Department of the Treasury

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.

2018

Open to Public

	Interna	il Reveni	ue Service		► Go to w	/ww.irs.gov	//Formyyu to	rinstruction	is and	the latest info	rmation.		Inspection
	A F	or the	2018 calend	lar year, or ta	x year begin	ning				, 2018, and	ending		, 20
	Во	heck if a	applicable	C Name of orga	anization SOUT	H WEST	COMMUNIT	IES CHAM	BER (OF			D Employer identification no
	\square	ddress o	change	Doing busine	ess as COMN	ÆRCE							25-1473542
İ	ਜ	lame cha	-		street (or PO bo		delivered to stree	et address)			Room/suite		E Telephone number
	Ħ.	nitial retu	_	İ	SHINGTON		2011 101 011 011 011 011	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			The state of the s		(412)221-4100
	_						71D as fasasas as				<u> </u>		
	☴		rn/terminated	•	state or province	-	iP or foreign po:	star code					G Gross receipts
	∺	vmended			VILLE, P					 			\$ 136,886
	_ ר∟	pplicatio	on pending		dress of principa		JOE VERDU	JCI			H(a) Is this a gro		
					S C ABOV				$\overline{}$		H(b) Are all su		
恩	<u> </u>	ax-exem	pt status	501(c)(3)	501(c) (6) 🖣 (insert r	10) 49	47(a)(1) or	527	1710	If "No	" attach	a list (see instructions)
35	U V	Vebsite.								<u> </u>	H(c) Group e	kemption	number -
EA	K F	orm of o		Corporation	Trust Ass	sociation	Other 🕨		LY	ear of formation	1977 M Sta	te of leg	al domicite PA
POSTMARK DATE	Pa	rt I	Summar	y				`					
25		1	Briefly descr	ibe the organi	zation's miss	on or most	significant ac	tivities <u>P</u>	ROMO'	TE THE IM	PROVEMENT A	ND H	ELP MAINTAIN THE
Ħļ.	a)		ECONOMIC	WELL-BE	ING OF BU	JSINESS	IN SOUTH	WEST PA	AND	SURROUND	ING AREAS.		
(ک	Governance												
JUĽ	Ě										•		
8	Š	2	Check this b	ox ▶ 🔲 if the	e organization	n discontinue	ed its operation	ons or dispos	ed of n		its net assets		
ග		3	Number of v	oting member	s of the gove	rning body (Part VI, line	1a) · · ·				. 3	0
	୪	4	Number of in	ndependent vo	oting member	s of the gov	erning body	(Part VI, line	1b)			. 4	0
2019	į	5	Total number	r of individuals	s employed in	calendar y	ear 2018 (Pa	rt V, line 2a)				5	2
Ξ,	Activities	6		r of volunteers		•						6	398
10	Ř	7a	Total unrelate	ed business r	evenue from	Part VIII, co	lumn (C), line	12		.f		7a	0
101	`		Net unrelated				· · · · -	The second second	- E 1V	· · · · · · · · · · · · · · · · · · ·		. 7b	
팔	7							TE(マ中小	<u>/EU </u>	Prior Year		Current Year
e Sel	3	8	Contributions	s and grants (Part VIII, line	1h)		٠,	. \/.	 SC		5,85	
2 8	릭	9		vice revenue		-	II.		3/1	.2019 . č		5,22	
	Revenue	10	•	ncome (Part \	•	•	I-	-	Λ.	ان	- 4	J, 22	2 30,133
OCT	ě	11		ue (Part VIII, d				d 11eh	1		2	9,32	1 28,007
		12		e - add lines 8					ΣĘΝ	, UT		9, <u>32</u> 0,40	
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3			•		•	•		nn (A) linns f	5 10)	.,		0 7E	20 402
8	es	1	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							2,75			
Ø	Sue	1		ŭ	•	. , .	•						0
	Expenses	Ι.	Total fundras	- ·	•								
	ш	17	•	ses (Part IX, o						· · · · · · · ·		3,00	
		18		es Add lines								5,76	
		19	Revenue les	s expenses	Subtract line	18 from line	12	· · !#5(<u> </u>	- 18· · · · ·		5,35	T
	Net Assets or Fund Balances			,,,,,	a \			OCT 4	1 1 20	140	Beginning of Curre		End of Year
	sset	20		(Part X, line 1	•			· · OCT (J. I. EU)19 · · · ·		4,28	
	A P	21		s (Part X, line	•							1,61	1
				r fund balance	es Subtract	line 21 from	line 20	···OGDE	IU,N	TAH	2	2,67	5 46,188
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	May 1	he IRS	discuss this	return with the				tions) · ·			<u></u>		· · · 🛚 Yes 🗌 No
			vork Reduction									•	Form 990 (2018)

Forn	n 990 (2018) SOUTH WEST COMMUNITIES CHAMBER OF	25-1473542	Page 2
Pa	rt III ` Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> []</u>
1,	Briefly describe the organization's mission		
	PROMOTE THE IMPROVEMENT AND HELP MAINTAIN THE ECONOMIC WELL-BEING OF BUSINE	SS IN SOUTH	WEST
	PA AND SURROUNDING AREAS.		
	Del the construction and delete any official transfer of the construction of the const		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v ₂₂	X No
	If "Yes," describe these new services on Schedule O	· · · · [] Tes	X) NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services? services?	Vec	₽ No
	If "Yes," describe these changes on Schedule O	· · · · · · · · · · · · · · · · · · ·	K NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$17,396 including grants of \$) (Revenue	\$)
	PROMOTE THE IMPROVEMENT AND HELP MAINTAIN THE ECONOMIC WELL-BEING OF BUSINE	SS IN SOUTH	WEST
	PA AND SURROUNDING AREAS.		
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
		· ———	′
4c	(Code) (Expenses \$ including grants of \$) (Revenue		
40	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 17,396		

O18) SOUTH WEST COMMUNITIES CHAMBER OF 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,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		_X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		.,
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u>X</u>
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	c		~
7		6		<u>X</u>
′	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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_X
٠	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		X
•	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		Х
C	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	Χ	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		.,	
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Х	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		$\frac{X}{X}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
.,	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	I	Ţ	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Form 990 (2018) SOUTH WEST COMMUNITIES CHAMBER OF Part IV. Checklist of Required Schedules (continued)

-,-	•		Yes	No
22 .	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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?	24-		
d	to defease any tax-exempt bonds?	24c 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
-04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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)	200	-	
_	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? If "Yes," complete Schedule M	29		Х
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		Χ
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		Χ
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		X
	related organization?/f "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		7	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form 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	X	

2018) SOUTH WEST COMMUNITIES CHAMBER OF

'Statements Regarding Other IRS Filings and Tax Compliance (continued) 25-1473542

•	•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	• •	7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u> </u>		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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	Χ	
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	Χ	
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		Х
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		Χ
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	Χ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Χ	
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?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	* \$		
θ	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			أينا
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u>' </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			j
а	Initiation fees and capital contributions included on Part VIII, line 12	'		i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · 10b			· j
11	Section 501(c)(12) organizations. Enter		•	•
а	Gross income from members or shareholders			. }
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			لــــا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			- '
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			•
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	r.		1.1
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	.	Ţ.	. 1
C	Enter the amount of reserves on hand			1,,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		v
	excess parachute payment(s) during the year	15		<u>X</u>
4.0	If "Yes," see instructions and file Form 4720, Schedule N	40		* . * 37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	, 	<u>X</u>
	If "Yes," complete Form 4720, Schedule O.			- l

Form 990 (2018) SOUTH WEST COMMUNITIES CHAMBER OF Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year Λ 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 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Each committee with authority to act on behalf of the governing body? Χ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Did the organization have local chapters, branches, or affiliates? Χ 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 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 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Pennsylvania Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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

JOE VERDUCI (412)221-4100, 990 WASHINGTON PIKE, BRIDGEVILLE, PA 15017

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SOUTH WEST COMMUNITIES CHAMBER OF

25-1473542

Page 7

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 À. 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOE VERDUCI	5.00			Х				0	0	
TREASURER (2) WENDY_KINGSLAND SECRETARY	5.00			X				0		0
(3) KATIE GREEN VICE PRESIDENT	_ 5.00_			X				0	0	0
(4) GLEN WELLS PRESIDENT	5 .00_			Х				0	0	0
(5) AMANDA PRYOR EXEC DIR	40.00					Х		34,383	0	0_
<u>(6)</u>										
(7)								-		
(8)								_		
(9)										
(10)										
(11)										-
(12)										
(13)										
<u>(14)</u>										

Part ₁ VIII Section A. Officers, Directors, Trustees,	Key Employe	es, an	d Hi	ighe	st C	ompe	nsa	ted Employees (c	ontinued)			
(A) Name and title	(B) Average hours per week (list any	box, u	ınless	a dire	tion ore the on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	ensation om the inization i related nizations	
<u>(15)</u>												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)											***************************************	
<u>(21)</u>												
(22)												
(23)												
(24)								<u></u>				
(25)												
1b Sub-total	on A						•	34,383	0			0
Total number of individuals (including but not limited reportable compensation from the organization	to those liste	d abov	/e) w	vho i	ece	ived m	nore		0	<u>t</u>		
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	for such indiv	ıdual	·				• •			3		No X
For any individual listed on line 1a, is the sum of reportanization and related organizations greater than sundividual	\$150,000? <i>If</i> '	'Yes," (com _i	plete · ·	Sci	hedule	J fo	r such		4		Χ
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," c	-		-			_		on or individual	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	Х
Complete this table for your five highest compensate compensation from the organization Report compensation year												
(A)								(B)		(0		
Name and business address								Description of	services	Compe	nsation	
2 Total number of independent contractors (including	but not limited	to the	- I	ictor	abo		ho.			WE THE KILL	16.	

received more than \$100,000 of compensation from the organization

Form 990 (2018) SOUTH WEST COMMUNITIES CHAMBER OF Part VIII Statement of Revenue

<u> </u>		Check if Schedule O contains a response or n	ote to any line in this	s Part VIII · · ·		<u></u>	<u></u> 🔲
,	•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>	40	Endocated community	1		revenue	·····	512-514
nts nts	1a	Federated campaigns · · · · · · · 1a		ł			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	40,931	ļ			
fts,	ب 2		· · · · · · · · · · · · · · · · · · ·				
<u>:</u>	d		 -		,		1
ons Sin	e						
ther	f	All other contributions, gifts, grants,					
Öğ	_	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$	2,013	{			
ပ္ပ ဧ	g	Total. Add lines 1a-1f		40.044			
		Total, Add lines 1a-11	Business Code	42,944			
e	2a		Business Code				
Program Service Revenue		PROGRAMS		26.054	26.054		
		MARKETING AND MISC.		26,054 10,079	26,054 10,079		
N.	d	MARKETING AND MISC.		10,079	10,079		
S E	e						
ogra	_	All other program service revenue			+		
Pr		Total. Add lines 2a-2f		36,133			-
	3	Investment income (including dividends, interest,		30,133			
	3	and other similar amounts)		7	7		
	4	Income from investment of tax-exempt bond proc	eeds · · · ▶	· · · · · · · · · · · · · · · · · · ·			
	5	Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents · · · · · · 850			,		
	b	Less rental expenses · · · · 850		1			
	С	Rental income or (loss) · · ·					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less cost or other basis					ļ
		and sales expenses · · · ·					
		Gain or (loss)					
a .		Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· · · · · · •				
enne	8a	Gross income from fundraising					
ève		events (not including \$					
Other Rev		of contributions reported on line 1c)					
the	_	See Part IV, line 18 · · · · · · · a	56,276	1			
Ò		Less direct expenses b	28,945				
į				27,331			27,331
	9a	Gross income from gaming activities					
	_	See Part IV, line 19 a	-	}			
		Less direct expenses b					
		Net income or (loss) from gaming activities • •			-		_
	10a	Gross sales of inventory, less returns and allowances a	1				,
	h	Less cost of goods sold b					
		Net income or (loss) from sales of inventory				······································	<u> </u>
			Business Code				
	11a	Miscellaneous Revenue	Duaniasa Coda				
	_	CAPITATION FEES		676	676		
	c			3,0			
		All other revenue					
		Total. Add lines 11a-11d		676			
		Total revenue. See instructions		107,091	36,816	0	27,331

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	·		,
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses .
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		 	-	
-	individuals See Part IV, line 22 · · · · · · · · · ·				٠
3	Grants and other assistance to foreign		 	, ,,	
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 · · · · · ·				!
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	34,383		34,383	
6	Compensation not included above, to disqualified	34,505		34,303	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·	İ			
7	Other salaries and wages	1,020		1,020	
8	Pension plan accruals and contributions (include	2,020		1,020	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,020		3,020	
11	Fees for services (non-employees)	7,010			
а	Management				
b	Legal·····				
C	Accounting	1,075		1,075	
d	Lobbying	· ·			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				,
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses	441		441	
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy	2,237		2,237	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·	515_		515	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,980		4,980	
23	Insurance	4,885		4,885	
24	Other expenses Itemize expenses not covered	·	,		
	above (List miscellaneous expenses in line 24e If	. ,	[· · · · · · · · · · · · · · · · · · ·		
	line 24e amount exceeds 10% of line 25, column	The second of		- , , , ,	7
	(A) amount, list line 24e expenses on Schedule O)		, , ,		
a	SEE ATTACHED	17,396	17,396		
b	SEE ATTACHED	13,626		13,626	<u> </u>
c	-		 	ļ. 	
d	A II akk as a suppose	ļ		·	
9 25	All other expenses		17 000		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	83,578	17,396	66,182	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				

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	3,517	1	2,932
	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	' t		•
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment cost or	•		· · ·
		other basis Complete Part VI of Schedule D 10a 191,894	\$,
	ь	Less accumulated depreciation · · · · · · · · · 10b 142,971	40,770	10c	48,923
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	40,110	11	40,323
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	•
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,287	16	E1 0EE
	17	Accounts payable and accrued expenses	44,201	17	51,855
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_s	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22		, ,		
iq		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	· · · · · · · · · · · · · · · · · · ·		23	
	24	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	01 610	25	5 669
	26	Total liabilities. Add lines 17 through 25	21,612	26	5,667
	20	Organizations that follow SFAS 117 (ASC 958), check here	21,612	. 20	<u>5,667</u>
S		complete lines 27 through 29, and lines 33 and 34.	, f		
2	27	Unrestricted net assets		27	
ala	27	Temporarily restricted net assets	22,675	27	46,188
9 1	28	Permanently restricted net assets		28	
Š	29	·	' '	29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here and and and and and and and an		.	ا ا که او چه پهخواد
စ္တ		complete lines 30 through 34.		- <u></u> -	
se	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	
Ne l	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	22,675	33	46,188
	34	Total liabilities and net assets/fund balances	44,287	34	51,855

		<u> 25-147</u>	3542	Pa	ige 12
Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	$\overline{}$		• • •	<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	-		107,0	91
2	Total expenses (must equal Part IX, column (A), line 25)			83,5	78
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·			23,5	13
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,6	<u> 575</u>
5	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	5			
6	Donated services and use of facilities	6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		46,1	.88
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990 🐰 Cash 🔲 Accrual 🔲 Other	,	.*, ;	(','	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			47/ -	Ö. 5.
	Schedule O			,	**
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		9000	74	
	reviewed on a separate basis, consolidated basis, or both		1.5		
	Separate basis Separate basis Both consolidated and separate basis		3 4	15/	
b	Were the organization's financial statements audited by an independent accountant?		· · 2b	X	تىنىسىد
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		£ 14	• :	
	separate basis, consolidated basis, or both		9	, l	15
	Separate basis		أسمية تبويها	12. 34	, F.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1,3/		4
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		-		
	Schedule O	•	14.6	: *	, ; '
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		عثعث		
Ja	the Single Audit Act and OMB Circular A-133?		За		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· · 3a	 	
U			3b		ı
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		· · 3D		

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

SOUTH WEST COMMUNITIES CHAMBER OF 25-1473542 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 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 2 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 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, 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 3 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 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 **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? 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 Part III 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

		MUNITIES CHAMBER (25-1473		
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3	'Using the organization's acquisition, accession,	and other records, check an	y of the following th	at are a signific	ant use of its		
	collection items (check all that apply)						
а	Public exhibition	d \ \ Loan or ex	change programs				
b	Scholarly research	_	0 1 0				
С	Preservation for future generations	_		· · · · · · · · · · · · · · · · · · ·			
4	Provide a description of the organization's collect	ctions and explain how they t	urther the organizat	ion's exempt n	urnose in Part		
	XIII	mond and explain how may	armer the organizat		arpood in r art		
5	During the year, did the organization solicit or re	ceive donations of art, histor	ical treasures, or of	har cimilar			
·	assets to be sold to raise funds rather than to be		·			. Tyes No	
Pa	rt IV Escrow and Custodial Arran		rganization's collect	ion · ·		Yes No	
	Complete if the organization a	•	n 990 Part IV	line 9 or rei	norted an amous	nt on Form	
	990, Part X, line 21	10110100 103 0111 011	11 000, 1 01(14, 1	iii 6 5, 61 16	ported an amou	K OII I OIIII	
12			4-1-1-1-1				
1a	is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary for con					
						· L Yes L No	
þ	If "Yes," explain the arrangement in Part XIII and	complete the following table	9	_			
				ļ. <u>. </u>	Amo	unt	
С					-	 .	
d	Additions during the year						
е	Distributions during the year				- 		
f	Ending balance						
2a	Did the organization include an amount on Form					· · ∐ Yes ∐ No	
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explanation h	as been provided o	n Part XIII		· · · · · · []	
Pa	rt V Endowment Funds.						
	Complete if the organization a	nswered "Yes" on For	<u>n 990, Part IV, I</u>	line 10			
		(a) Current year (b)	Pnor year (c)	Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships						
0	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	year end balance (line 1g, c	olumn (a)) held as				
а	Board designated or quasi-endowment		,				
b	Permanent endowment > %						
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c should equal 100%						
3a	Are there endowment funds not in the possession	· ·	e held and administr	ered for the			
	organization by					Yes No	
						3a(i)	
	•					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization					3b	
4	Describe in Part XIII the intended uses of the org					_ 	
Pai	rt VI Land, Buildings, and Equipm		15		· · ·		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other t (other)	''	Accumulated lepreciation	(d) Book value	
10	Land	(meanicm)	(otiei)				
1a	Land				-		
b	Buildings	• • •	-	- -			
C	Leasehold improvements	• • •					
d	Equipment		1		142,971	48,923	
<u> </u>	Other		<u></u>				
Lotal	Add lines 1a through 1e. (Column (d) must equi	SILLORM BULL Dart V column	(MI UDO 100)		№ 1	40 000	

`	Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, line 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 of	derivatives · · · · · · · · · · · · · · · · · · ·		_
(2) Closely-he	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		
	Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13
	(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)			
	must equal Form 990, Part X, col (B) line 13)		1
Part IX	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col (B) lin	e 15)	
Part X	Other Liabilities. Complete if the organization ans line 25	wered "Yes" on Form 990, Pa	art IV, line 11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	r
(1) Federal II		(5) 5551 1575	-
	LL LIABILITIES	1,362	
	T CARD PAYABLE	877	┪
	OF CREDIT	3,428	╡ ・ "
(5)	JE CREDII	3,426	╡
(6)			┪.
(7)			┪ `
(8)			┥
(9)			┥ .
	must equal Form 990, Part X, col (B) line 25)	5,667	⊣,
	uncertain tax positions. In Part XIII, provide t		tion's financial statements that reports the

	ule D (Form 990) 2018 SOUTH WEST COMMUNITIES CHAMBER OF	25-1473542	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	→	
_			
d			
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
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		
þ	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	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	por recuirin	
1	Total expenses and losses per audited financial statements	141	
		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	⊣	
b	Prior year adjustments		
С	Other losses	_	
d	Other (Describe in Part XIII)	_	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	de 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	art X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		•	
		-	
			

EEA

Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

2018

Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. the Treasury Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service	nue Service ►Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Name of the organization						entification number		
SOUTH WEST COMMUNITIES CHAMBER OF 25-1473542 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17						173542		
	_	-	_		swered res on r	-01111 99	u, Part IV,	iine 17.
		t required to co	<u> </u>	•	According to the state of the s		_ _	
a Mail solicitations	organization rais	ea lanas illiougn		_	ities Check all that ap of non-government gra			
b Internet and email	Legiotetione				or non-government gra of government grants	ants		
c Phone solicitation:			=		draising events			
d In-person solicitations			9 🗆	Special fund	araising events			
2a Did the organization I		oral agreement	wth any indivi	dual (malud	na officers directors t	rustoon		
		=	•	•	sional fundraising sen	-		∕es
b If "Yes," list the 10 high					_		-	_
compensated at leas			unuruiscis, p	ursuant to a	greements under wine	in the fund	raiser is to b	C
	. 40,000 0,0 0	. 9						
			(ui) Did fund	traiser have		(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address or entity (fundra		(ii) Activity	(III) Did fundraiser have custody or control of		(iv) Gross receipts from activity	,	tained by)	(or retained by)
or critity (turidia	1301)	(.,,	contrib	utions?	nom activity		ser listed in ol (i)	organization
			Yes	No				
1								
<u> </u>								
2								
3								
4								
5								
5								
6								
7								
8								
9								
40			_					
10								
3 List all states in which					lana ar bas basa natif	ad .t .a av	ment from	
registration or licensing		is registered or ii	censed to so	icit contribut	ions of has been notin	eu II IS EX	empt from	
· · · · · · · · · · · · · · · · · · ·								
 	·							···

Schedule G (Form 990 or 990-EZ) 2018 SOUTH WEST COMMUNITIES CHAMBER OF 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) Total events (add col (a) through FUNDRAISER GOLF OUTING NONE col (c)) (event type) (total number) (event type) Revenue Gross receipts 46,605 9,671 56,276 Less Contributions Gross income (line 1 minus 46,605 9,671 56,276 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses 24,584 4,361 28,945 Direct expense summary Add lines 4 through 9 in column (d) 28,945 Net income summary Subtract line 10 from line 3, column (d) 27,331 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 (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue · · · · · · · · 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) 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? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

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.

Z or to provide any additional information. ttach to Form 990 or 990-EZ. OMB No 1545-0047

Open to Public . Inspection **

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

SOUTH WEST COMMUNITIES CHAMBER OF	25-1473542
01. Form 990 governing body review (Part VI, line 11)	
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED	
02. Governing documents, etc, available to public (Part VI, line 19)	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
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