



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C**  
**FLOWOOD BEST**  
**THE FLOWOOD CHAMBER OF COMMERCE**  
**PO BOX 320927**  
**FLOWOOD, MS 39232-0927**

**D** Employer identification number

20-1863857

**E** Telephone number

601-932-8007

**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method. ☒ Cash ☐ Accrual  
 Other (specify) ►

**I** Website: ► WWW.FLOWOODCHAMBER.COM

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

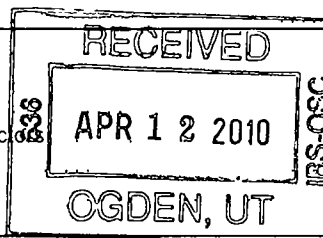
**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 293,403.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	137,500.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	131,602.
	4	Investment income	4	1,737.
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22,564.
6b	Less direct expenses other than fundraising expenses	6b	24,320.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-1,756.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	269,083.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	88,585.
	13	Professional fees and other payments to independent contractors	13	3,140.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,724.
	16	Other expenses (describe ► <u>SEE STATEMENT 1</u> )	16	129,793.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	226,242.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,841.
	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	146,970.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	189,811.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	135,797.	22 154,038.
23 Land and buildings		23
24 Other assets (describe ► <u>SEE STATEMENT 2</u> )	12,843.	24 38,690.
25 <b>Total assets</b>	148,640.	25 192,728.
26 <b>Total liabilities</b> (describe ► <u>SEE STATEMENT 3</u> )	1,670.	26 2,917.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	146,970.	27 189,811.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

SCANNED MAY 03 2010

P  
25



**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> 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 period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38 b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39 a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39 b</b> N/A		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I <b>40 b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40 e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>MS</b>		

**42 a** The organization's books are in care of **TONY HUFFMAN** Telephone no **601-933-1986**  
 Located at **497 KEYWOOD CIRCLE, SUITE A FLOWOOD MS** ZIP + 4 **39232**

	Yes	No
<b>b</b> 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)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country		X

**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 **43** ☐ N/A N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**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.'

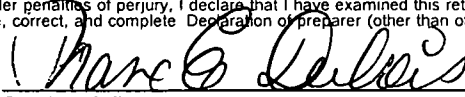

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		

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

<b>Sign Here</b>	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.			
	 Signature of officer		4/5/10 Date	
	SHANE DUBOIS		PRESIDENT	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	 ANTHONY L. HUFFMAN, CPA	Date	3/08/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	HUFFMAN & COMPANY, CPA, P.A. P. O. BOX 321330 FLOWOOD, MS 39232-1330		
	Check if self-employed	<input type="checkbox"/> N/A Preparer's Identifying Number (See instructions)		
	EIN	N/A		
	Phone no	(601) 933-1986		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization FLOWOOD BEST  
THE FLOWOOD CHAMBER OF COMMERCE

Employer identification number  
20-1863857

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have 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

- b** If 'Yes,' list the ten 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 ANNUAL LUNCHEO (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	11,800.	5,585.	5,179.	22,564.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	11,800.	5,585.	5,179.	22,564.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,653.	7,853.	7,814.	24,320.
	10 Direct expense summary Add lines 4- through 9 in column (d)				24,320.
	11 Net income summary Combine lines 3, column (d) and line 10				-1,756.

**Part III Gaming.** Complete if the organization answered 'Yes' to 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))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9 a		
10 a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 40,962.
AUTO EXPENSE	3,144.
BUSINESS DEVELOPMENT	25,349.
CONTRIBUTIONS	2,862.
DEPRECIATION	10,035.
EQUIPMENT RENTAL AND MAINTENAN	2,863.
INSURANCE	6,384.
LICENSE AND PERMITS	94.
MEALS AND ENTERTAINMENT	1,500.
MEMBERSHIP DUES	505.
MERCHANT CHARGES	616.
OFFICE EXPENSES	13,542.
RENT	16,960.
REPAIRS	320.
SUBSCRIPTIONS	134.
TELEPHONE	3,003.
TRAVEL	743.
UTILITIES	777.
<b>TOTAL</b>	<b>\$ 129,793.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 4,774.	\$ 21,110.
MACHINERY AND EQUIPMENT	8,069.	16,616.
MISCELLANEOUS	0.	964.
<b>TOTAL</b>	<b>\$ 12,843.</b>	<b>\$ 38,690.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL LIABILITIES	\$ 1,670.	\$ 2,917.
<b>TOTAL</b>	<b>\$ 1,670.</b>	<b>\$ 2,917.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION PROMOTES ECONOMIC DEVELOPMENT OF ALL COMMERCIAL ENTERPRISES IN THE CITY THROUGH IMPROVEMENT OF BUSINESS CONDITIONS, BUSINESS STANDARDS, AND BETTER BUSINESS METHODS.

**STATEMENT 5**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
TOMMY LANDRY 201 E LAYFAIR DR STE 115 FLOWOOD, MS 39232	VICE PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
TAMRA JONES 193 PROMENADE BLVD FLOWOOD, MS 39232	DIRECTOR 0	0.	0.	0.
RAINEY SCOTT 104 AVALON COURT STE C BRANDON, MS 39047	DIRECTOR 0	0.	0.	0.
MARCUS CASANO 5650 HWY 80 WEST PEARL, MS 39208	DIRECTOR 0	0.	0.	0.
SHANE DUBOIS 1934 SPILLWAY ROAD BRANDON, MS 39047	PRESIDENT 0	0.	0.	0.
THOMAS HARVEY 5650 HWY 80 EAST PEARL, MS 39208	DIRECTOR 0	0.	0.	0.
CARRI GREEN 509 CREEKSTONE DR BRANDON, MS 39047	TREASURER 0	0.	0.	0.
KEITH CLAIR 2829 LAKELAND DR FLOWOOD, MS 39232	DIRECTOR 0	0.	0.	0.
JEFF SMITH 143 PLAZA DRIVE BRANDON, MS 39047	DIRECTOR 0	0.	0.	0.
COREY MILLER 6023 LAKESHORE PARK BRANDON, MS 39047	DIRECTOR 0	0.	0.	0.
NATALIE LATHAM 140 EAST METRO FLOWOOD, MS 39232	SECRETARY 0	0.	0.	0.
CYNTHIA WALL 1191 OLD FANNIN RD BRANDON, MS 39047	DIRECTOR 0	0.	0.	0.

STATEMENT 5 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MALCOLM HOUSTON 132B LAKELAND HEIGHTS BLVD FLOWOOD, MS 39232	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
NATHAN HARVELL 2101 AIRPORT ROAD FLOWOOD, MS 39232	DIRECTOR 0	0.	0.	0.
MICHAEL HEINDL 3805 HWY 80 EAST PEARL, MS 39208	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2009

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

FLOWOOD BEST  
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

QUESTION 35

GROSS INCOME IS EXCLUDED FROM UBIT AS IT IS GENERATED FROM EVENTS CARRIED ON FOR THE BENEFIT AND/OR EDUCATION OF THE ORGANIZATION'S MEMBERS. THE EXPENSES FROM SUCH EVENTS HISTORICALLY EXCEED THE INCOME DERIVED FROM THE EVENTS.