

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

2019

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLOYD COUNTY CHAMBER OF COMMERCE INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 723 City or town, state or province, country, and ZIP or foreign postal code FLOYD, VA 24091	D Employer identification number 54-1495833 E Telephone number (540) 745-2066 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.FLOYDCHAMBER.ORG

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **140,893**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	99,857
	2	Program service revenue including government fees and contracts.	2	
	3	Membership dues and assessments	3	20,923
	4	Investment income	4	15
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,953
6c	c Less: direct expenses from gaming and fundraising events	6c	7,271	
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,682	
7a	Gross sales of inventory, less returns and allowances	7a	955	
7b	Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7c	955	
8	Other revenue (describe in Schedule O)	8	5,190	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	133,622	
Expenses	10	Grants and similar amounts paid (list in Schedule O).	10	1,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	77,869
	13	Professional fees and other payments to independent contractors	13	85
	14	Occupancy, rent, utilities, and maintenance	14	15,717
	15	Printing, publications, postage, and shipping	15	6,189
	16	Other expenses (describe in Schedule O).	16	40,874
17	Total expenses. Add lines 10 through 16 ▶	17	142,234	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(8,612)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,917
	20	Other changes in net assets or fund balances (explain in Schedule O).	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	26,305

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,949	32,059
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	600	600
25 Total assets	36,549	32,659
26 Total liabilities (describe in Schedule O)	1,632	6,354
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,917	26,305

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **ENCOURAGE GROWTH OF BUSINESSES**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THIS CHAMBER IS ORGANIZED FOR ADVANCING THE ECONOMIC, INDUSTRIAL, AGRICULTURAL, PROFESSIONAL, CULTURAL, CIVIC AND TOURISM INTEREST IN THE COUNTY OF FLOYD, VA. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990_OFOV				
VICKIE SPANGLER TREASURER	3.00	0	0	0
IVAN ANDERSON DIRECTOR	1.00	0	0	0
KARIN GROSSHANS SECRETARY	1.00	0	0	0
AMANDA LAWRENCE DIRECTOR	1.00	0	0	0
DEREK WALL DIRECTOR	1.00	0	0	0
JASON GALLIMORE DIRECTOR	1.00	0	0	0
ANDY FINN DIRECTOR	1.00	0	0	0
JOHN MCENHILL, 4. KEY EMP EXECUTIVE DIRECTOR	25.00	STMA08 0	0	0
PAT SHARKEY, 4. KEY EMP TOURISM DIRECTOR	40.00	STMA09 0	0	0
CRAIG CHANCELLOR, 1. INDIVID PRESIDENT	1.00	0	0	0
ANNIE BADGER DIRECTOR	1.00	0	0	0
ANN BOWER DIRECTOR	1.00	0	0	0
SUSAN BRICKHOUSE DIRECTOR	1.00	0	0	0

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

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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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



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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	 VICTORIA SPANGLER Signature of officer	11-02-2020 Date
	 VICTORIA SPANGLER, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	VICTORIA M SPANGLER EA	VICTORIA M SPANGLER EA	11-02-2020		P00362614
	Firm's name ▶ VICKIES INCOME TAX SERVICE LLC	Firm's EIN ▶			
	Firm's address ▶ 116 W MAIN ST P O Box 723 FLOYD VA 24091	Phone no. 540-745-2066			

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

FLOYD COUNTY CHAMBER OF COMMERCE INC

Employer identification number

54-1495833

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
TDC RENT INCOME TO CHAMBER	2,400
LEADERSHIP FLOYD	2,790

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	COLLEGE SCHOLARSHIPS RADFORD
GRANTEE	HANNAH GRACE VEST
STREET	LOCAL
CITY, STATE, ZIP	FLOYD, VA 24091
RELATIONSHIP	STUDENT AT FCHS
AMOUNT	500

ACTIVITY	COLLEGE SCHOLARSHIP RADFORD
GRANTEE	SHAYLEE GEARHART
STREET	LOCAL
CITY, STATE, ZIP	FLOYD, VA 24091
RELATIONSHIP	STUDENT AT FCHS
AMOUNT	500

ACTIVITY	COLLEGE SCHOLERSHIP NEW RIVER COMMUNITY COLLEGE
GRANTEE	TERESA MATTSON
STREET	LOCAL
CITY, STATE, ZIP	FLOYD, VA 24091
RELATIONSHIP	STUDENT AT FCHS

Name of the organization FLOYD COUNTY CHAMBER OF COMMERCE INC	Employer identification number 54-1495833
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AMOUNT 500

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ADVERTISING	308
SCC BUS REGIS ACCT	147
CHAMBER LEADERSHIP FLOYD	2,970
CHAMBER BANK AND MEMBERSHIP FEES	727
CHAMBER MEETING EXP	439
TDC SPECIAL EVENT EXPENSE	1,352
TDC MILEAGE	1,058
TDC MARKETING EXPENSE	33,873

04. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
SECURITY DEPOSIT	600	600

05. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
CHAMBER CC	198	309
TDC PAYROLL	1,075	1,081
CHAMBER PAYROLL SALES TAX	359	1
UNEARNED REVENUE	0	4,500
CHAMBER PAYROLL	0	463

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

FLOYD COUNTY CHAMBER OF COMMERCE INC

54-1495833

FORM 990EZ - PART IV
COMPENSATION EXPLANATION

STATEMENT #A08

NAME

JOHN MCENHILL, 4. KEY EMP

EXPLANATION

PAID POSITION

FORM 990EZ - PART IV
COMPENSATION EXPLANATION

PG01
STATEMENT #A09

NAME

PAT SHARKEY, 4. KEY EMP

EXPLANATION

PAID POSITION

Name(s) as shown on return

FEIN

FLOYD COUNTY CHAMBER OF COMMERCE INC

54-1495833

CONTRIBUTIONS GRANTS GIFTS

Description	Amount
CHAMBER DIRECT PUBLIC SUPPORT TOWN AND COUNTY OTHER	\$ 4,150
TDC LOCAL GOVERNMENT GRANTS	72,000
TDC STATE GRANTS	13,057
TDC GOVT GRANTS OTHER	875
TDC DIRECT PUBLIC SUPPORT	9,775
Total:	\$ 99,857

FUNDRAISING

Description	Amount
CHAMBER MEMBERSHIP DINNER AND AUCTION EVENT	\$ 7,387
RUBBER DUCK RACE SPOOKTACULAR ETC	5,354
VISITOR GUIDE	262
ADVERTISING	950
Total:	\$ 13,953

DIRECT EXPENSES

Description	Amount
RDR	\$ 3,114
MEMBERSHIP DINNER	3,397
VISITOR GUIDE	760
Total:	\$ 7,271

INVENTORY SALES

Description	Amount
TDC	\$ 542
CHAMBER	413
Total:	\$ 955

PAYROLL

Description	Amount
TDC PAYROLL	\$ 46,190
CHAMBER	25,703
TDC EMPLOYEE HEALTH INS	5,976
Total:	\$ 77,869

Name(s) as shown on return

FEIN

FLOYD COUNTY CHAMBER OF COMMERCE INC

54-1495833

OCCUPANCY RENT ETC

<u>Description</u>	<u>Amount</u>
TDC RENT	\$ 2,400
TDC OPERATIONS	2,251
CHAMBER OPERATIONS	11,066
Total:	\$ 15,717

PRINTING OFFICE EXP POSTAGE

<u>Description</u>	<u>Amount</u>
CHAMBER POSTAGE OFFICE AND PRINTING EXP	\$ 1,887
TDC TRAVEL MEETINGS ETC	1,603
TDC FEES	600
TDC RESALE ITEMS	1,527
TDC OUTSIDE CONTRACT	292
CHAMBER RESALE ITEMS	280
Total:	\$ 6,189

CASH BALANCE

<u>Description</u>	<u>Amount</u>
TDC	\$ 15,913
CHAMBER	13,011
CHAMBER	3,135
Total:	\$ 32,059

990EF

EF Transmission Status

2019

(Keep for your records)

Name(s) as shown on return

EIN number

FLOYD COUNTY CHAMBER OF COMMERCE INC

54-1495833

The following will be transmitted to the IRS.

990 8868 Amended FinCEN 114

The following state returns will be transmitted:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____

The following returns have been suppressed or are not eligible and will NOT be transmitted.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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EF Notes

