

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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 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.

A For the 2009 calendar year, or tax year beginning 08-01-2009, and ending 07-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CLAY COUNTY CHAMBER OF COMMERCE INC	D Employer identification number 63-1032575
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 85	E Telephone number
		City or town, state or country, and ZIP + 4 LINEVILLE, AL 362660085	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: WWWCLAYCOCHAMBERCOM
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) — 501(c)(6) (Insert no) 4947(a)(1) or 527

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 **\$** 60,678

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

Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	26,360	10	Grants and similar amounts paid (attach schedule)	10	125
2	Program service revenue including government fees and contracts	2	13,686	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	20,514	12	Salaries, other compensation, and employee benefits	12	23,359
4	Investment income	4	118	13	Professional fees and other payments to independent contractors	13	943
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	1,523
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	992
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe)	16	15,968
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	42,910
a	Gross revenue (not including \$ of contributions reported on line 1)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,768
b	Less direct expenses other than fundraising expenses	6b		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	3,673
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,441
b	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	60,678				

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	2,759	22 20,188
23	Land and buildings	1,340	23 2,179
24	Other assets (describe)	30	24 30
25	Total assets	4,129	25 22,397
26	Total liabilities (describe)	456	26 956
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,673	27 21,441

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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 or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> 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 ▶ _____			
42a The organization's books are in care of ▶ <u>CLAY CO CHAMBER OF COMMERCE</u> Telephone no ▶ <u>(256) 396-2828</u> 88855 HWY 9 Located at ▶ <u>LINEVILLE, AL</u> ZIP + 4 ▶ <u>36266</u>			
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 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.	45		No

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
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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 & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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: ***** Date: 2010-11-09

Type or print name and title: KATHY PINKSTON, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: TIMOTHY R RUDE EA Date: 2010-11-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ASHLAND TAX AND BUSINESS SVCS INC, PO BOX 1040, ASHLAND, AL 362511040

Preparer's identifying number (See instructions): EIN: Phone no: (256) 354-3166

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 63-1032575**Name:** CLAY COUNTY CHAMBER OF COMMERCE INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KATHY PINKSTON PO BOX 85 LINEVILLE, AL 362660085	PRESIDENT 20	0	0	0
BRAD STROTHER PO BOX 85 LINEVILLE, AL 362660085	1ST VICE PRES 10	0	0	0
DEBBIE MCKINNEY PO BOX 85 LINEVILLE, AL 362660085	2ND VICE PRES 10	0	0	0
JEANETTE CARROLL PO BOX 85 LINEVILLE, AL 362660085	SECTREASURER 5	0	0	0
BILLY ROBERTSON PO BOX 85 LINEVILLE, AL 362660085	DIRECTOR 3	0	0	0
BARON SANDLIN PO BOX 85 LINEVILLE, AL 362660085	DIRECTOR 3	0	0	0
MIKE COLEMAN PO BOX 85 LINEVILLE, AL 362660085	DIRECTOR 3	0	0	0
STAN GAITHER PO BOX 85 LINEVILLE, AL 362660085	DIRECTOR 3	0	0	0
LISA RUNYAN PO BOX 85 LINEVILLE, AL 362660085	DIRECTOR 3	0	0	0
MARY PATCHUNKA-SMITH PO BOX 85 LINEVILLE, AL 362660085	EXECUTIVE DIREC 40	21,487	0	0

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including description of property, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2009.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System assets, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for Summary, including listed property amount, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization of costs.

TY 2009 Grants and Similar Amounts Paid Schedule

Name: CLAY COUNTY CHAMBER OF COMMERCE INC

EIN: 63-1032575

Item No.	1
Class of Activity	CHARITABLE DONATION
Donee's Name	RELAY FOR LIFE
Donee's Address	AMERICAN CANCER SOCIETY INC OKLAHOMA CITY, OK 73123
Amount (FMV)	25
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CHARITABLE DONATION
Donee's Name	RANDOLPH COUNTY ANIMAL SHELTER
Donee's Address	104 ANIMAL SHELTER RD WEDOWEE, AL 36278
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CHARITABLE DONATION
Donee's Name	LINEVILLE YOUTH BASEBALL
Donee's Address	CITY PARK LINEVILLE, AL 36266
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: CLAY COUNTY CHAMBER OF COMMERCE INC

EIN: 63-1032575

Description	Beginning of Year Amount	End of Year Amount
BAD CHECKS AWAITING REPAYMENT	30	30

TY 2009 Other Expenses Schedule

Name: CLAY COUNTY CHAMBER OF COMMERCE INC

EIN: 63-1032575

Description	Amount
ADVERTISING	1,880
DEPRECIATION	571
DUES AND SUBSCRIPTIONS	880
EQUIPMENT REPAIR	135
INSURANCE	500
SUPPLIES	2,056
TRAVEL AND TRAINING	4,456
PROGRAM OF WORK EXPENSE	5,490

TY 2009 Other Liabilities Schedule

Name: CLAY COUNTY CHAMBER OF COMMERCE INC

EIN: 63-1032575

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAXES PAYABLE	456	956