858	2,526	15,634
	8 Entertainment	400		2,000	2,400
	9 Other direct expenses	1,364	67	2,977	4,408
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				24,779
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				37,604

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.

		(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 | 13a | % |
| b | An outside facility | 13b | % |

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 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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 \$2642

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1307

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$1003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1424

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$661

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2174

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CHAMBER MASTER SOFTWARE \$1908

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	PHONE \$1706

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	NETWORKING EVENTS \$1172

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	NEWSLETTER \$878

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	WEBSITE MAINTENANCE \$834

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK & CC SERVICE FEES \$655

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	BOARD MEETING EXPENSES \$582

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	DUE TO PARTNER ORGANIZATIONS \$465

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	CHAMBER DAY HARRISBURG \$345

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	SMALL OFFICE EQUIPMENT \$318

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	ROUNDING \$-21

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	- Beginning \$0 - Ending \$4525

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	ADJ TO PRIOR YEAR R E - Beginning \$0 ADJ TO PRIOR YEAR R E - Ending \$259