Form 990-E
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# Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

		the Treasury ue Service	► Go to www.irs.gov/Form9901	EZ for instructions and t	- he latest inf	ormation.		Inspection
			ar year, or tax year beginning	, 2019, and				. 20
_		plicable:	C Name of organization	, 2010, 411		D Employ	ver identi	fication number
	dress ch		FLOYD COUNTY CHAMBER OF COMMER	CE INC			149583	
	me chan	•	Number and street (or P.O. box, if mail is not delivered to stree		Room/suite	E Teleph		
	ial returr							
		/terminated	P O BOX 723			(54	0)745-	-2066
	ended r		City or town, state or province, country, and ZIP or foreign post	al code		F Group		
		pending	FLOYD, VA 24091			Numbe	•	
		ing Method:	X Cash Accrual Other (specify) ►					organization is <b>not</b>
	ebsite	0	FLOYDCHAMBER.ORG		— I'	required to		
			check only one) - 501(c)(3) <b>X</b> 501(c)( <b>6</b> )	(insert no.) 4947(a)(1) o	r 527	(Form 990,		
				sociation Other		(* **** * ****,	,	
			7b to line 9 to determine gross receipts. If gross r		nore, or if tota	al assets		
			\$500,000 or more, file Form 990 instead of Form				. ▶ \$	140,893
Par		( ))	e, Expenses, and Changes in Net As					
			the organization used Schedule O to respo					
	1		s, gifts, grants, and similar amounts received				1	99,857
	2		vice revenue including government fees and cont				2	557007
	3		dues and assessments				3	20,923
	4	•					4	15
	5a		nt from sale of assets other than inventory	1	5a		•	
			r other basis and sales expenses		5b			
			s) from sale of assets other than inventory (Subtra				5c	
	6	,	fundraising events:		•••••			
		-	le from gaming (attach Schedule G if greater than	1				
ē	u				Sa			
ent	h		e from fundraising events (not including \$		ntributions			
Revenue			sing events reported on line 1) (attach Schedule C		linoutionio			
_			gross income and contributions exceeds \$15,000		6b	13,953		
	c		expenses from gaming and fundraising events .	·	ic is a second s	7,271		
			or (loss) from gaming and fundraising events (add			,,2,1		
	u						6d	6,682
	72	,	of inventory, less returns and allowances	1	7a	955 ·	- Uu	0,002
			f goods sold		7b	333		
			or (loss) from sales of inventory (Subtract line 7b				7c	955
		•	ue (describe in Schedule O)	,			8	5,190
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	133,622
$\rightarrow$	10		similar amounts paid (list in Schedule O)				10	1,500
	11		d to or for members				11	1,300
	12		er compensation, and employee benefits				12	77,869
ses	13		fees and other payments to independent contract				13	85
Expenses	14		rent, utilities, and maintenance				14	15,717
Exp	14		lications, postage, and shipping				15	6,189
-	16		ses (describe in Schedule O)				16	
	10		ses. Add lines 10 through 16				17	40,874
-	17		leficit) for the year (Subtract line 17 from line 9) .				17	142,234
ts		•	, , , , , , , , , , , , , , , , , , , ,			••••	10	(8,612
sse	19		or fund balances at beginning of year (from line 27				10	24 015
Ϋ́	20	-	figure reported on prior year's retum) es in net assets or fund balances (explain in Sch				19	34,917
ا ب	20	other change	es lo del assels of tuno palances (explain in Sch	еоше ОЛ			20	
Net Assets		Not occaste -	or fund balances at end of year. Combine lines 18				21	26,305

Form 990-EZ (2019) FLOYD COUNTY CHAMBER	OF COMMERCE I	NC	54-1	4958	33 Page 2
Part II Balance Sheets (see the instructions for Pa	,				_
Check if the organization used Schedule O to	o respond to any qu	estion in this Part II		•••	<u>x</u>
			(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments $\ldots$ $\ldots$ $\ldots$ $\ldots$			35,949		32,059
<b>23</b> Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			600		600
25 Total assets			36,549	25	32,659
26 Total liabilities (describe in Schedule O)		-	1,632	26	6,354
27 Net assets or fund balances (line 27 of column (B) must a			34,917	27	26,305
Part III Statement of Program Service Accomplis	•		·		Expenses
Check if the organization used Schedule O			Ⅲ	(Reau	uired for section
What is the organization's primary exempt purpose? <b>ENCOURA</b>	GE GROWTH OF B	USINESSES		· ·	(3) and 501(c)(4)
Describe the organization's program service accomplishments for	or each of its three large	est program services,		organ	izations; optional for
as measured by expenses. In a clear and concise manner, descr persons benefited, and other relevant information for each progra		led, the number of		other	s.)
28 THIS CHAMBER IS ORGANIZED FOR ADVANCING	G THE ECONOMIC,	/			
INDUSTRIAL, AGRICULTURAL, PROFESSIONAL	, CULTURAL, CIV	VIC AND			
TOURISM INTEREST IN THE COUNTY OF FLOY	D, VA.				
(Grants \$) If this amo	unt includes foreign gra	ants, check here	►	28a	
29					
(Grants \$) If this amo	unt includes foreign gra	ants, check here	►	29a	
30					
	unt includes foreign gra			30a	
<b>31</b> Other program services (describe in Schedule O)			· · · · · · · · <u>·</u>		
	unt includes foreign gra			31a	
32 Total program service expenses (add lines 28a through 3				32	
Part IV List of Officers, Directors, Trustees, and Key I	• •	•			
Check if the organization used Schedule O to resp	oond to any question in			•••	<u></u>
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	. (6	e) Estimated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)	benefit plans, and	e `	other compensation
See 990_OFOV	devoted to position	(if not paid, enter -0-)	deferred compensation		
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	1 00				<u>,</u>
DIRECTOR	1.00	0	0		0
JASON GALLIMORE		_	_		2
DIRECTOR	1.00	0	0		0
ANDY FINN	1	_	_		^
DIRECTOR	1.00	0	0	)	0
JOHN MCENHILL, 4. KEY EMP		STMA08	_		^
EXECUTIVE DIRECTOR	25.00	0	0	'	0
PAT SHARKEY, 4. KEY EMP	40.00	STMA09	_		0
TOURISM DIRECTOR	40.00	0	0	<u>'</u>	0
CRAIG CHANCELLOR, 1. INDIVID	1 00	0	o		0
PRESIDENT	1.00	0		<u>'</u>	0
ANNIE BADGER	1 00	0	o		0
DIRECTOR ANN BOWER	1.00	0		<u> </u>	0
ANN BOWER DIRECTOR	1.00	0	o		0
SUSAN BRICKHOUSE	T.00	0		<u> </u>	0
DIRECTOR	1.00	0	0		0
EEA	T.00	0	0		Form <b>990-EZ</b> (201

Form	90-EZ (2019) FLOYD COUNTY CHAMBER OF COMMERCE INC 54-1495	333	P	Page 3
Pa	T 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			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			ĺ
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
54				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			Í
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		v
		370		x
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
		400		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed <b>VA</b>			
42 a	The organization's books are in care of <b>VICKIE SPANGLER</b> Telephone no. <b>540-7</b>	45-2	066	
	Located at ► P O BOX 723, FLOYD, VA ZIP + 4 ► 24091			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
D D		40h	163	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
u		444		
	completed instead of Form 990-EZ.	44b		x
	Did the organization receive any payments for indoor tanning services during the year?	44c		x
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		ĺ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		x

Form 990-EZ (2019)

Form 9	90-EZ (201	19) FLOYD COUNTY CHA	AMBER OF COMMERC	E INC			54-14	495833	1	Page 4
46		organization engage, directly or indirectly, ir							Yes	No
_		idates for public office? If "Yes," complete S					••••	46		х
Par		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	must answer questi				-			. 🗆
		•	•						Yes	No
47		organization engage in lobbying activities of "Yes," complete Schedule C, Part II			-			47		
48		rganization a school as described in section								
49a b	Did the	organization make any transfers to an exen " was the related organization a section 527	npt non-charitable related	organization	?		• • • • • •	<b>49</b> a		
50		te this table for the organization's five highes	0							L
	•	ees) who each received more than \$100,000					•			
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Re comp	portable ensation /1099-MISC)	(d) Healt contribution benefit plans	h benefits, s to employee a, and deferred ensation	(e) Estimat other co	ed amour mpensat	
f 51	Comple	umber of other employees paid over \$100,00 te this table for the organization's five highes 20 of compensation from the organization. If	t compensated independe		rs who each	received m	ore than			
	(a)	Name and business address of each independent contra	actor	(b)	Type of service	e	(c	) Compensation	n	
d	Total nu	umber of other independent contractors each	n receiving over \$100,000	)	•					
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a			_	_	
		ted Schedule A						Yes		No
		s of perjury, I declare that I have examined this ret						dge and belie	ef, it is	
true, c	orrect, an	nd complete. Declaration of preparer (other than c VICTORIA SPANGLER	DITICER) IS DASED ON All INFORMA	ation of which	preparer has a	any knowledg	e. 11-02-	2020		
Sigr	n	Signature of officer				Date	11-02-	2020		
Here		VICTORIA SPANGLER, TREASU	JRER							
		Type or print name and title								
	I	Print/Type preparer's name	Preparer's signature		Date		Check X if	PTIN		
Paic	1	VICTORIA M SPANGLER EA V	ICTORIA M SPANGL	ER EA	11-02-20	20	self-employed	P00362	614	
-	oarer	Firm's name  VICKIES INCOME	TAX SERVICE LLC			Firm's	EIN 🕨			
Use	Only	Firm's address 🕨 116 W MAIN ST	P O Box 723							
		FLOYD VA 24091				Phone	no. <b>540-</b>	745-2066	5	
May t	the IRS of	discuss this return with the preparer shown a	above? See instructions					X Yes	; []	No
EEA								Form <b>9</b> 9	90-EZ (	(2019)

### List of Officers, Directors, Trustees, and Key Employees

	year even in they wer			
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form 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
BETH BURGESS				
1ST VICE PRESIDENT	1.00	) (	o o	0
SCOTT GRIFFIN				
2ND VICE PRESIDENT	1.00		o a	0
LORI SALTUS	2.00			<b>U</b>
	1 00			0
DIRECTOR	1.00	) (	) C	0
DANIEL SOWERS	_			
DIRECTOR	1.00	0 0	0 0	0
JAMES CABLER	_			
DIRECTOR	1.00	) (	0 0	0
SALLY TRUSLOW	_			
DIRECTOR	1.00	) (	o o	0
ALEE EPPERLY				
DIRECTOR	1.00	) (	o o	0
JENNIFER MILLER				
DIRECTOR	1.00	) (	o o	0
STEPHANIE YATES				
DIRECTOR	1.00	, c	o o	0
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	_			
	1			
	-			
	-			
	_			

54-1495833

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ding Fund	raising or Gan	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17,		if the	2019
Department of the Treasury		► At	tach to Form	990 or Form				Open to Public
Internal Revenue Service	► (	50 to www.irs.gov/r	-orm990 for 1	nstructions ar	nd the latest informa	tion.	Employer ide	Inspection entification number
FLOYD COUNTY CHAM		NEDCE INC						95833
Part I Fundraisi	na Activities	Complete if t	he organi:	zation ans	wered "Yes" on	Form 99	0 Part IV	line 17
		t required to con					o, r artri	,
1 Indicate whether the			•		ies. Check all that a	ipply.		
a 🗌 Mail solicitations			е 🗌	Solicitation of	non-government g	rants		
<b>b</b> Internet and email	solicitations		f 🗌 -	Solicitation of	government grants			
c 🗌 Phone solicitation	s		g 🗌	Special fundr	aising events			
d 🗌 In-person solicitat	ions							
2a Did the organization		-	-		-		_	_
or key employees list		, ,		•	0			′es 🗌 No
<b>b</b> If "Yes," list the 10 hi	0 1	· ·	indraisers) p	oursuant to ag	reements under wh	ich the fund	Iraiser is to b	e
compensated at leas	t \$5,000 by the c	organization.						
						<b>(v)</b> Am	ount paid to	
(i) Name and address or entity (fundra		(ii) Activity		ndraiser have or control of	(iv) Gross receipts from activity	(or re	ained by)	(vi) Amount paid to (or retained by)
	liser)		contril	outions?	nom activity		ser listed in ol. <b>(i)</b>	organization
			Yes	No				
1								
2								
3								
4								
4								
5								
Ŭ								
6								
7								
8								
9								
10								
10								
			1					
Total								
3 List all states in which	the organization	n is registered or lic	ensed to so	licit contributi	ons or has been no	tified it is ex	empt from	1
registration or licensin	-	0					•	

				OF COMMERCE INC		-1495833 Page 2
Pa	rt I		•			•
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6	<ol> <li>List events with</li> </ol>
		gross receipts greater than s				1
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
0		-	(event type)	(event type)	(total number)	col. (c))
Revenue	4	Cross ressints				
Seve	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dired	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines				
De	11 rt	Net income summary. Subtract line	10 from line 3, column (d)	· · · · · · · · · · · · · · · · · · ·		
Γd		II Gaming. Complete if the or \$15,000 on Form 990-EZ, I		res on Form 990, Part	TV, line 19, or reported	more than
		\$15,000 OII FOIIII 990-EZ, I		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
enses	2	Cash prizes				
Expen:	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐         Yes         %           ☐         No         %	□         Yes        %           □         No        %	□ Yes% □ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subti	ract line 7 from line 1, colu	mn (d)		
9	□-	nter the state(s) in which the organizati	ion conducts coming activi	tios:		
a a		the organization licensed to conduct g				Yes No
			-			
	_					
		ere any of the organization's gaming li 'Yes," explain:	•	ed, or terminated during the	•	Yes 🗌 No

SCHEDULE O	
(Form 990 or 990-EZ)	)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

#### FLOYD COUNTY CHAMBER OF COMMERCE INC

## 54-1495833

# O1. 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

Schedule O (Form 990 or 990-EZ) (2019)			Page 2
Name of the organization FLOYD COUNTY CHAMBER OF COMMERCE IN	G	Employer identification n 54-1495833	umber
		54-1455055	
AMOUNT	500		
03. Description of other expenses (	Dont I line 16)		
os. Description of other expenses (	rait 1, line 10)		
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 (Pa	rt II, line 24)		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
SECURITY DEPOSIT	600	600	
05. Description of total liabilitie	s (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 FLOYD COUNTY CHAMBER OF COMMERCE INC	Tax ID Number 54-1495833
FORM 990EZ - PART IV COMPENSATION EXPLANATION	STATEMENT #A08
NAME JOHN MCENHILL, 4. KEY EMP	
EXPLANATION PAID POSITION	
	PG01
FORM 990EZ - PART IV COMPENSATION EXPLANATION	STATEMENT #A09
NAME PAT SHARKEY, 4. KEY EMP EXPLANATION PAID POSITION	

990	Overflow Statement		<b>2019</b> Page 1
Name(s) as shown on return		FEIN	
FLOYD COUNTY CH	IAMBER OF COMMERCE INC		54-1495833
	COMPANY CONTRACTIONS		
	CONTRIBUTIONS GRANTS GIFTS		
Description			Amount
	PUBLIC SUPPORT TOWN AND COUNTY OTHER		4,150
TDC LOCAL GOVER	RINENT GRANTS		10 000
TDC GOVT GRANTS			0.71
	JIC SUPPORT		9,77
	Total	:\$	99,85
	FUNDRAISING		
Description			Amount
CHAMBER MEMBERS	SHIP DINNER AND AUCTION EVENT		7,38
RUBBER DUCK RAC	CE SPOOKTACULAR ETC		
			262
ADVERTISING	Total	. s	950 <b>13,95</b> 3
	IOCAL	• *	<u> </u>
	DIRECT EXPENSES		
Description			Amount
RDR		\$	
MEMBERSHIP DINN	IER		3,39'
VISITOR GUIDE			760
	Total	: \$	7,27:
	INVENTORY SALES		
			Amount
TDC		\$	
CHAMBER			<u>413</u> 955
	Total	: > <u></u>	95
	PAYROLL		
			Amount
TDC PAYROLL		\$	46,190
CHAMBER TDC EMPLOYEE HE	CALTH INS		<u> </u>
IDC EMPLOIDE HE		: \$	77,869
		'==	

990			2019
Name(s) as shown on return	Overflow Statement		<b>2019</b> Page 2
	AMBER OF COMMERCE INC		54-1495833
	OCCUPANCY RENT ETC		
			Amount
TDC RENT			\$2,400 2,251
CHAMBER OPERATI	ONS		11,066
		Total:	\$15,717
	PRINTING OFFICE EXP POST	AGE	
Description			Amount
CHAMBER POSTAGE	OFFICE AND PRINTING EXP		<u>\$ 1,887</u>
	INGS ETC		C 0 0
TDC FEES	S		
	TRACT		292
CHAMBER RESALE	ITEMS	Total	
		iotai.	Ÿ <u>0,105</u>
	CASH BALANCE		
Deggnistion			Amount
			<u>Amount</u> \$ 15,913
CHAMBER			13,011
CHAMBER		Total	<u>3,135</u> \$ <b>32,059</b>
		iotai.	9 <u> </u>

990EF	EF	2019		
Name(s) as shown on return	•	Keep for your records)		EIN number
FLOYD COUNTY CHAMB	54-1495833			
The following will be trans	mitted to the IRS.	🕱 990 🗌 8868 🗌 Ame	ended FinCEN 1	14
The following state returns	will be transmitted:			
The following returns have	been suppressed or are not eligi	ble and will NOT be transmitted.		
-				
EF Notes				