Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2018

Department of the Treasury

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

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

• Go to wave its gov/Form990 for instructions and the latest information.

Open to Public

		Goto www.irs.gov/Pormagu for instructions and the latest in			20	
		2018 calendar year, or tax year beginning , 2018, and policable CName of organization BLYTHE CHAMBER OF COMMERCE	a enain		, 20	
	dress c			Employer identification number 95-173 (58)		
H	me cha		E Telephone nu			
н	ne cha nal retu	<b>le e =</b>	iii/Suite	(760)		
Н	al retur		722 0			
_	minatei			G Gross receipts \$	147,782	
	ended	• • • • • • • • • • • • • • • • • • •	le this a	group return for subo		
H		1		bordinates included	H . H	
				" attach a list. (see in		
				cemption number		
			· · · · ·	<u> </u>	e of legal domicile	
		<u> </u>	nation	IN State	a or regar connene	
Fal	1	Summary  Profit describe the experimental message or most confident activities:				
		Briefly describe the organization's mission or most significant activities:  MOTE LOCAL BUSINESS AND TOURISM AND ENHANCE	FCO	NOMIC DEV	TELODMENT	
ခွ	FIVE	MOTE LOCAL BUSINESS AND TOURISM AND ENHANCE	ECO.	NOMIC DEV	ELICEPIENT	
Б				<del></del> .	<del></del>	
Ver	2	Check this box ▶ If the organization discontinued its operations or disposed of more t	han 25°	% of its not assets		
යි	3	Number of voting members of the governing body (Part VI, line 1a)	a 257	3	13	
مخ دن	4	Number of independent voting members of the governing body (Part VI, line 1b)	• •	4		
Activities & Governance	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5		
Ę	6	Total number of volunteers (estimate if necessary)		6	13	
ĕ	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a		
	1	Net unrelated business taxable income from Form 990-T, line 38 . \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		· · · 7b	0	
	<b>├</b>		<del>-</del>	ior Year	Current Year	
4.	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	[2]   2	38,470	63,603	
Revenue	9	Program service revenue (Part VIII, line 2g)	호	94,000	81,124	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 167111		7,654	3,055	
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		140,124	147,782	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,101	17,731	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-			
ed:	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			1	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,625	150,870	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,726	168,601	
	19	Revenue less expenses Subtract line 18 from line 12		-21,602	-20,819	
र "			Beginnin	ng of Current Year	End of Year	
Asset Fund lances	20	Total assets (Part X, line 16)		88,812	66,857	
A F	21	Total liabilities (Part X, line 26)		2,548	1,412	
Ro et	22	Net assets or fund balances. Subtract line 21 from line 20		86,264	65,445	
Par	t II	Signature Block				
Under	penalti	s of perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to ti	he best of my knowle	dge and belief, it is	
true, co	orrect, a	nd complete. Peclaration of preparer (ether than officer) is based on all information of which preparer has	s any kno	wieoge.	11112	
		Thurs van &			10 16 119	
Sign		Signature of officer	1	1, 0	Date `	
Here	•	Steven Montgome ry	_ 500	romem	20	
		Type or print name and title		<del>-,</del>	<del>,                                     </del>	
D-:-		Print/Type preparer's name Preparer's signature Date	1	Check I if	PTIN	
Paid		RONDA TERRIAN Solda Villa 10/10	2/19		P00240706	
•	arer	Firm's name ► H AND R BLOCK		irm's EIN ▶ 330	1/6251	
vse	Only	THE GOLDS FIZE IN STREET		hone no.	104	
		BLYTHE CA 92225		760) 922-5		
		discuss this return with the preparer shown above? (see instructions)	· · · · ·		··· Yes X No	
	•	ork Reduction Act Notice, see the separate instructions.		(	Form <b>990</b> (2018)	
FDA	18	9901 BWF 990 Form Software Copyright 1996 - 2019 HRB Tax Group, Inc.			T / C >	

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Form	990 (2018) BLYTHE CHAMBER OF COMMERCE 951736587	Page 2
Par	t III Statement of Program Service Accomplishments	
<del></del>	Check if Schedule O contains a response or note to any line in this Part III	Ц
1	Briefly describe the organization's mission:  PROMOTE LOCAL BUSINESS AND TOURISM ENHANCE ECONOMIC DEVELOPMEN	·m
	THORITI DOUBLE DOUBLE THIS TOURISH DIMINION DOUBLE DEVELOTION	
	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	s 🛛 No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	s 🔀 No
	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 \$ 83,858 including grants of \$) (Revenue \$	74,124)
	SEE ATTACHMENT #1	
	(Code ) (Expenses \$	4,000)
70	(Code / (Expenses 5 including grains of 5 / (Nevende 5	,
	<u>'</u>	
	•	
		2 000
4c	(Code) (Expenses \$	3,000)
		·
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ . 83,858	

FDA

BLYTHE CHAMBER OF COMMERCE 951736587 Page 3 Form 990 (2018) Part 1V **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 Х 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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 98-197 If "Yes," complete Schedule C, Part III 5 Х 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 Х "Yes," complete Schedule D, Part I . 6 . . . . Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III 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 X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV 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 . . . . X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI . . 11a 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 Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ...... 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII .. .. . ... b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . X 14a 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ..... .... 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

X

20b

N/A

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Par	t 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	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ		
	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		ł	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		<u>.</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ŀ		
	If "Yes," complete Schedule L, Part I	25b		X
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<del></del>		<del></del>
	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,			<del>  ^`</del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	202		<u> </u>
b	Schedule L, Part IV	28b		X
_	·	200		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	202		l v
	was an officer, director, trustee, or direct or indirect owner? 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		<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			\ ,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١,,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			۱
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		X_
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	
Pai		•		
	Check if Schedule O contains a response or note to any line in this Part V			. П
	Should Sandalia a teapened of flote to diff into it tills t act v (1).		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		X

orm 9	90 (2018) BLYTHE CHAMBER OF COMMERCE 951736587		P	age \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
` 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N./A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots \dots N$ ./. A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			ĺ
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.)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0			_ <del></del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
-	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			l
_	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 in Schedule O $N/A$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
	n res, see manuonons and nie romm 4720, schedule IV.			

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Part	Governance, management, and Disclosure For each "Yes" response to lines 2 through 76 below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions	5.	
	Check if Schedule O contains a response or note to any line in this Part VI			Ш
Secti	on A. Governing Body and Management			
	,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 13	:		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	İ		
а	The governing body?	8a	X	
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 in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		
	The state of the second in the second mention about persons in the second secon		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,			
		10b		
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	•	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_		12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done  N/A	12c		
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	<del>''</del>		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	· · · · · · · · · · · · · · · · · · ·	15a		X
b		15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Λ.
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		160		<del></del> -
L		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	l		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
O = -4'		16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd		
	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			
	SEE ATTACHMENT #2			

(F)

**Estimated** 

(A)

Name and Title

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Position

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

(B)

Average

0.00 ×

0.00 ×

0.00 X

(do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any Individual to or director Fo Institutional employee Key employee Highest compensated the organizations compensation hours for related organization (W-2/1099-MISC) from the organiza-(W-2/1099-MISC) organization tions below and related dotted organizations line) X DEREK COPPLE C n o 0.00 PRESIDENT GEORGE THOMAS 0.00 × 0 ō O MEMBER 0.00 × Ō ō FLOIE BARROWS 0 MEMBER ANGIE PATEL 0.00 × 0 0 O MEMBER 0 0 0 GEORGE HALBY 0.00

Reportable

Reportable

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MEMBER 0 TOM EISENHAUER 0.00 0 0 MEMBER 0.00 × 0 MELVIN CULP 0 0 MEMBER 0.00 × 0 KIME WILLIAMS 0 0 MEMBER 0.00 × 0 LOIS SHAFFER 0 MEMBER KATHERINE VEGA 0.00 × 0 Ω n MEMBER

Form **990** (2018)

MEMBER

MEMBER

MEMBER

SAM PATEL

STEVE MONTGOMERY

MILLIE RODRIGUEZ

Part 、	(A) Name and title	rs, Directors (B) Average	s, Trust	(do no	Positicheck	C) ition more ti	han one both an /trustee)	High	(D) Reportable	mployees (continue (E) Reportable	Est	(F) timated	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation the anization relate	on ed
		:									<u></u>		
				1									
									. '				
													•
									_				
-	- · ·			+									
1b	Sub-total . Total from continuation s			Sactio	n A			<b>&gt;</b>					
c d	Total (add lines 1b and 1							•					
2	Total number of individuals	s (including l				se liste	ed above	) who	received more than	\$100,000 of			
	reportable compensation f	rom the orga	nization	1 ▶	•			•				TV	NI-
3	Did the organization list an	v <b>former</b> of	icer dır	ector	or trus	tee ke	ev emplo	vee o	r highest compensat	ed		Yes	No
Ū	employee on line 1a? If "Y	-						-			. 3		X
4	For any individual listed or							and o	other compensation f	rom the			
	organization and related or	-	-								4		X
5	Did any person listed on list										- <u>-</u> -		
	for services rendered to the		n? If "Y	es," co	omplete	e Sche	edule J to	or suc	n person		. 5		X
<u>Sectio</u>	n B. Independent Contract Complete this table for you		t comp	eneste	d inde	nende	nt contra	ectors	that received more that	an \$100 000 of			
•	compensation from the org	-				-					tax year.		
		(A)							(B) Description of se			C)	n
	140110 01	TO DUSTITIONS		•									<u> </u>
									, `.				
	<b>T.</b> 1						1 1 2 2 2		d at a color				
2	Total number of independe							e liste	a above) who	<u>.</u>	.7.	-	•

Part VIII Statement of Revenue

_		Check if Schedule O coi	ntains a resp	onse or	note to any line in thi	is Part VIII			
				7 ,	*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue oxcluded from tax under sections 512–514
N N	10	Federated campaigns		1a		1	16461100		312-314
Contributions, Gifts, Grants and Other Similar Amounts	ı			$\vdash$	22,894				
ចិទ្ធ	ı	• • • • •	• • •	1b	·		•	1	
Ąţ,	C	Fundraising events .		1c	7,500				
直	ď	Related organizations		1d					İ
s,E	e	Government grants (contril	butions)	1e					
P.S.	l f	All other contributions, gifts	s. grants. &						
žě	'	similar amounts not include	. •	1f	33,209	,			1
<u> </u>	_							İ	
59	_	Noncash contributions included	in lines 1a-11	\$					
<u>ی م</u>	h	Total. Add lines 1a-1f		•	•	63,603			
					Business Code				l
Ð	2a	MUSIC FESTIVA	L			74,124			
Ş	ь	RUN FOR THE W	AT.T.			4,000			
Program Service Revenue	c	CUD TOMMAR DAD				3,000			
E = 5			ADL					<del> </del>	
<u>e</u> <u>a</u>	d								
ĎŒ	e								
₫	f	All other program service re	evenue	•					
	g	Total. Add lines 2a-2f .			▶	81,124			
	3	Investment income (includi	ng dividend	s, interes	st, and				
		other similar amounts)							
	4	Income from investment of			ŀ				
			tax exemp	•	_ 1				
	5	Royalties	·						ļ
			(ı) Re		(II) Personal			}	}
	6a	Gross rents		3,055					
	b	Less <sup>-</sup> rental expenses				•		ļ	
	c	Rental income or (loss)		3,055		,		Ì	j
	l	Net rental income or (loss)			. •	3,055			
	-	1101701112711100111007	(ı) Secu		(ii) Other	<del></del>	<del></del>	<u> </u>	
	7a	Gross amount from sales	(i) Secui	iues	(ii) Other				•
		of assets other than				•			
	1	inventory .						ļ	
	b	Less: cost or other basis				'•			•
		and sales expenses						]	•
	c	Gain or (loss)				ì			
	l	Net gain or (loss)			▶				
	l	Gross income from fundrais	cina ovonte						
	Qa			500	•			]	
ne		(not including \$							
ē		of contributions reported or	n line 1c).					1	
ě		See Part IV, line 18		. а		]		1	
Other Revenue	b	Less direct expenses .		. <b>b</b>		ľ			
Ę	С	Net income or (loss) from fr	undraising e	vents	▶				
0		Gross income from gaming							
		See Part IV, line 19							
				The state of the s		Ì			
		Less direct expenses							<del> </del>
	C	Net income or (loss) from g	aming activ	ities ·	<b>&gt;</b>				
	10a	Gross sales of inventory, le	SS			٠, ١			
		returns and allowances .		а				1	
	b	Less: cost of goods sold .		. <b>b</b>		ŀ		1	•
		Net income or (loss) from s					· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
}				itory ·				<del>                                     </del>	
}		Miscellaneous Rev	enue		Business Code	· · · · · · · · · · · · · · · · · · ·		·	
	11a								
	b								
	c			_					
į	d	All other revenue		l		,			
		Total. Add lines 11a-11d			<b>•</b>				
ļ					F	147,782	·		
- 1	14	Total revenue. See instruc	เนอกร	•	· · · · · · · •	,		i	

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to			ipiete column (A).	· · · · · · · · · · · · · · · · · · ·	Г
Ďo r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)	۲
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21				<del></del>	
2	Grants and other assistance to domestic					
_	individuals. See Part IV, line 22			-		_
3	Grants and other assistance to foreign organizations,					
	foreign governments, and foreign individuals.					
	See Part IV, lines 15 and 16				<del></del>	_
4	Benefits paid to or for members					_
5	Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified			-		-
U	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	16,319		16,319	<u></u>	_
8	Pension plan accruals and contributions (include					-
•	section 401(k) and 403(b) employer contributions)		<b>'</b>			
9	Other employee benefits					_
10	Payroll taxes	1,412		1,412		_
11	Fees for services (non-employees).					_
а	Management . ´.					
b	Legal					
C	Accounting	•				
d	Lobbying · · · · · · · · · · · ·					
e	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.) · ·			5.543		
12	Advertising and promotion	5,740		5,740		_
13	Office expenses	6,074		6,074	<del></del>	_
14	Information technology					_
15	Royalties	23,820		23,820		_
16	Occupancy	23,020		23,020		_
17	Travel					_
18	Payments of travel or entertainment expenses					
10	for any federal, state, or local public officials  Conferences, conventions, and meetings					-
19 20	Interest		<del></del>		****	_
21	Payments to affiliates					_
22	Depreciation, depletion, and amortization					_
23	Insurance	670		670		_
24	Other expenses. Itemize expenses not covered					_
	above (List miscellaneous expenses in line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	BANK FEES	1,462		1,462		
b	COST OF REVENUE	113,104	113,104			
C						_
d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	168,601	113,104	55,497		
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.	İ				
	Check here ▶ If following SOP 98-2 (ASC 958-720)					

FDA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (B) (A) Beginning of year End of year Cash -- non-interest-bearing 30,549 9,692 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . 6 Notes and loans receivable, net 7 8 Prepaid expenses and deferred charges ....... 9 10 a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 80,131 10a 58,263 57,165 **b** Less. accumulated depreciation 10b 10c 11 Investments -- publicly traded securities ... 11 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 88,812 66,857 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 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 2,548 25 1,412 of Schedule D 1,4122,548 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here ▶ | and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻 and complete lines 30 through 34. 30

34

33 Total net assets or fund balances .

Total liabilities and net assets/fund balances

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

65,445

65,445

66,857

31

32

33

34

86,264

86,264

88,812

orm	1990 (2018) BLYTHE CHAMBER OF COMMERCE 9517365	87		Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	
`1	Total revenue (must equal Part VIII, column (A), line 12)	1		147,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		168,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-20,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		86,	264
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		65,	445
Par	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	$\bot$
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in				
	Schedule O.			<u>.</u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				ı
	reviewed on a separate basis, consolidated basis, or both			i	1
	Separate basis Consolidated basis Both consolidated and separate basis				انيـ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		'		
	separate basis, consolidated basis, or both:		ļ		'
	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	/-			
	·	N./.A.	2c_		
	If the organization changed either its oversight process or selection process during the tax year, explain in		١		1
	Schedule O.		<u> </u>	ı	
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	ш	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	4-		i 1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	N/A	3b		

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Form **990** (2018)

FDA

18 99012 BWF 990

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

BL'	YTHE CHAMBER OF COMMERCE		95-1736	5587	
Рa	rt I Organizations Maintaining Donor Advised Funds or Other	Similar Fun	ds or Accounts.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised fund	ds	(b) Funds and other	r accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets hele	d in donor advise	ed		_
	funds are the organization's property, subject to the organization's exclusive legal contra	rol?		Yes	⊠ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	nt funds can be	used		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	or any other purp	ose		_
	conferring impermissible private benefit?			Yes	X No
Pai	rt II Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education)	$\boldsymbol{H}$	n of a historically impo		area
	Protection of natural habitat	Preservation	n of a certified historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form o			
	easement on the last day of the tax year.		Held at the E	nd of the T	ax Year
а	Total number of conservation easements		. 2a		
þ	,		2b		
С	Number of conservation easements on a certified historic structure included in (a) .		2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on				
	g .			<del></del>	
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the	organization during th	e	
_	tax year •				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the penodic monitoring, inspection	<del>-</del>		Пу	Пма
_	violations, and enforcement of the conservation easements it holds?			∐ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	entorcing cons	servation easements o	uring the y	ear
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	oraina conconisti	ion assamants durina	the year	
7		ording conservati	on easements during	tile year	
	Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section 170(h	h)(4)(B)(i)		
0	and section 170(h)(4)(B)(ii)?	5 01 50000011 170(1		☐ Yes	□No
۵	In Part XIII, describe how the organization reports conservation easements in its revenue.			□	□.,,
•	balance sheet, and include, if applicable, the text of the footnote to the organization's fi				
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of Art, Historical Tr	easures, or	Other Similar As	sets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue stateme	ent and balance shee	 ì	
	works of art, historical treasures, or other similar assets held for public exhibition, educ				
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	at descnbes thes	se items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	enue statement a	and balance sheet		
	works of art, historical treasures, or other similar assets held for public exhibition, educa- public service, provide the following amounts relating to these items:	ation, or research	n in turtherance of		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar ass				
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
	Assets included in Form 990, Part X				

OMB No. 1545-0047

2018

Open to Public

Inspection

Par	t III Organizations Ma	aintaining C	Collections of	of Art, Hist	torical Treasur	es,	or Other Similar	Assets	(conti	nued)
3	Using the organization's acquis	sition, accession	n, and other reco	ords, check a	ny of the following	that a	re a significant use of	rts		
•	collection items (check all that	apply):								
а	Public exhibition			a∏	Loan or exchange	progr	ams			
b	Scholarly research			еП	Loan or exchange Other					
С	Preservation for future gene	erations		_						
4	Provide a description of the org	ganızatıon's coll	lections and exp	lain how they	further the organiz	ation	s exempt purpose in	Part		
	XIII.									
5	During the year, did the organi	zation solicit or	receive donation	ns of art, histo	orical treasures, or o	other	sımılar			
	assets to be sold to raise funds	s rather than to	be maintained a	as part of the	organization's colle	ction?	·	∐ Y€	:s	∐ No
Par	t IV Escrow and Cus	todial Arran	gements.							
	Complete if the organiz	zation answered	d "Yes" on Form	990, Part IV,	line 9, or reported	an an	nount on Form 990, F	art X, line	21.	
1a	Is the organization an agent, tr	ustee, custodia	n or other interm	nediary for co	ntnbutions or other	asset	s not			_
	ıncluded on Form 990, Part X?							. TY6	es	No
b	If "Yes," explain the arrangeme	ent in Part XIII a	nd complete the	following tab	ole.					
							An	nount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year	•				1e				
f	Ending balance					1f				
2a	Did the organization include an	n amount on Fo	rm 990, Part X,	line 21, for es	crow or custodial a	ccour	nt liability?	∐ Y€	:S	∐ No
b	If "Yes," explain the arrangeme	ent in Part XIII. C	Check here if the	explanation	has been provided	on P	art XIII		<u> </u>	Ш
Pai	rt V Endowment Fund	ds.								
	Complete if the organiz	zation answered	d "Yes" on Form	990, Part IV,	line 10.			_		
		(a) Current y	year (b)	Prior year	(c) Two years ba	ıck	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions							<u> </u>		
C	Net investment earnings,							Į.		
	gains, and losses	ļ						<u> </u>		
d	Grants or scholarships									
е	Other expenditures for							ļ		
	facilities and programs									
f	Administrative expenses .									
g	End of year balance									
2	Provide the estimated percenta	age of the curre	nt year end bala	ance (line 1g,	column (a)) held as	s:				
а	Board designated or quasi-end	dowment 🕨		%						
b	Permanent endowment >		%							
C	Temporarily restricted endowm	nent >	%							
	The percentages on lines 2a, 2	b, and 2c shou	ld equal 100%.							
За	Are there endowment funds no	ot in the possess	sion of the orgai	nization that a	are held and admini	stere	d for the .			
	organization by							· · · · · · · · · · · · · · · · · · ·	Yes	No
	(i) unrelated organizations .							3a(i)	1	
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the re	elated organizati	ions listed as rei	quired on Sch	nedule R?			3b		
4	Describe in Part XIII the intende	ed uses of the o	organization's er	ndowment fur	nds.					
Pa	rt VI Land, Buildings	s, and Equip	oment.							
	Complete if the orga	nization answer	red "Yes" on For	m 990, Part I	V, line 11a. See Fo	rm 99	0, Part X, line 10.			
	Description of property		(a) Cost or other	r basis (t	) Cost or other	(6	c) Accumulated	( <b>d)</b> Boo	k value	}
			(investmen	nt)	basis (other)		depreciation			
1a	Land			2,594	<u> </u>					,594
b	Buildings	. [	2	7,537			22,966		4 ,	,571
C	Leasehold improvements	[				L				
d	Equipment									
е	Other	[								
Total	. Add lines 1a through 1e. (Colu	ımn (d) must ed	ual Form 990, F	Part X, column	n (B), line 10c.)				57,	,165

18 990D3

BWF 990

Part VII	Investments — Other Securities  Complete if the organization answered "Yes		e 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 d	erivatives			_
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			•	
(G)	•			
(H)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments — Program Related		•	
	Complete if the organization answered "Yes	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(1	a) Description of investment	(b) Book value	(c) Method of valuation <sup>.</sup> Cost or end-of-year market value	
(1)				·
(2)				
(3)			-	
(4)				
(5)	•			
(6)				
(7)				
(8)		*		
(9)				
<del></del>	(b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) De	escription	(b) Book	value
(1)				
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)	,			
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value		
(1) Federal ır		(4,7====================================		
	LL LIABILITY	1,412	•	
(3)				
(4)				
(5)				
(6)				
(7)				
		<del>'</del>		
(8)				
(9)	b) Company (D)	1,412		
	b) must equal Form 990, Part X, col. (B) line 25.)	<del></del>	organization's financial statements that reports the	

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

Part XI			nts With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		<del></del>
	revenue, gains, and other support per audited financial statements	• •		1
	unts included on line 1 but not on Form 990, Part VIII, line 12.	1	1	
	unrealized gains (losses) on investments	2a		_  <b>             </b>
	ated services and use of facilities	2b	.,	-∤1888
	overies of prior year grants ,	2c		_ <b>   </b>
	r (Describe in Part XIII.)	2d	<u> </u>	_
	lines 2a through 2d			2e
	ract line 2e from line 1	· · · · ·		3
	unts included on Form 990, Part VIII, line 12, but not on line 1.	-		-
	stment expenses not included on Form 990, Part VIII, line 7b	4a		_
<b>b</b> Othe	r (Describe in Part XIII.)	4b		_ ===
	lines <b>4a</b> and <b>4b</b>			4c
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5
Part XII	Complete if the organization answered "Yes" on Form 990, Part IV, line		ents With Expens	es per Return.
	expenses and losses per audited financial statements	٠		1
	unts included on line 1 but not on Form 990, Part IX, line 25:		1	
<b>a</b> Dona	ted services and use of facilities	2a		
<b>b</b> Prior	year adjustments	2b		
c Othe	r losses	2c		
<b>d</b> Othe	r (Describe in Part XIII.)	2d	· 	
e Add	ines 2a through 2d			2e
3 Subt	ract line 2e from line 1			3
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1.			
a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Othe	r (Describe in Part XIII.)	4b		
c Add	nes <b>4a</b> and <b>4b</b>			4c
5 Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .			5
Part XII	Supplemental Information.			
	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			ne 4; Part X, line
	· · · · · · · · · · · · · · · · · · ·			
			·	
				<del></del>
	· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	

FDA

## **SCHEDULE 0**

(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.

OMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BLYTHE CHAMBER OF COMMERCE

Employer identification number

95-1736587

THE ORGANIZATION DID DOCUMENT ALL MEETINGS AND PROVIDED LINE 8A COPIES TO THE GOVERNING BODY -

PART VI SEC C LINE 19 YES, THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT ALL TIMES -