As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492314002260 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 **B** Check if applicable: D Employer identification number C Name of organization MARION CHAMBER OF COMMERCE ☐ Address change 57-0369388 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return P O BOX 35 ☐ Final return/terminated (843) 423-3561 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption MARION, SC 29571 ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **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) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . 18,668 2 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 3 16,091 4 122 4 5a Gross amount from sale of assets other than inventory 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 🕏 . . . 20,659 Less: direct expenses from gaming and fundraising events 60 11,385 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 9,274 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold **7**c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c R Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 44,155 10 10 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 26,040 Salaries, other compensation, and employee benefits . Expenses 13 13 220 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . . 708 15 Printing, publications, postage, and shipping. 15 16 16 18,028 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 44.996 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -841 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 62,783 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . . . . . . . . 21 61,942 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

OTTH 990-L2	. (2013)						Page Z
Part II	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedule		wastian in this	Dort II			
	Check if the organization used Schedule	O to respond to any c	luestion in this		eginning of year	• •	☑ ( <b>B</b> ) End of year
<b>22</b> Cash, sa	vings, and investments		1	(A) D	67,679	22	64,257
	buildings				,	23	
<b>24</b> Other as	sets (describe in Schedule O)				12,630	24	12,630
25 Total as	sets				80,309	_	76,887
26 Total lia	<b>bilities</b> (describe in Schedule O)				17,526		14,945
	ets or fund balances (line 27 of column	` '	,		62,783	27	61,942
Part <b>Ⅲ</b>	Statement of Program Service A Check if the organization used Schedule				rt III)	l (Re	<b>Expenses</b> equired for section 501(c)
What is the	organization's primary exempt purpose?	O to respond to any c	question in tims	I di C III		<b> </b> (3)	and 501(c)(4)
Describe the measured by	PROMOTION OF CITY OF MARION  organization's program service accomplider  expenses. In a clear and concise manne  and other relevant information for each process.	r, describe the service					ganizations; optional for ners.)
<b>28</b> See Addition	al Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	nts check here		. ▶ □	28a	
29	II this amoun	t melades foreign gran	its, check here	• •	. , .	29a	
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆		
30						30a	
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆		
31 Other pro	ogram services (describe in Schedule O)						
(Grants \$ )	If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28a	through 31a)			•	32	29,786
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule	and Key Employees	(list each one ev	en if not c	ompensated — see the	instru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any c	juestion in tilis	rait IV.		• •	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2, MISC) (if no enter -(	ation /1099- o <b>t paid,</b>	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
See Addition	al Data Table						

Pai	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V $oldsymbol{.}$		<u> </u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
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		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			
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		
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 sections4912, 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			
	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		No
41	List the states with which a copy of this return is filed. ▶ The organization's books are in care of ▶ <u>CINDY ROGERS</u> Telephone no	o. <b>▶</b> <u>(</u> 84	13) 423-3	3561
42a	Leasted at D. DODDY CERALD DADWAY MADION. CC.	20571		
	Located at ► BOBBY GERALD PARKWAY MARION, SC ZIP + 4 ►	<u>29571</u>		
		ı	., 1	
			Yes	No
ь	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)?	42b		No
	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).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
·		720		
	If "Yes," enter the name of the foreign country:			
	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			
	Ţ		Yes	No
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		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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45=	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	, , , , , , , , , , , , , , , , , , , ,	-Ju		
430	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		No

	2 (2019)							Page
16 Did th	ne organization engage, directly or indir	ectly, in political campaid	an activities on beha	alf of or in opposit	ion to		Yes	No
	dates for public office? If "Yes," complet					46		No
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organizations	s must answer question	ons 47- 49b and	52, and complet	te the table	s for lir	nes 50	and 5
	Check if the organization used Schedul	e O to respond to any qu	uestion in this Part \	/I		 T	Yes	No
	ne organization engage in lobbying activ s.'' complete Schedule C. Part II	ities or have a section 5	01(h) election in eff	ect during the tax	year?	47		
	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Ves " complete S	chedule F		48		
	ne organization make any transfers to a	. , , , , , , ,				49a		
	es," was the related organization a section	•	· · · · · ·			49b		
	olete this table for the organization's five	•	mployees (other tha	an officers, directo	ors, trustees a	and key	employ	ees)
	each received more than \$100,000 of co Name and title of each employee	mpensation from the ord	ganization. If there (c) Reportable	s none, enter "No		(e) Es	timated	amou
()		hours per week devoted to position	compensation (Forms W-2/109 MISC)	contributions	to employee lans, and			
ONE								
	olete this table for the organization's five ensation from the organization. If there (a) Name and business address of	is none, enter "None."	•	(b) Type of s			ensation	
<b>d</b> Tota	al number of other independent contract	ors each receiving over	\$100,000		. • _			
<b>2</b> Did	the organization complete Schedule A?	NOTE. All section 501(c	c)(3) organizations	must attach a	. ▶ _			_
<b>2</b> Did	·	NOTE. All section 501(c	c)(3) organizations	must attach a		►□Ye	s □r	
2 Did con der penal owledge a	I the organization complete Schedule A? npleted Schedule A	NOTE. All section 501(	c)(3) organizations	must attach a	tements, and	to the	best of	my
2 Did con der penal owledge a	I the organization complete Schedule A? npleted Schedule A	NOTE. All section 501(	c)(3) organizations	must attach a	tements, and information	to the	best of	my
2 Did con	I the organization complete Schedule A? npleted Schedule A	NOTE. All section 501(	c)(3) organizations	must attach a   schedules and sta er) is based on al	tements, and information	to the	best of	my
2 Did con	I the organization complete Schedule A? npleted Schedule A	NOTE. All section 501(	c)(3) organizations	schedules and stater) is based on al	tements, and information	to the	best of	my
2 Did con	I the organization complete Schedule A? mpleted Schedule A	NOTE. All section 501(	c)(3) organizations	schedules and stater) is based on al	tements, and information	I to the of whic	best of	my
2 Did con der penal sowledge a sany kno der penal der pe	Ithe organization complete Schedule A?  Ities of perjury, I declare that I have example the serious period of	PNOTE. All section 501(control of the section 501)  amined this return, included the declaration of preparetic prepareties of the section of	c)(3) organizations	must attach a schedules and sta er) is based on al  2020-11 Date  Check self-emg	tements, and information	to the of which	best of	my
<b>2</b> Did con	Ithe organization complete Schedule A?  Ities of perjury, I declare that I have example the serious period of	PNOTE. All section 501(control of the section 501)  amined this return, included the declaration of preparetic prepareties of the section of	c)(3) organizations	must attach a schedules and sta er) is based on al  2020-11 Date  Check self-emp Firm's E	if PTIN P0105	I to the of which	best of	my

## **Additional Data**

**Software ID:** 19009920

**Software Version:** 2019v5.0 **EIN:** 57-0369388

Name: MARION CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's pro services, as measured by exper number of persons benefited, a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	AL AND PROMOTIONAL SUPPORT FOR THE CITY OF MARION AND ITS MIC GROWTH FOR THE CITY OF MARION AND SURROUNDING AREAS.	28a	
(Grants \$ 29,786)	If this amount includes foreign grants, check here $\ . \ . \ . \ lack$		

(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
CINDY ROGERS Executive Direc	30.00	22,500		
CRAIG MARTIN Treasurer	0	0		
BETSY ATKINSON Vice President	0	0		
GORDON MCLELLAN Director	0	0		
MIKE JACKSON Director	0	0		
BRIAN WALLACE Director	0	0		
DEBORAH WIMBERLY Director	0	0		
SABRINA DAVIS Director	0	0		
SUSAN YARBOROUG Director	0	0		
MORGAN HOLLEY Director	0	0		
DIANNE HERRINGTON Director	0	0		
ALAN ZEMAN Director	0	0		
ANNE BURROUGHS Director	0	0		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492314002260 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization MARION CHAMBER OF COMMERCE 57-0369388 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	dule G (Form 990 or 990-EZ) 2019  rt II	te if the organization :	answered "Yes" on For	m 990 Part IV line 18	Page 2
	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	gross reserve greater than ye	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Reversie					
	1 Gross receipts	6,555	5,246		11,801
	<ul><li>2 Less: Contributions</li><li>3 Gross income (line 1 minus line 2)</li></ul>	6,555	5,246		11,801
	4 Cash prizes	0,333	3,240		11,001
တွ	5 Noncash prizes				
Direct Expenses	<b>6</b> Rent/facility costs				
Ä	7 Food and beverages	3,337			3,337
rect	8 Entertainment				
ā	9 Other direct expenses   10 Direct expense summary. Add lines 4 t	brough Q in column (d)	2,209		2,209
	11 Net income summary. Subtract line 10	. ,			5,546
Par	<b>Gaming.</b> Complete if the orga		es" on Form 990, Part I	V, line 19, or reported	6,255 I more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
nses	2 Cash prizes				
å ä	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
ă	5 Other direct expenses				
	<b>6</b> Volunteer labor	☐ Yes <u>%</u>	☐ Yes%	☐ Yes%	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	: line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct gas If "No," explain:	ming activities in each of	these states?		☐ Yes ☐ No
10a					I
b	If "Yes," explain:				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			ions on on.	OMB No. 1545-0047  2019  Open to Public Inspection		
<mark>Name</mark> l <b>Brthe</b> তিন্তির MARION CHAMBER O					<b>Employer i</b> 57-0369388	dentification number
Return Reference	O, Supple	mental Informatio	n	Explanation		
Other Expenses.1001	Advertising	g and Promotion \$1567				

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Office Expenses \$5876
Expenses.1002

990 Schedule O, Supplemental Information Return Explanation Reference Travel \$3700 Expenses.1005

Other

990 Schedule O, Supplemental Information Return Explanation Reference Other Insurance \$1211 Expenses.1012

990 Schedule O, Supplemental Information Return Explanation Reference

Other TELEPHONE \$1872 Expenses.1

990 Schedule O, Supplemental Information Return Explanation Reference

Other DUES \$1273

Expenses.2

990 Schedule O, Supplemental Information Return Explanation Reference

Other **BOARD MEETINGS \$955** 

Expenses.3

990 Schedule O, Supplemental Information Return Explanation Reference

Other Supplies \$586
Expenses.5

990 Schedule O, Supplemental Information Return Explanation Reference

Other INTERNET \$528 Expenses.6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses.7 WEB SITE \$204

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses.8 CONTRIBUTIONS \$200

990 Schedule O, Supplemental Information Return Explanation Reference

Other Miscellaneous \$56
Expenses.9

Return Explanation

990 Schedule O, Supplemental Information

Reference

Other Furniture and Fixtures - Beginning \$12630 Furniture and Fixtures - Ending \$12630

Assets 1002

990 Schedule O, Supplemental Information Return Explanation

Reference	
Total	Accounts Payable and Accrued Eynenses - Reginning \$17466 Accounts Payable and Accrued Eynenses - Ending \$14355

lulai Liabilities.1001

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explanation
Total	Deferred Revenue - Reginning \$60 Deferred Revenue - Ending \$590

Liabilities.1003