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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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning****, 2010, and ending****B** Check if applicable:

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

C

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

D Employer identification number

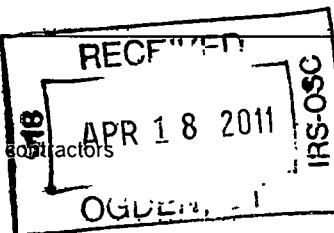
20-1863857

E Telephone number

601-932-8007

F Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) _____**I** Website: **WWW.FLOWOODCHAMBER.COM****J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 166,042.****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	3,640.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	108,404.
	4	Investment income	4	384.
	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	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	53,614.	
6c	Less direct expenses from gaming and fundraising events	6c	50,420.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,194.	
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,622.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	95,947.
	13	Professional fees and other payments to independent contractors	13	3,065.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,943.
	16	Other expenses (describe in Schedule O)	16	166,945.
	17	Total expenses. Add lines 10 through 16	17	271,900.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-156,278.	
ASSETS	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	189,811.
	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	33,533.



SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2010)

12

Part V Other Information (Note the 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
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)		X
35 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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
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?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 39a N/A, section 4912 39b N/A, section 4955 39c N/A		
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 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) 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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
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		X
41 List the states with which a copy of this return is filed MS		

42a 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 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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c 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 42c		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 <input type="checkbox"/> N/A		N/A
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		X
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		X
c 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		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a 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 inst)

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

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 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? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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?

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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	Signature of officer <i>Keith L. Claw</i> Date <i>4-14-11</i>	
	Type or print name and title KEITH CLAIR VICE PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Anthony L. Huffman, CPA</i> Date <i>3/31/11</i>
	Firm's name	Check <input type="checkbox"/> if self-employed PTIN <i>N/A</i>
	Firm's address	Firm's EIN <i>N/A</i>
	Phone no	(601) 933-1986

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

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

2010

**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 990-EZ 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"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2a 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

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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DIRECTORY ADS (event type)	EVENTS < \$5000 (event type)	1 (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	24,950.	15,214.	13,450.	53,614.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	24,950.	15,214.	13,450.	53,614.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,714.	36,015.	12,691.	50,420.
	10 Direct expense summary Add lines 4- through 9 in column (d)				50,420.
	11 Net income summary Combine line 3, column (d), and line 10				3,194.

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 column (a) through column (c))
		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?

☐ 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 _____

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | |
|---|-------|
| 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? ☐ Yes ☐ No

- 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? ☐ Yes ☐ No

- 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 ▶ \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

Employer identification number

20-1863857

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.

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	76,196.
AUTO EXPENSE		3,005.
BUSINESS DEVELOPMENT		9,736.
CONFERENCES, CONVENTIONS, AND MEETINGS		225.
CONTRIBUTIONS		1,255.
DEPRECIATION		17,312.
EQUIPMENT RENTAL AND MAINTENAN		203.
INSURANCE		7,434.
JANITORIAL		3,265.
MAPS		445.
MEALS AND ENTERTAINMENT		507.
MEMBERSHIP DUES		605.
MERCHANT CHARGES		1,488.
OFFICE EXPENSES		17,918.
RENT		17,400.
REPAIRS		572.
SUBSCRIPTIONS		1,066.
TELEPHONE		2,954.
TRAVEL		1,995.
UTILITIES		3,364.
TOTAL	\$	<u>166,945.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 21,110.	\$ 13,089.
MACHINERY AND EQUIPMENT	16,616.	8,088.
MISCELLANEOUS	964.	578.
TOTAL	\$ <u>38,690.</u>	\$ <u>21,755.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL LIABILITIES	\$ 2,917.	\$ 3,070.
TOTAL	\$ <u>2,917.</u>	\$ <u>3,070.</u>

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOMMY LANDRY 201 E LAYFAIR DR STE 115 FLOWOOD, MS 39232	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
KIMBERLY CLELAND 208 PARK COURT RIDGELAND, MS 39157	DIRECTOR 0	0.	0.	0.
RAINEY SCOTT 104 AVALON COURT STE C BRANDON, MS 39047	DIRECTOR 0	0.	0.	0.
SHANE DUBOIS 1934 SPILLWAY ROAD BRANDON, MS 39047	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	VICE PRESIDENT 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.
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.

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

FORM 990-EZ, PART IV (CONTINUED)

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 & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MICHAEL HEINDL 3805 HWY 80 EAST PEARL, MS 39208	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2010

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.

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
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FORM 990/990-PF

FURNITURE AND FIXTURES

1	OFFICE FURNITURE	4/01/05	1,880	1,880	1,461	200DB HY	7	.08920	168
3	OFFICE FURNITURE	12/07/05	255	255	198	200DB HY	7	.08920	23
5	OFFICE FURNITURE	12/01/06	856	856	555	200DB MQ	7	.10040	86
8	CARTS FOR LUNCHEONS	2/01/08	717	717	437	200DB MQ	5	15600	112
9	CHAIR	3/18/08	2,053	2,053	1,253	200DB MQ	5	.15600	320
10	FOLDING TABLES	3/18/08	2,902	2,902	1,771	200DB MQ	5	15600	453
13	OFFICE FURNITURE	7/27/09	929	929	139	200DB MQ	5	34000	316
14	FLOORING	8/25/09	845	845	127	200DB MQ	5	.34000	287
16	FLOORING	9/03/09	844	844	127	200DB MQ	5	34000	287
17	FLOORING	9/03/09	657	657	99	200DB MQ	5	34000	223
19	FIXTURES	9/10/09	1,351	1,351	203	200DB MQ	5	.34000	459
20	FIXTURES	9/18/09	769	769	115	200DB MQ	5	.34000	261
21	EQUIPMENT	9/18/09	6,000	6,000	900	200DB MQ	5	34000	2,040
25	SIGNS	10/07/09	2,500	2,500	125	200DB MQ	5	38000	950
29	OFFICE FURNITURE	10/29/09	5,773	5,773	289	200DB MQ	5	38000	2,194
31	OFFICE FURNITURE	12/16/09	599	599	21	200DB MQ	7	27550	165
32	OFFICE FURNITURE	6/30/10	377	377		200DB HY	7	.14290	54

MACHINERY AND EQUIPMENT

2	COMPUTER	4/27/05		2,695							2,695	2,538	200DB HY	5	.05760	157
4	MEMBERSHIP SYSTEM SOFTWARE	5/01/06		2,000							2,000	2,000	200DB MQ	3		0
6	COMPUTER	12/01/06		1,600							1,600	1,272	200DB MQ	5	.10940	175

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

FLOWOOD BEST
THE FLOWOOD CHAMBER OF COMMERCE

20-1863857

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
7	CAMERA	6/20/08		251							251	138	200DB MQ	5	.18000	45
11	COMPUTER	12/01/08		1,955							1,955	841	200DB MQ	5	.22800	446
12	WEBSITE	10/17/08		5,350							5,350	3,715	200DB MQ	3	.20370	1,090
18	EQUIPMENT	9/10/09		3,079							3,079	462	200DB MQ	5	.34000	1,047
22	SECURITY SYSTEM	9/24/09		271							271	41	200DB MQ	5	.34000	92
23	EQUIPMENT	9/24/09		600							600	90	200DB MQ	5	.34000	204
24	EQUIPMENT	10/05/09		460							460	23	200DB MQ	5	.38000	175
27	TELEPHONE SYSTEMS	10/07/09		1,882							1,882	94	200DB MQ	5	.38000	715
28	SIGNS	10/29/09		2,929							2,929	146	200DB MQ	5	.38000	1,113
30	WEBSITE	11/06/09		5,350							5,350	446	200DB MQ	3	.61110	3,269
TOTAL MACHINERY AND EQUIPME																
	MISCELLANEOUS			28,422		0	0	0	0	0	28,422	11,806				8,528
15	WINDOW TINTING	9/03/09		279							279	42	200DB MQ	5	.34000	95
26	IMPROVEMENTS	10/07/09		765							765	38	200DB MQ	5	.38000	291
TOTAL MISCELLANEOUS																
				1,044		0	0	0	0	0	1,044	80				386
TOTAL DEPRECIATION																
				58,773		0	0	0	0	0	58,773	19,706				17,312
GRAND TOTAL DEPRECIATION																
				58,773		0	0	0	0	0	58,773	19,706				17,312