

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **04/01/09**, and ending **03/31/10**

- 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 Name of organization
Chamber of Commerce of Indianola

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. Box 151

City or town, state or country, and ZIP + 4
Indianola MS 38751

D Employer identification number
64-0273846

E Telephone number
662-887-4454

G Gross receipts \$ **77,280**

F Name and address of principal officer
Jennifer Carithers
P.O. Box 151
Indianola MS 38751

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (**6**) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ **www.indianolams.org**

H(c) Group exemption number ▶

K Type of organization Corporation Trust Association Other ▶ **L** Year of formation **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The organization promotes business activity in the community through its members.

- 2** Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
- 3** Number of voting members of the governing body (Part VI, line 1a)
- 4** Number of independent voting members of the governing body (Part VI, line 1b)
- 5** Total number of employees (Part V, line 2a)
- 6** Total number of volunteers (estimate if necessary)
- 7a** Total gross unrelated business revenue from Part VIII, column (C), line 12
- 7b** Net unrelated business taxable income from Form 990-T, line 34

3	20
4	20
5	2
6	30
7a	
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)	35,725	32,672
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,766	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,557	44,608
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,048	77,280
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,285	23,273
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	42,866	36,617
18 Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)	67,151	59,890
19 Revenue less expenses—Subtract line 18 from line 12	-1,103	17,390
20 Total assets (Part X, line 16)	107,763	124,925
21 Total liabilities (Part X, line 26)	1,273	1,045
22 Net assets or fund balances—Subtract line 21 from line 20	106,490	123,880

AUG 12 2010
SCANNED
DSC Revenue

Part II Signature Block

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: *Jennifer Carithers*
Date: **7/26/10**
Type or print name and title: **Treasurer**

Paid Preparer's Use Only

Preparer's signature: *Dawnsonaie*
Date: **6/28/10**
Check if self-employed:
Preparer's identifying number (see instructions): **P00068629**
Firm's name (or yours if self-employed), address, and ZIP + 4: **BAIRD & STALLINGS CPAS
111 Martin Luther King Blvd
Indianola, MS 38751**
EIN: **64-0658017**
Phone no: **662-887-4557**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The organization promotes business activity in the community through its members.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization 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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body
- b Enter the number of voting members that are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.
 - a The governing body?
 - b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

		Yes	No
1a	20		
1b	20		
2			X
3			X
4			X
5			X
6			X
7a		X	
7b		X	
8a		X	
8b		X	
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Does the organization have local chapters, branches, or affiliates?
 - b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 - b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 - c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 - b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

		Yes	No
10a			X
10b			
11			X
12a			X
12b			
12c			
13			X
14			X
15a			X
15b			X
16a			X
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **JENNIFER CARITHERS** P.O. BOX 151

INDIANOLA

MS 38751

662-887-4454

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG RUSSELL PRESIDENT	1.00	X		X			0	0	0	
LISA COWART 1ST VICE PRE	0.50	X		X			0	0	0	
JODY MOORE 2ND VICE PRE	0.50	X		X			0	0	0	
SCOTT MITCHELL TREASURER	0.50	X		X			0	0	0	
SUSAN WILSON		X					0	0	0	
HELEN ABRAHAM		X					0	0	0	
DR. ALLISON LORD		X					0	0	0	
TAMMA FERRELL		X					0	0	0	
ALAN SILVERBLATT		X					0	0	0	
KIM MAXEY		X					0	0	0	
DR. BRAD JENKINS		X					0	0	0	
BURKE FISHER		X					0	0	0	
SAMMY HENDERSON		X					0	0	0	
LORA DEAN		X					0	0	0	
CHERYL COMANS		X					0	0	0	
MIKE CARRIER		X					0	0	0	
WALLACE HOPE		X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALE DELOACH		X						0	0	0
JAY GARY		X						0	0	0
ALAN HARGETT		X						0	0	0
1b Total										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2a MEMBERSHIP FEES	Busn. Code	32,672	32,672	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		32,672		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents		(i) Real	4,060		
b Less rental exps		(ii) Personal			
c Rental inc or (loss)			4,060		
d Net rental income or (loss)			4,060	4,060	
7a Gross amount from sales of assets other than inventory		(i) Securities			
b Less cost or other basis & sales exps		(ii) Other			
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a			
b Less direct expenses		b			
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19		a			
b Less direct expenses		b			
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		a			
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code			
11a COMMUNITY FUND		15,807	15,807		
b EXPENSE REIMBURSEMENT		10,200	10,200		
c MISCELLANEOUS -- SPONSORS		9,120	9,120		
d All other revenue		5,421	5,421		
e Total. Add lines 11a-11d		40,548			
12 Total Revenue. See instructions		77,280	77,280	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,642			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,631			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,560			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,289			
14 Information technology				
15 Royalties				
16 Occupancy	8,586			
17 Travel	396			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,919			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES	4,597			
b INSURANCE	2,158			
c MISCELLANEOUS	1,071			
d NEWSLETTER/WEB	330			
e DUES	322			
f All other expenses	389			
25 Total functional expenses. Add lines 1 through 24f	59,890			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	18,995	1	38,673	
	2 Savings and temporary cash investments	83,376	2	80,860	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	5,392			
	b Less accumulated depreciation		5,392	10c	5,392
	11 Investments—publicly traded securities		11		
	12 Investments—other securities See Part IV, line 11		12		
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		107,763	16	124,925	
Liabilities	17 Accounts payable and accrued expenses	1,273	17	1,045	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		1,273	26	1,045
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	103,794	27	123,880	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		103,794	33	123,880	
34 Total liabilities and net assets/fund balances		105,067	34	124,925	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Chamber of Commerce of Indianola

Employer identification number

64-0273846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (Yes/No), 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	_____
1d	_____
1e	_____
1f	_____

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	_____	_____	_____	_____	_____
b Contributions	_____	_____	_____	_____	_____
c Net investment earnings, gains, and losses	_____	_____	_____	_____	_____
d Grants or scholarships	_____	_____	_____	_____	_____
e Other expenditures for facilities and programs	_____	_____	_____	_____	_____
f Administrative expenses	_____	_____	_____	_____	_____
g End of year balance	_____	_____	_____	_____	_____

2 Provide the estimated percentage of the year end balance held as.

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	_____	_____	_____	_____
b Buildings	_____	_____	_____	_____
c Leasehold improvements	_____	_____	_____	_____
d Equipment	2,696	_____	_____	2,696
e Other	_____	_____	_____	_____
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,696

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Employer identification number

64-0273846

Chamber of Commerce of Indianola**Form 990, Part III, Line 4d - All Other Achievements**

The organization promotes business activity in the
community through its members.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Unified Registration Statement (URS) for Charitable Organizations© (v. 3.10)

Initial registration

Renewal/Update

This URS covers the reporting year which ended (day/month/year)

Filer EIN

State

State ID

1. Organization's legal name

If changed since prior filings, previous name used

All other name(s) used

2. (A) Street address

City

County

State

Zip Code

(B) Mailing address (if different)

City

County

State

Zip Code

3. Telephone number(s)

Fax number(s)

E-mail

Web site

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (attach list).

5. Date incorporated

State of incorporation

Fiscal year end: day/month

6. If not incorporated, type of organization, state, and date established

7. Has organization or any of its officers, directors, employees or fund raisers:
- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No
 - B. Had its registration denied or revoked? Yes No
 - C. Been the subject of a proceeding regarding any solicitation or registration? Yes No
 - D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No

E. Applied for registration or exemption from registration (but not yet completed or obtained)?

Yes No

F Registered with or obtained exemption from any state or agency? Yes No

G Solicited funds in any state? Yes No

If "yes" to 7A, B, C, D, E, *attach explanation*

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application 1998 OR date of determination letter

If granted, exempt under 501(c) Are contributions to the organization tax deductible? Yes No

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals

Special Events Newspaper/Magazine Ads Other(s)

(specify)

11. List the NTEE code(s) that best describes your organization. E O P

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*)

FUNDS RAISED GO TO CHARITIES AND ORGANIZATIONS APPROVED BY THE COMMUNITY FUND COMMITTEE

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to.

(i) any other officer, director, trustee or employee OR

(ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR

(iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No

(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony?

(If yes, attach a complete explanation) Yes No

15. Attach separate sheet listing names and addresses (street & P O) for all below

Individual(s) responsible for custody of funds	Individual(s) responsible for distribution of funds.
Individual(s) responsible for fund raising	Individual(s) responsible for custody of financial records.
Individual(s) authorized to sign checks.	Bank(s) in which registrant's funds are deposited (include account number and bank phone number).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name

Address

City State Zip Code Telephone

Method of accounting

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process *This is a state-specific item See instructions*

Name

Address

City State Zip Code Telephone

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No

(B) Does the organization share revenue or governance with any other non-profit organization?
Yes No

(C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If "yes" to A, B or C, attach an explanation including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes No

Does the organization use professionals to solicit directly? Yes No

NAAG/NASCO Standardized Reporting
URS v. 3.10 Pg4

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venture"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$

- 22. (A) Total contributions: \$
- (B) Program service expenses: \$
- (C) Management & general expenses: \$
- (D) Fundraising expenses: \$
- (E) Total expenses: \$
- (F) Fundraising expenses as a percentage of funds raised: %
- (G) Fundraising expenses plus management and general expenses as a percentage of funds raised: %
- (H) Program services as a percentage of total expenses %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Jennifer Plurthen 7/26/10
 SIGNATURE OF PRESIDENT OR DATE
 OTHER AUTHORIZED OFFICER
 Jennifer Carithers Executive Director
 PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the
 26 day of July, 2010
 Barbara Ann Bingham
 NOTARY PUBLIC
 ID No 1565
 Comm Expires
 November 7, 2012
 NOTARY SEAL
 STATE OF MISSISSIPPI
 SUNFLOWER COUNTY

Joel C. Moor 7/26/10
 CHIEF FINANCIAL OFFICER DATE
 JOEL C. Moor
 PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the
 26 day of July, 2010
 Barbara Ann Bingham
 NOTARY PUBLIC
 ID No 22565
 Comm Expires
 November 7, 2012
 NOTARY SEAL
 STATE OF MISSISSIPPI
 SUNFLOWER COUNTY

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

**INDIANOLA CHAMBER OF COMMERCE
2010-2011 Board of Directors**

Immediate Past President Susan Wilson
P.O. Box 690
Indianola, MS 38751
662-887-2160

President Doug Russell
P.O. Box 968
Indianola, MS 38751
662-887-1301

1st Vice President Lisa Cowart
13 Morningside Drive
Indianola, MS 38751
662-822-5461

2nd Vice President Jody Moore
P.O. Box 31
Indianola, MS 38751
662-887-3363

Treasurer Scott Mitchell
1207 Cardinal Circle
Indianola, MS 38751
662-756-4616

Executive Director Jennifer P. Carithers
206 Seymour Drive
Indianola, MS 38751
601-813-3922

**INDIANOLA CHAMBER OF COMMERCE
UNIFIED REGISTRATION STATEMENT**

ITEM #15: JENNIFER CARITHERS
P.O. BOX 151
INDIANOLA, MS 38751

PLANTERS BANK & TRUST CO.
662-887-3363
ACCOUNT # 4800102962

MISSISSIPPI SECRETARY OF STATE
SUPPLEMENT TO UNIFIED REGISTRATION STATEMENT
ANNUAL FINANCIAL STATEMENT REPORT FORM

INSTRUCTIONS

The Supplement to Unified Registration Statement – Annual Financial Statement Report (FORM FS) must be filed with the Unified Registration Statement.

This form must be completed for the most recently completed fiscal year end.

FORM FS should be completed using the financial information on either the IRS Form 990 or the financial statement. (If you have filed an extension or are not required to complete the IRS Form 990, the Form FS should be completed using the organization's financial statements.)

Complete the Name of Organization, Mississippi Registration number, contact person, person completing the forms and the fiscal year the report covers.

1) IF COMPLETING FORM FS USING THE 2008 IRS FORM 990

RECEIPT AND INCOME (REVENUE) - use Part VIII (Page 9) Line 1 thru 11

TOTAL RECEIPTS AND INCOME – use Line 12

EXPENSES: Use Part IX (Page 10)

PROGRAMS SERVICES – use Line 25 Colum (B) - Break out any funds expended for public education

ADMINISTRATION (MANAGEMENT & GENERAL) – use Line 25 Colum (C)

FUNDRAISING – use Line 25 Colum (D)

2) IF COMPLETING FORM FS USING THE FINANCIAL STATEMENT –

RECEIPTS AND INCOME (REVENUE) - use Support and Revenue

TOTAL RECEIPTS AND INCOME - use Total Support and Revenue

EXPENSES - use Statement of Functional Expenses

PROGRAM SERVICES: Program expense on financial statement – break out any funds expended for public education.

ADMINISTRATION (MANAGEMENT & GENERAL) – use Management and general

FUNDRAISING – use Fundraising

NOTE: The Other category should not be used for any expense that would be considered program services, management and general or fund-raising.

THE FOLLOWING INSTRUCTIONS SET OUT THE SUPPORTING DOCUMENTS REQUIRED TO BE FILED WITH THE FORM FS. PLEASE REVIEW AND SUBMIT THE REQUIRED DOCUMENTATION.

1) CONTRIBUTIONS OVER \$500,000

A financial statement **audited** by an independent certified public accountant and IRS Form 990 must be filed along with the Unified Registration Statement and Annual Financial Statement Report if the organization:

- A) Received contributions over **\$500,000**; or
- B) Engaged the services of a professional fund-raiser or fund-raising counsel; or if fundraising was conducted by persons who were paid for performing these services.

The report must be signed by two officers - the president (or other authorized officer) and chief financial officer and the signatures must be notarized

2) CONTRIBUTIONS OF \$250,000 to \$500,000

A financial statement **reviewed** by an independent certified public accountant and the IRS Form 990 must be filed with the Unified Registration Statement and Annual Financial Statement Report if the organization:

- A) Received contributions of **\$250,000 to \$500,000**; and
- B) Did not engage the services of a professional fund-raiser /fund-raising counsel and if fundraising was conducted by persons who were unpaid for performing these services.

The report must be signed by the president or other authorized officer and the signature must be notarized

3) CONTRIBUTIONS LESS THAN \$250,000

A financial statement and the IRS Form 990 or 990EZ must be filed with the Unified Registration Statement and Annual Financial Statement Report Form if the organization:

- A) Received contributions **less than \$250,000**; and
- B) Did not engage the services of a professional fund-raiser /fund-raising counsel and if fundraising was conducted by persons who were unpaid for performing these services.

The report must be signed by the president or other authorized officer and the signature must be notarized

4) NEW ORGANIZATIONS

The Annual Financial Statement Report must be completed using zeros.

The report must be signed by the president or other authorized officer and the signature must be notarized

A separate Annual Financial Statement Report must be filed for each local division, chapter or affiliate the Organization has included under its registration (See Miss. Code Ann. Section 79-11-503(7)).

MISSISSIPPI LAW DOES NOT ALLOW FOR AN EXTENSION TO FILE.

Mississippi Secretary of State's Office

**Charities Registration
Post Office Box 136
Jackson, Mississippi 39205-0136
(601) 359-1371 or 888-236-6167**



DELBERT HOSEMANN
Secretary of State

FORM FS

ANNUAL FINANCIAL REPORT FORM

NAME OF ORGANIZATION INDIANOLA CHAMBER OF COMMERCE	MISSISSIPPI REGISTRATION # C-0011
--	---

CHARITY CONTACT PERSON: JENNIFER CARITHERS	E-mail address: icoc@tecinfo.com
--	--

PERSON COMPLETING FORM:	E-mail address:
--------------------------------	------------------------

FORM FS must be completed and be in agreement with financial information reported on IRS Form 990 or the filed financial statement

FORM COMPLETED USING IRS 990 FINANCIAL STATEMENT

FISCAL YEAR END 3/31/10

1. RECEIPTS AND INCOME

CONTRIBUTIONS (LIST SEPARATELY FOR EACH PROJECT OR SOURCE)

1.		\$	
2.			
3.			
4.			

SUBTOTAL CONTRIBUTIONS \$

OTHER INCOME (MEMBERSHIP DUES, ENDOWMENTS, ETC.)

1.	MEMBERSHIP DUES	\$	32,672.00
2.	OTHER REVENUE		44,608.00
3.			

SUBTOTAL OTHER INCOME \$ 77,280.00

TOTAL RECEIPTS AND INCOME: \$ 77,280.00

2.. EXPENSES -

1. PROGRAM SERVICES \$
 ITEMIZE BY CATEGORY THE AMOUNT DISBURSED
 FOR EACH MAJOR PURPOSE

PUBLIC EDUCATION \$
 \$
 \$

2. ADMINISTRATION (MANAGEMENT & GENERAL) \$

3. FUNDRAISING \$

4. OTHER \$

TOTAL EXPENSES \$

List joint costs reported in Program Services from a combined educational campaign and fundraising solicitation:

Total Amount before allocation : Amount allocated to Program Services:
 Amount allocated to Fundraising:
 Amount allocated to Management & General:

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Jennifer Carithe 1/26/10
 SIGNATURE OF PRESIDENT OR
 OTHER AUTHORIZED OFFICER DATE

Jennifer Carithe - Executive Director
 PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the
 26 day of July, 2010
Barbara Ann Bingham
 NOTARY PUBLIC
 ID No 22565
 Comm Expires
 November 7, 2012
 SUNFLOWER COUNTY

Joel C. Moon 1/26/10
 CHIEF FINANCIAL OFFICER DATE

Joel C. Moon
 PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the
 26 day of July, 2010
Barbara Ann Bingham
 NOTARY PUBLIC
 ID No 22565
 Comm Expires
 November 7, 2012
 SUNFLOWER COUNTY