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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Open to Public
Inspection

► 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 and ending

B Check if applicable

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

C Name of organization

D'IBERVILLE ST MARTIN AREA
CHAMBER OF COMMERCE

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 6054

D Employer identification number

64-0576428

City or town, state or country, and ZIP + 4

D'IBERVILLE, MS 39540

E Telephone number

(228) 392-2293

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: ► N/A

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 ► \$ 61,570.

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

1	Contributions, gifts, grants, and similar amounts received	1	40,000.
2	Program service revenue including government fees and contracts	2	5,365.
3	Membership dues and assessments	3	16,205.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less: direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	61,570.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	1,000.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	35,810.
12	Salaries, other compensation, and employee benefits	13	1,870.
13	Professional fees and other payments to independent contractors	14	1,200.
14	Occupancy, rent, utilities, and maintenance	15	1,773.
15	Printing, publications, postage, and shipping	16	19,160.
16	Other expenses (describe ►)	17	60,813.
17	Total expenses Add lines 10 through 16	18	757.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	<8,803.>
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	<8,046.>
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

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	1,510.	3,606.
23		23
24	2,019.	1,706.
25	3,529.	5,312.
26	12,332.	13,358.
27	<8,803.	<8,046.>

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 AREA IS BENEFITED BY BRINGING IN NEW INDUSTRIES AND CREATING JOBS. SERVICES ARE PERFORMED THAT ARE IN ANY CHAMBER'S SCOPE OF ACTIVITY(Grants \$ If this amount includes foreign grants, check here ► 28a

29

(Grants \$ If this amount includes foreign grants, check here ► 29a

30

(Grants \$ If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

(Grants \$ If this amount includes foreign grants, check here ► 31a32 Total program service expenses (add lines 28a through 31a) ► 32**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(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
CAROL HEYLIGER 652 DINA DRIVE, BILOXI, MS 39532	PRESIDENT 4.00	0.	0.	0.
SISSY ANDREWS 15420 VILLAGE DR, BILOXI, MS 39532	VICE-PRESIDENT 2.90	0.	0.	0.
KATHY LETORT, 15332 LIVERMORE DR, OCEAN SPRINGS, MS 39565	SEC-TREAS 1.90	0.	0.	0.
LARRY TABOR 9601 BLOSSMAN, BILOXI, MS 39532	PAST PRESIDENT 1.50	0.	0.	0.
TOM CREEL P O BOX 6054, DIBERVILLE, MS 39540	BOARD MEMBER 0.40	0.	0.	0.
ERIC SIEVERS, 15022 CEDAR SPRINGS DR, BILOXI, MS 39532	BOARD MEMBER 1.00	0.	0.	0.
PAULETTE STRAYHAM, 3586 SANGANI BLVD, DIBERVILLE, MS 39540	BOARD MEMBER 1.00	0.	0.	0.
JOHN WELTER 135 SEAL AVE, BILOXI, MS 39530	BOARD MEMBER 1.00	0.	0.	0.
BILL WARREN, 3615 SANGANI BLVD, DIBERVILLE, MS 39540	BOARD MEMBER 2.00	0.	0.	0.
STACY THUNELIUS, 3680-I SANGANI BLVD, DIBERVILLE, MS 39540	BOARD MEMBER 0.50	0.	0.	0.
ANDREA PIPPIN, 10480 AUTO MALL PARKWAY, DIBERVILLE, MS 39540	BOARD MEMBER 1.50	0.	0.	0.
KATHLEEN SHAUGHNESSY 1723 2ND AVENUE, GULFPORT, MS 39501	BOARD MEMBER 1.00	0.	0.	0.
GREG PAYNE 782 HIGHLAND DR, BILOXI, MS 39532	BOARD MEMBER 0.50	0.	0.	0.

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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. 35a

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? 35b N/A

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b N/A

b Did the organization file Form 1120-POL for this year? 38a

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? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b 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 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 40c N/A

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 40d N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e N/A

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 40f N/A

41 List the states with which a copy of this return is filed. ► MS

42a The organization's books are in care of ► SHARON K. SEYMORE Telephone no. ► (228) 392-2293
Located at ► 10491 LEMOYNE BLVD., D'IBERVILLE, MS ZIP + 4 ► 39540

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.

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: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

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

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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

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 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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

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."

N/A

(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 ► _____

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	
	► <i>Sharon Seymour</i>	► <i>5-11-10</i> Date

Signature of officer

► *Sharon Seymour, Executive Director*
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ►	Preparer's identifying number (See instr.)
	► RAMONA P. HAVARD	05/06/10		

Firm's name (or yours if self-employed), address, and ZIP + 4	► RODNEY M. FOUNTAIN, CPA	EIN ►
	► P.O. BOX 7431 D'IBERVILLE, MS 39540	Phone ► no. (228) 875-7377

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

► Yes No

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Other Expenses

Statement 1

Description	Amount
PAYROLL TAXES	2,845.
OTHER TAXES	92.
ADVERTISING	420.
OFFICE SUPPLIES	822.
INSURANCE	950.
SPECIAL EVENT EXPENSES	5,094.
BANQUET/CATERING/PROMO SUPPLY	4,232.
AUTO EXPENSE	724.
DUES/SUBSCRIPTIONS	35.
DEPRECIATION	313.
TELEPHONE	3,489.
SEMINARS & CONFERENCES	144.
Total to Form 990-EZ, line 16	19,160.

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Other Assets

Statement 2

Description	Beg. of Year	End of Year
RETURNED CHECK	75.	75.
Other Depreciable Assets	1,944.	1,631.
Total to Form 990-EZ, line 24	2,019.	1,706.

Form 990-EZ

Other Liabilities

Statement 3

Description	Beg. of Year	End of Year
ACCRUED PAYROLL TAXES	1,867.	2,328.
PREPAID MEMBERSHIPS FEES	10,465.	11,030.
Total to Form 990-EZ, line 26	12,332.	13,358.

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Cash Grants and Allocations

Statement 4

Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
SCHOLARSHIP	None	1,000.
Total Included on Form 990-EZ, Line 10		1,000.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 5

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

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Statement 6

TO BRING IN NEW INDUSTRIES, THUS CREATING NEW JOBS. SERVICES ARE PERFORMED THAT ARE IN THIS CHAMBER'S, AND ALL CHAMBERS', SCOPE OF ACTIVITY.