"EXTENSION ATTACHED"

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

	Rev J	lanyan	(2020)	Under section 501(c	c), 527, or 4947(a)((1) of the Internal Reve	nue Code (e	except priv	ate found	lations)					
1)epartr	nent of t	he Treasury	► Do not e	be made p	oublic.	912	Open to	Public						
			ie Service	► Go to v	www.irs.gov/Form	990 for instructions an	nd the latest	information	on.	10	Inspec	tion			
- 1	<u> </u>	or the	2019 calendar y	year, or tax year begin	nning		, 2019, a	and ending	g		, 20				
Ī	3 CH	neck if a	pplicable	C Name of organizationSC	OUTH WEST CO	MMUNITIES CHAMB	ER OF	_		D Employ	er identification nui	mber			
[] Ac	idress c	hange	Doing business as CO	OMMERCE		<u> </u>			25-1473542					
[] Na	ame cha	inge	Number and street (or P	O box if mail is not deliv	vered to street address)		Room/suite		E Telephone number					
[] Ini	tial retu	m .	990 WASHINGTON	PIKE				1	(412) 221-4100					
Ī	ς Έ	ngi metuj	n/terminated		ovince, country, and ZIP of	or foreign postal code		•		G Gross II					
ĺ	₹ .	nended		BRIDGEVILLE, P	•				1	\$	13	33,281			
ĺ	₹		n pending	F Name and address of pr		ROACH		H	1(a) Isthisagn						
•		,		SAME AS C ABOV		-			H(b) Are all su			s No			
	Ta	y_eyem	pt status 501) ((insert no)	4947(a)(1) or 5	527	<u>n</u>			(see instructions)	_			
•			► N/A	(6)(6)	, - (<u>, </u>	· <u>-</u> ·	~ ,	f(c) Group						
-				rporation Trust As	sociation Other	<u> </u>	Year of formati			tate of legal					
i	Par		Summary	poration nust As	SOCIATION Other =		- rear or ronnau	UII 1911	1 441 31	tate or legar	domicie PA				
ı		1	<u>-</u>	the organization's miss	uan ar maet eignific	ant activities DDON		TMDDOM	ewestm s	AND ME	LD MATNUAT	N THE			
		'		-	_					MD HE	LP MAINTAI	N IUE			
	9		ECONOMIC W	ELL-BEING OF BU	USINESS IN S	OUTH WEST PA AN	D SURROU	NDING P	AREAS.						
	Activities & Governance														
	Je j	_						050/ -6							
	် ဗ	2				perations or disposed o									
	ಹ	3		g members of the gove	• , ,	.,				3		0			
	es	4				body (Part VI, line 1b)				4		0			
	Σ	5		individuals employed in	•				• • • • •	5		2			
	Ç	6		volunteers (estimate if	,,	• • • • • • • • • • •	• • • • • •	• • • • •		6		398			
				business revenue from			• • • • • •	• • • • •		7a		0_			
		b	Net unrelated bu	usiness taxable income	from Form 990-1	line 39				7b		0			
						VECTIVE	ן ט	<u> </u>	Pnor Year		Current Yea	3T			
		8		nd grants (Part VIII, line		<u>≈</u> 	···]::::::::::::::::::::::::::::::::::		42	,944	4	11,551			
	an.	9	Program service	e revenue (Part VIII, line	e 2g) · · · · 5	\$1··NOV 0.9 200	: : : : : : : : : : : : : : : : : : :	٠	36	,133	3	30,747			
	Revenue	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7	(a) · · · · · · · · · · · · · · · · · · ·				7		8			
2022	8	11	Other revenue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c,∤1	0c, and 11e)	<u>;</u>		28	,007	2	24,881			
8		12	Total revenue - a	add lines 8 through 11 ((must equal Part 🛂	H-column (A), line 12)	<u> </u>	•	107	,091	9	7,187			
9		13	Grants and simil	lar amounts paid (Part	IX, column (A), line	es 1-3) · · · · · · ·						0			
0		14	Benefits paid to	or for members (Part I)	X, column (A), line	4)						0			
Z		15	Salaries, other of	compensation, employe	ee benefits (Part IX,	column (A), lines 5-10)		•	38	,423	4	8,095			
JAN	enses	16a	Professional fun	draising fees (Part IX,	column (A), line 11e	e)						0			
_	eu G	ь	Total fundraising	expenses (Part IX, co	lumn (D), line 25)	>	0								
丗	Ехр	17	_			4e)			45	,155	4	9,854			
\mathbf{Z}	_	18	•	Add lines 13-17 (must						,578		7,949			
3		19	•	· ·	•	<u> </u>				,513		(762)			
SCANNED	- S			.'.	· ·				ing of Currer		End of Year				
め	Net Assets or Fund Balances	20	Total assets (Pa	ort X line 16)					_	, 855		9,022			
	SSB	21	Total liabilities (F	•						,667		3,596			
	#PE PE	22	•	•)				,188		5,426			
ſ	Par		Signature		iiile 21 ii oiii iiile 20	,		<u></u>	40	, 100		3,420			
l					ım ıncluding accompany	ring schedules and statements,	and to the best	of my knowled	ige and belief	'. it is					
						rmation of which preparer has									
-			,	1. AV and	/										
	Sign	ı	Signature of	officer						L Date					
	_								10.1	15-00.	20				
	Here	;		ROACH, TREASURE	ER					3 000	<i></i>				
-			<u>, </u>	name and title	I Brown to a second	.	Date		· 1		TINI				
	.		Print/Type prepare		Preparer's signature	11 11 200	Date		Check	ㅁ "ㅣ	TIN	_			
	Paid			DOBIS CPA	Steven g.	Walra, CPA	09-24-20		self-emp	loyed	P00115390	<u>) </u>			
	•	arei		DOBIS A	ND ASSOCIATE:	S CPAS		Fim	n's EIN						
١	Jse	Only	Firm's address	3093 WA	SHINGTON PIK	E		Pho	one no						
_				Bridgev:	<u>ille PA 1501</u>						57-2929				
May the IRS discuss this return with the preparer shown above? (see instructions)										· · · 🗶 Yes	☐ No				

	1 990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF 25-1473542 Page 2
ra	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Binefly describe the organization's mission
	PROMOTE THE IMPROVEMENT AND HELP MAINTAIN THE ECONOMIC WELL-BEING OF BUSINESS IN SOUTH WEST PA
	AND SURROUNDING AREAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule ∩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$25,366 including grants of \$) (Revenue \$)
	PROMOTE THE IMPROVEMENT AND HELP MAINTAIN THE ECONOMIC WELL-BEING OF BUSINESS IN SOUTH WEST PA
	AND SURROUNDING AREAS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 25,366
EEA	Form 990 (2019)

Form 990 (2019) Page 3 SOUTH WEST COMMUNITIES CHAMBER OF Partily . Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 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 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes." complete Schedule C. Part III.

	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </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	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	i	х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,	93		1
	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,"	1	111110000.00	23 3KM4.
u	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
J	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		-	
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
12a	Schedule D, Parts XI and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · · · · ·	12b		v
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
13	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		
14a		170		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	14b		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
	tol dily foldigit digitalish in fold, complete concession, and in and it	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		
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		X
_		_	990 (20	040)

	990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF 25-14 rt IV . Checklist of Required Schedules (continued)	7354	2	P	age 4
	1 Oncomina of Acquired Commission			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	$\cdot \cdot \mid$	22		х
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	-	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
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?	1	256		
	If "Yes," complete Schedule L, Part I		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		4.5
^-	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	``.	20		Х
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	<u> </u>			
20	IV instructions, for applicable filing thresholds, conditions, and exceptions)			;	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-			
•	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
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	Γ			
	conservation contributions? If "Yes," complete Schedule M	$\cdot \cdot $	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	$\cdot \cdot \mid$	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	$\cdot \cdot \downarrow$	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ļ			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	٠٠,	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable				İ
	related organization? If "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	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	• •		l No
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				l

b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · · c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3b Х b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a 4a If "Yes." enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C 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? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7¢ 7d

a	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	ハミ こが線 数4.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3
е	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	
	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the sponsoning 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	《公司》:《公司》
а	Initiation fees and capital contributions included on Part VIII, line 12············· 10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11	Section 501(c)(12) organizations. Enter	
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	
b	Gross income from other sources (Do not net amounts due or paid to other sources)	
	against amounts due or received from them)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	33 P. 28 8 20 1
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	長。第20年
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 X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	
	excess parachute payment(s) dunng the year?	15 x
	If "Yes," see instructions and file Form 4720, Schedule N	77 CM TO 3
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16 X
	If "Yes," complete Form 4720, Schedule O	Contract Contract A
EEA	1 100, somplete i omi 4720, octioude o	Form 990 (2019)

Form 990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF Part VI. Governance Management and Disclosure For each "

بهيا	Governance, wanagement, 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			. 🛭
800	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	· <u>~</u>
Sec	tion A. Governing Body and Management	_	V	
10	Enter the number of voting members of the governing body at the end of the tax year	25.34 3	Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	16.	.*.25	
	If the governing body delegated broad authority to an executive committee or similar	27.7		Carl
	committee, explain on Schedule O		3333	
h_	-Enter-the-number-of-voting-members-included-in-line-1a-above-who-are-independent	200 m	ANCHOR:	ومسوسيد
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		X
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		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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	£%07~.	冷、緩。	100 mg
	the year by the following	3 \	,	
а	The governing body?	8a	X	السيمندسك
b	Each committee with authority to act on behalf of the governing body?	`8b	х	
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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ser.	, , , , ,	
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 use to conflicts? • • •	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		_x_
14	Did the organization have a written document retention and destruction policy?	14		X
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?	2572	, «3,3,	
a	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	. 5.440	X decement
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>	· '\%	變物人
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its	Ĉ.	* 38	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b		
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 (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 Upon request Other (explain on Schedule O)			
19	Describe on 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			
_	JAMIE ROACH (412)221-4100, 990 WASHINGTON PIKE, BRIDGEVILLE, PA 15017			
		Lorm	990 (2010\

-orm	990	(2019)	

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 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

See instructions for the order in which to list the persons above

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

(A) Name and title	(B) (B) (Average hours per week (list any Position (so not check more than one box, unless person is both an officer and a director/trustee)					both ar		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JAMIE ROACH TREASURER	5.00	,		х				0	0	0
(2) ZEN PIOTROWSKI SECRETARY	5.00			х				0	0	0
(3) KATIE GREEN VICE PRESIDENT	5.00			х				0	0	0
(4) GLEN WELLS PRESIDENT	5.00			x				0	0	0
(5) AMANDA PRYOR EXEC DIR	40.00					х		34,412	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>			_						<u> </u>	
<u>(9)</u>				_,						
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

	90 (2019) SOUTH WEST COMMUN	ITIES CH	AMBE	R O	F					25	5-14735	42	F	age 8
Part	VII . Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Higl	hest	Com	pens	sated Employees	(continued)	1			
•	(A) Name and title		(B) Average box, unless person is both an officer and a director/trustee) per week (C) Position (D) Reportable compensation from the						(E) Reporta compensa from rela	ible ation ated	(F) Estimated amou of other compensation			
		(list any hours for 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-N		orga	rom the nization I organi:	
(15)													-	_
<u>(16)</u>														
(17)								_						
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)								ļ <u></u>						
(23)														
(24)														
(25)														
1b c	Subtotal	ion A			• •	• •		· >						
d	Total (add lines 1b and 1c)		<u></u>					· <u>•</u>	34,412		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	sted at	oove)) wh	o red	ceived	moi	re than \$100,000 o	f				
3	Did the organization list any former officer, director	r, trustee, ke	y empl	oyee	e, or	high	est co	mpe	ensated				Yes	No
	employee on line 1a? If "Yes," complete Schedule											3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than												į	
	individual											4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"								ation or individual			5	·	x
Section	on B. Independent Contractors	complete co	one dan	0 10	<i>y</i> , 00	, , , , , , , , , , , , , , , , , , ,								
1	Complete this table for your five highest compensation													
	compensation from the organization Report comp (A)	ensation for	tne ca	ienaa	ar ye	ear e	naing	With	or within the organ (B)	nzation's ta	x year	(C)		
	Name and business addres	s							Description of service	es		Compens	ation	
								ļ						
														-
	Total number of independent contractors (including	a but not limi	ted to	those	e list	ed a	bove)	L)	_				
-	received more than \$100,000 of compensation fro						,							

Form 990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (C) Unrelated (D) Revenue excluded

							function revenue	business revenue	from tax under sections 512–514
	10	Foderated compares		1a				7	Sections 312–314
	1a	Federated campaigns • •		-					
ti tš	ь	Membership dues · · · ·		1b	41,551	2.00			2010
is a	С	Fundraising events		1c					
S, E	d	Related organizations		1d			of the first of the second		
— <u>₩</u> -#—	—е-	-Government-grants-(contril	butions)	1e_					
% <u>E</u>	f	All other contributions, gifts	s, grants,						deligating appropriational
ρū		and similar amounts not included above 11		11			A September 1 Construction of the Construction	And the Court of Language Court	
ğ ş	g	Noncash contributions incli	oncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a-1f		1g	\$	a de la compansión de l		AND THE PROPERTY OF THE REAL PROPERTY OF THE P	and the second second
ပ် हု	h					41,551			
		1041. 7 dd midd id ii			Business Code	ammisamujinintää täätäätäininment KKK SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	minginginginginginging digt. 1417		ວ່າກຸກກຳກິດກຸກກົດຕາເຫັດກິດ ເປັນຊື່ງກໍາເຄດີກວ່າກຸດຕົ້
	2-				Business code	6,080	6,080	Benefit 20 150000 1200000	
.ဗိ		BANQUET/GALA							
و ڇ	i	PROGRAMS				20,579	20,579		
Program Service Revenue	С	MARKETING AND MISC	3 _			4,088	4,088		
	ď								
. 5 62	е								
ፈ.		All other program service re							
•	g	Total. Add lines 2a-2f			<u></u>	30,747			
	3	Investment income (includin	ng dividends, in	terest, a	and				
						8	_8		
τ.	4	Income from investment of	tax-exempt bon	d proce	eds · · · ▶				
,	5	Royalties · · · · · ·			. .				
, ,			(ı) Re	al	(ii) Personal		734		
ه دسار دادم	6a	Gross rents	6a 2	,800					
	ь	Less rental expenses · ·	6b 2	,800					
	С	Rental income or (loss)	6c						Sales of the sales
· .	d	Net rental income or (loss)				2800			
		Gross amount from	(i) Securi	ties	(ii) Other	"Angeling displaying in a compartion of the comp			
	/a	sales of assets				manifered grounding to a continuous		inaming value	okida kuraka di Para (Para (Pa
-		other than inventory	7a					to the control of the	
· e	D	Less cost or other basis and sales expenses	7b .		,				
eu	c	·	7c		-				
Other Revenue		Net gain or (loss) · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> ▶</u>	7 /////////////////////////////////////	234 7 4 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
F.		Gross income from fundrais			· · · · · · · · · · · · · · · · · · ·	No. of Marine Street	30000000000000000000000000000000000000		ZUSZESZESZESZESZESZESZESZESZESZESZESZESZES
棄	00	events (not including \$, ii ig						12.00
0		of contributions reported on	line	-			25.75		7 Table 198
	-	1c) See Part IV, line 18	III IC	8a	56 073		The sound and the sound of the		
				8b					
,		Less direct expenses			33,294		1.52.54.52.57.27.27.27.27.27.27.27.27.27.27.27.27.27	\$3862560. 4 62 4 1752 18804	23,579
	l	Net income or (loss) from fu	-	" ر	· · · · · · · · · · · · · · · · · · ·	23,579			23,319
	ya	Gross income from gaming		م					
		activities, See Part IV, line 1	9	_	<u> </u>				**************************************
1		Less direct expenses		9b	<u> </u>	e jakontrastraijija jamii iliteiti.	WARE TO SHEET TO BE THE COURT OF	22. Mitrisson dan kanadakan dikin	Same a action of the single services &
· , '	С	Net income or (loss) from ga	aming activities	· :-	· · · · · · •				
	10a	Gross sales of inventory, los	ss				market and the second second		
		returns and allowances ·		10a					
		Less cost of goods sold		10b	l	Series Consideration	434848NEY (34)		2/45/5/2008/2008/2008/2008
	С	Net income or (loss) from sa	ales of inventor	<u>y</u>		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	474 X 200 X 11 10 10 10 10 10 10 10 10 10 10 10 10	James Aller Soutogon Adequities	Appearance contains named them.
,			-		Business Code			(1880) 83: (Walt VIII)	COMMERCIAL IN COMME
ous e	11a		<u></u>			 		-	
lan enu		CAPITATION FEES				1,302	1,302		
Miscellanous Revenue	C	An							
∑ Sir		All other revenue		• •	· · · · · · · · · · · · · · · · · · ·	1 200	(1497) 20864 PAC (1683)		-T-4/4 (***)
		Total Add lines 11a-11d			· · · · · · · •	1,302	32.057	0	22 570
	12	Total revenue. See instruct	ions	• • •		97,187	32,057		23,579 Form 990 (2019)

25-1473542

RartiX . Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col		ations must complete c	olumn (A)	
	Check if Schedule O contains a response or note to	T -			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	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			X 22 CONTRACTOR STATES	
3	Grants-and-other-assistance-to-foreign-				manifest to the second of the
	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	34,412		34,412	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	8,343		8,343	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		_		
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	5,340		5,340	
11	Fees for services (nonemployees)				
a	Management			<u>·</u>	
þ	Legal		· · · · · · · · · · · · · · · · · · ·	1 105	
C	Accounting	1,125		1,125	
d	Lobbying		elak Dikimbaria (Si. 2148)		
e	Professional fundraising services See Part IV, line 17	<u></u>	W. 52 33 30 30 30 30 30 30 30	\$\ \(\langle \) \(•
T -	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O) · ·	50		50	
12 13	Advertising and promotion	582		582	-
14	Information technology	362	<u> </u>	362	
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy	2,335		2,335	
17	Travel	2,333		2,555	ı
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·	217		217	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,978		4,978	
23	Insurance	3,911		3,911	
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule ()				
а	SEE ATTACHED	25,366	25,366		
b	SEE ATTACHED	11,290		11,290	
С					
d				-	
e	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24e	97,949	25,366	72,583	0
26	Joint costs. Complete this line only if the	, , , , , , , , , , , , , , , , , , , ,			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here			1	
	following SOP 98-2 (ASC 958-720)				

. Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 Cash - non-interest-bearing 2,932 5,077 2 2 3 Pledges and grants receivable, net Loans and other receivables from any current or former officer, director. .trustee,_key.employee,_creator.or-founder,-substantial-contributor,-or-35%controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net . Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 191,894 10c b 147,949 48,923 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 16 51,855 16 49,022 17 17 18 18 19 19 Deferred revenue 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 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 5,667 3,596 Total liabilities. Add lines 17 through 25 26 5,667 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 46.188 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31

45,426

49,022

46,188

51,855

32

32

33

Form	990 (2019) SOUTH WEST COMMUNITIES CHAMBER OF 2	5-147354	2	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · ·		<u> </u>	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		97,	187
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,	949
3	Revenue less expenses Subtract line 2 from line 1	3		(762)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		46,	188
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	0	_		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	`		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		45,	426
Pai	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				1
	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		1		
	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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		X
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 on Schedule O and describe any steps taken to undergo such audits		3b		
CCA			Form	990 (2	2019)

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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

2019

Open to Public Inspection

Employer identification number

OUTH WEST COMMUNITIES CHAMBER OF		25-1473542
Part I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accor	unts.
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		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in wi	iting that the assets held in donor advised	
funds are the organization's property, subject to the organizatio	n's exclusive legal control?	🗌 Yes 🔲 No
Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
conferring impermissible private benefit?		
Part II Conservation Easements.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7	
Purpose(s) of conservation easements held by the organization	n (check all that apply)	
Preservation of land for public use (e.g., recreation or educ	cation) 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 coi	nservation
easement on the last day of the tax year		Held at the End of the Tax Yes
Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified historic struc	ture included in (a)	2c
Number of conservation easements included in (c) acquired aff		
		2d
Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	nization during the
tax year ►		
Number of states where property subject to conservation ease	ment is located >	
Does the organization have a written policy regarding the perior		
violations, and enforcement of the conservation easements it h		
Staff and volunteer hours devoted to monitoring, inspecting, ha		on easements during the year
•		
Amount of expenses incurred in monitoring, inspecting, handlin	ig of violations, and enforcing conservation ea	asements during the year
▶\$	-	
Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	ı(B)(ı)
and section 170(h)(4)(B)(ii)?		
In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement, and
balance sheet, and include, if applicable, the text of the footnot		
organization's accounting for conservation easements	•	
art III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
Complete if the organization answered "Yes" of		
If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	lance sheet works
of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public
service, provide, in Part XIII the text of the footnote to its finance		
If the organization elected, as permitted under FASB ASC 958,		ce sheet works of
art, historical treasures, or other similar assets held for public e		
provide the following amounts relating to these items		,
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X		> \$
If the organization received or held works of art, historical treas		
following amounts required to be reported under FASB ASC 95		, provide tile
0 1 1 1 5 000 B 13/III 1 4		 \$
Revenue included on Form 990, Part VIII, line 1		
3 ASSEIS INCHINED IN FORM MAIL PART X		

Pa	rt III Organizations Maintaining (Collections of A	rt, Histo	rical Tr	reasures, o	or Oth	ner Similar As	sets (co	ontini	ıed)
3										
•	collection items (check all that apply)									
а	Public exhibition		d [Loan	or exchange p	rogram	s			
b	Scholarly research		e Ē	Other	_	•				
С	Preservation for future generations		_	•		_				-
4	Provide a description of the organization's colle	ections and explain hi	ow they furt	her the or	rganization's e	exempt	ourpose in Part			
	XIII		,		J					
5	During the year, did the organization solicit or re	eceive donations of a	art, historica	i treasure	s. or other sin	nılar				
_	assets to be sold to raise funds rather than to b							∏ Ye	s F	No
Pa	TIV Escrow and Custodial Arran		<u> </u>							
<u> </u>	Complete if the organization a	answered "Yes" o	on Form 9	990, Pa	rt IV, line 9	or re	ported an am	ount on	Form	1
	990, Part X, line 21						•			
1a	Is the organization an agent, trustee, custodian	or other intermedian	v for contrib	utions or	other assets i	not				
	- · · · · · · · · · · · · · · · · · · ·		-					∏ Ye	s [No
b	If "Yes," explain the arrangement in Part XIII an							_		
	, ,	·	Ū				Ar	nount		
C	Beginning balance					10	: -			
đ	-	. .				10				
е	Distributions during the year	. 				1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Forr					رے. ۱abılıty		. \ \ \ \ \ \ \ \	s 「	No
b	If "Yes," explain the arrangement in Part XIII Cl								. [ī
Pa	t V Endowment Funds.	•								
	Complete if the organization a	nswered "Yes" o	on Form 9	990, Pa	irt IV, line 1	0				
		(a) Current year	(b) Prior	year	(c) Two years I	back	(d) Three years back	(e) Fou	ır years	back
1a	Beginning of year balance			·						
b	Contributions									
С	Net investment earnings, gains, and		-							
	losses									
d	Grants or scholarships									_
e	Other expenditures for facilities and									
	programs					l				
f	Administrative expenses									
g	End of year balance		-							
2	Provide the estimated percentage of the curren	nt year end balance (line 1g, colu	mn (a)) h	eld as			<u> </u>		
а	Board designated or quasi-endowment	%								
b	Permanent endowment > %	<u> </u>								
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
3a	Are there endowment funds not in the possessi	ion of the organizatio	n that are h	eld and a	dministered fo	or the				
	organization by								Yes	No
	(i) Unrelated organizations · · · · · · ·						<i></i>	. 3a(i)	I	
	(ii) Related organizations							· 3a(ii]	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	l on Schedu	le R?				. 3b		
4	Describe in Part XIII the intended uses of the or	rganization's endowr	ment funds			_				
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization a	inswered "Yes" o	on Form 9	990, Pa	irt IV, line 1	1a S	ee Form 990,	Part X, I	ne 1	0
	Description of property	(a) Cost or othe	r basis	(b) Cost or	other basis	(c)	Accumulated	(d) Bo	ok value	
	-	(investme	nt)	(0	other)	de	epreciation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment	19	1,894				147,949		43,	945
e	Other			_						
Total	. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X,	, column (B)	, line 10c	:)				43,	945

Schedule D (Form	2017DU TATE STE COMMI	NITTES CUAME	EP OF		25	-1473542 Page
Part VII	990) 2019 SOUTH WEST COMMU Investments - Other Securities.	NIIIES CHAME	ER OF			-1473342 rage
	Complete if the organization answere	d "Yes" on For	m 990, <u>P</u> ai	t IV, <u>line 11</u>	b See Forn	n 990, Part X, line 12
	(a) Description of security or category (including name of security)		(b) Book v	alue		(c) Method of valuation or end-of-year market value
(1) Financial o	derivatives					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						·
(B)						
(C) ·	v ₂		<u> </u>			
(D)	<u> </u>					
<u>(E)</u>						 ,
<u>(F)</u>						
(G)						
(H)					~ 10.50 Per 18212 V .	A STATE OF S
	(b) must equal Form 990, Part X, col (B) line 12)			13,4×		
Part VIII	Investments - Program Related.	d "Voo" on For	~ 000 Da	+ IV/ line 11	o Coo Forn	000 Det V line 12
<u> </u>	Complete if the organization answere	<u>a res on For</u>	n 990, Par	tiv, line m	c See Form	1 990, Part X, line 13
	(a) Description of investment		(b) Book v	alue		(c) Method of valuation
				· · · · · · · · · · · · · · · · · · ·	Cost	or end-of-year market value
(1)		·				
(2)						
(3)	· · · · · · · · · · · · · · · · · · ·				_	
(5)				· · ·		
(6)					-	
(7)	·					
(8)		۲,				
(9)						
	(b) must equal Form 990, Part X, col (B) line 13)			2 845	**************************************	
Part IX	Other Assets.					
<u> 1 </u>	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line 11	d See Forn	n 990, Part X, line 15
		escription	•	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)						
(2)			<u> </u>			
(3)						
(4)	-					
(5)						
(6)						
(7)						
(8)	·					
<u>(9)</u>						
	(b) must equal Form 990, Part X, col (B) line 15)		<u></u>	· · · · · · ·	<u> </u>	<u> </u>
,Part}X	Other Liabilities. Complete if the organization answere	d "Yes" on Fori	m 990, Par	t IV, line 11	e or 11f Se	e Form 990, Part X,
	line 25			1 257, 800	Ellan success are array	Con T. Augustus Connection Co.
<u>1</u>	(a) Description of liability	- (b) Book v	alue			
(1) Federal ır						
-	LIABILITIES		1,512		4	
	CARD PAYABLE		2,084			
(4)	•	<u>-</u>]		

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 3,596

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

	t:XI. Reconciliation of Revenue per Audited Financial Staten	2000			/3342	1 age 4
;Rai				i Net	urii. -	
	Complete if the organization answered "Yes" on Form 990,			1	•	
1 '				1 22 N		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۔ما	I			
a	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	2a		1000		
b	Donated services and use of facilities	2b				
C	Recovenes of pnor year grants	2c				
d	Other (Describe in Part XIII)	2d	l			
e	Subtract line 20 from line 1————————————————————————————————————			2e	 -	
. 3			e entere e ser e ser e ser e ser e ⁿ ek escape han e me e	3	****************	Apple and the second section of the contract of the second
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.0	,			,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b				
b	Other (Describe in Part XIII)					
C	7 dd 11100 4g dild 4g			4c		
5 (Da)	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) · · · · · t XII Reconciliation of Expenses per Audited Financial State				Paturn	
ra	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990			hei i	vetuiii.	
		, rai	tiv, iiile iza	1		
1	Total expenses and losses per audited financial statements			3.40		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a	1			
a	Pnor year adjustments	2a 2b				=
b	Other losses	20 2c				
C	Other (Describe in Part XIII)	2d				•
d	Add lines 2a through 2d		l	2e		
e	Subtract line 2e from line 1			3		
3		 I		2 2		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	4a		1,7%		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · · · · · · · · · ·	4a 4b		1000		*
b			ļ <u> </u>	4c		
c	7.00 11100 42 0110 45			5		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.			<u> </u>		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lii	nee 1h	and 2h Part V line 4 P	art X lu	ne	
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			ui () (, iii		
2,10	IT XI, IIII es 20 and 40, and 1 art XII, III es 20 and 40 7100 complete this part to provide diff	, adam				•
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		_			Schedule D	(Form 990) 2019
EEA					Jonedule D	

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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization						Employer idei	ntification number
SOUTH WEST COMMUNITIES CHAME	ER OF					25-14	73542
Part I Fundraising Activities	. Complete if t	he organız	ation ansv	wered "Yes" on I	Form 990), Part IV,	line 17
Form 990-EZ filers are no	required to coi	mplete this	part				
1 Indicate whether the organization rais	ed funds through	any of the foll	owing activiti	es Check all that ap	ply		
a Mail solicitations	J			f non-government gr			
b Internet and email solicitations				f government grants			
		_		raising events			
		9 🗀 .	Special fullul	aising events			
d In-person solicitations					4		
2a Did the organization have a written or						п.,	п.,
or key employees listed in Form 990,						∐ Ye	_
b If "Yes," list the 10 highest paid individ		indraisers) pu	irsuant to ag	reements under which	ch the fundi	aiser is to be	
compensated at least \$5,000 by the o	rganization						
				., - r		 	
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts		ount paid to ained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of	from activity		er listed in	(or retained by)
		contrit	outions?		C	ol (ı)	organization
		Yes	No	1			
1							
		1					
2							
3		<u> </u>					
4							
•				1			
5			 				
6		1					
7	·	1	 				
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8		 	 				
9		ļ <u>.</u>		-			L
3							
10				-		-	
10							
		J		-			
Takal							
Total				l l	Fod it is ove	met from	<u> </u>
3 List all states in which the organization	is registered or in	zensea to son	Cit Contributio	ons of has been nou	ileu il is exe	empt nom	
registration or licensing							
							
				•••••			

SOUTH WEST COMMUNITIES CHAMBER OF 6chedule G (Form 990 or 990-EZ) 2019 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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through **FUNDRAISER** GOLF OUTING NONE col (c)) (total number) (event type) (event type) Gross receipts 41,764 15,109 56,873 .2 Less Contributions 3 Gross income (line 1 minus line 2) 41,764 15,109 56,873 Cash pnzes Noncash prizes Rent/facility costs . Expenses Food and beverages Direct Entertainment Other direct expenses 6,818 33,294 26,476 Direct expense summary Add lines 4 through 9 in column (d) 33,294 Net income summary Subtract line 10 from line 3, column (d) 23,579 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 col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash pnzes Direct Expenses Noncash pnzes Rent/facility costs Other direct expenses Yes % Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · ▶

3	Enter the state(s) in which the organization conducts gaming activities
а	Is the organization licensed to conduct gaming activities in each of these states?
b	If "No," explain
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No 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.

Attach to Form 990 or 990-EZ.

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

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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	<u>-</u>