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)

2020

OMB No 1545-0047

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

Open to Public Inspection

,		•	▶ Do not enter social security numbers on this form, as it may be made public.	N	Open to Public				
Department of the Treasury Internal Revenue Service		f the Treasury nue Service	► 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. 3 ar year, or tax year beginning , 2020, and ending)\`	Inspection				
A For the 2020 calend									
B Check if applicable				D Employer identification number					
=	Address cl	•	Blue Ridge Chamber of Commerce	<u> 16 - </u>	2115539				
=	lame cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ohone r	umber				
=	nitial retur Inal retur	n n/terminated	PO Box 146						
=	mended		City or town, state or province, country, and ZIP or foreign postal code Plue P. J. 7. 75424	F Group Exemption					
	Application	n pending	BIVE XI UTE, IX 1812.	lumber 🕨 😰					
G A	ccount	ing Method			if the organization is not				
	ebsite/				tach Schedule B				
			90, 99	0-EZ, or 990-PF).					
ΚF	orm of	organization	Corporation Trust Association Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets						
_			\$500,000 or more, file Form 990 instead of Form 990-EZ	-4:	s for Dord IV 🖼				
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the Instru						
			the organization used Schedule O to respond to any question in this Part I		<u> </u>				
2	1		ons, gifts, grants, and similar amounts received	1					
,?,	2		ervice revenue including government fees and contracts	3	105 00				
?.	3		up dues and assessments	4	285.00				
,?,	4	Investmen							
	5a								
	b		5c						
	6 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	00					
	a		ome from gaming (attach Schedule G if greater than						
re	ŭ	\$15,000)							
Revenue	ь		ome from fundraising events (not including \$ of contributions	1	* * * * * * * * * * * * * * * * * * * *				
ě			from fundraising events reported on line 1) (attach Schedule G if the						
ш			ch gross income and contributions exceeds \$15,000) 6b 2 2 5						
	С	Less: direc	ct expenses from gaming and fundraising events 6c O	1					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract]					
		line 6c)		6d	225.00				
	7a	Gross sale	es of inventory, less returns and allowances						
	b		of goods sold						
	С	Gross prof	fit or (loss) from sales of inventory (subtract line 7b from line 7a) RECEIVED	7c					
	8			8	-1032.00				
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	- 522,00				
Expenses,	10		d similar amounts paid (list in Schedule O)	10					
	11′		aid to or for members	11					
	12	Salaries, o	ther compensation, and employee benefits 🖸 OGDEN LIT	12					
	13	Profession	all fees and other payments to independent contractors of OGDEN, UT	13					
	14	Occupanc	y, rent, utilities, and maintenance	14	79.00				
	15		ublications, postage, and shipping	16	19100				
	16	•	enses (describe in Schedule O) 2	17	79.00				
	17 18	Evene or	enses. Add lines 10 through 16	18	(601.00)				
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	 					
	'		ar figure reported on prior year's return)	19	5925.00				
	20		nges in net assets or fund balances (explain in Schedule O)	20	<u> </u>				
	21	Net accets	s or fund balances at end of year. Combine lines 18 through 20	21	5324.00				
_	<u> </u>	400000	The second secon	<u></u>					

om 990	0-EZ (2020)					Page 2
Part				D		
	Check if the organization used Schedi	ule O to respond to a	ny question in this	(A) Beginning of year	1 .	
	Oct.		-	5925	22	3324
	Cash, savings, and investments		· · · · ·	3122	23	226.
	Land and buildings				24	
	Total assets			5925	25	5324
	Total liabilities (describe in Schedule O)			<u> </u>	26	2224
	Net assets or fund balances (line 27 of colu			5925	27	5324
art l		omplishments (see t	he instructions for	Part III)		Expenses
hat is	s the organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·		=		uired for section (c)(3) and 501(c)(4)
escrit mea	be the organization's program service accompassured by expenses. In a clear and concise his benefited, and other relevant information for	manner, describe th	of its three largest per services provided	program services, d, the number of		inizations, optional for
8		each program tide.				
? (C	Grants \$) If this amou	ınt ıncludes foreign gr	ants, check here	• 🗇	28a	
9	grants \$\tan \tan \tan \tan \tan \tan \tan \tan					
ï	Grants \$) If this amou	unt includes foreign gr	ants. check here .	▶ □	29a	
0 2	,					
7.7	O				20-	
		unt includes foreign gr		<u> P 🗆 </u>	30a	
	Other program services (describe in Schedule O)					
	Total program service expenses (add lines 28				31a	<u> </u>
art l						ctions for Part IV)
	Check if the organization used Sched	ule O to respond to a	iny question in this	Part IV		🗆
	? (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	contributions to employ		Estimated amount of the compensation
		devoted to position	(if not paid, enter -0-)			•
<u>) v (</u>	dy Collins worth, President	10				
Ta.	na Risinger, Xice President	10				
ha	nava Fought, Sec-Treas	10				
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		o et (1929)			-9
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th s Part	ie V	П
		Instructions for Part V.) Offeck if the organization used ochequie of to respond to any question in this	3 i ait	$\overline{}$	No
	22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	33	detailed description of each activity in Schedule O	33		~
?.	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<i></i>
	35a	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		س
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<u></u>
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	b	Did the organization file Form 1120-POL for this year?	37b		
	38a	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		
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	30a	*	-
	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Ь	Gross receipts, included on line 9, for public use of club facilities	1		
	40a	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		
	С	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			
	e	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		
	41	List the states with which a copy of this return is filed \triangleright Tex as			
	42a	The organization's books are in care of ▶ Judy Colling worth Telephone no. ▶ 46	q · 6	67-6	<u>، ۶</u> /۹
	b		542		
	U		42b	103	110
		If "Yes," enter the name of the foreign country ▶	<u> </u>		
		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? If "Yes," enter the name of the foreign country	42c		
	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		. 1	► □
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	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		

orm 990-EZ	Z (2020)						P	age 4		
	d the organization engage, directly or in candidates for public office? If "Yes," of the candidates for public office?						Yes	No		
art VI	Section 501(c)(3) Organization		, Fail		· · · · ·	46	L	<u> </u>		
art vi	All section 501(c)(3) organization		stions 47-49b and	52, and	complete th	e tables f	or line	es		
	50 and 51.	,		•						
	Check if the organization used Sc	hedule O to respond	to any question in	this Part	VI	<u>.</u> <u>.</u>				
							Yes	No		
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par		section 501(h) electi		ect during the	tax . 47				
8 ls1	the organization a school as described i	n section 170(b)(1)(A)(i	ıı)? If "Yes," complete	Schedule	eE	. 48				
	d the organization make any transfers t			ızatıon?		. 49a				
b If "	Yes," was the related organization a se	ection 527 organization	on?			. 49b				
	implete this table for the organization's aployees) who each received more that							а кеу		
	iployees) who each received more than	l \$100,000 or comper	1		ealth benefits,	e, enter iv	OHE.			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribut	tions to employee	(e) Estimate				
	. ,	devoted to position	(Forms W-2/1099-MISC		lans, and deferred mpensation	other corr	pensat	ion		
	•			\perp	i					
					i					
	•									
										
1 Co \$1	tal number of other employees paid over mplete this table for the organization 00,000 of compensation from the orga (a) Name and business address of each independent	's five highest componization. If there is no				Compensate		than		
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	·		1							
		•								
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-										
	tal number of other independent contra			.▶						
	d the organization complete Schedimpleted Schedule A	ule A? Note: All se				n a ▶ <mark>☐ Yes</mark>		No		
der penal e, correct	ties of perjury, I declare that I have examined this, and complete. Declaration of preparer (other tha	return, including accompan n officer) is based on all info	nying schedules and staten formation of which prepare	nents, and to has any kn	o the best of my krowledge.	nowledge and	belief,	ıt ıs		
gn	Signature of officer				04/2Z Date	2021				
ere 🖸			<u> </u>							
aid	Print/Type preparer's name	Preparer's signature		ate	Check Self-emplo			-		
repare				-	Firm's EIN ▶	<u>, </u>				
se On	ly Firm's name ► Firm's address ►				Phone no.					
av the II	RS discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes		Vo.		
Mark to the	the state of the s			<u> </u>		Form 99	100000	(2020		