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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its Instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning

, and ending

B Check if applicable

 Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization

D'IBERVILLE ST MARTIN AREA CHAMBER
OF COMMERCE

D Employer Identification number

64-0576428

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

PO BOX 6054

Room/suite

E Telephone number

228-392-2293

City or town, state or province, country, and ZIP or foreign postal code

DIBERVILLE

MS 39540

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website: ► dsmchamber@att.netJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 64,274

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	40,000
2	Program service revenue including government fees and contracts	2	7,869
3	Membership dues and assessments	3	16,405
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	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,274
10	Grants and similar amounts paid (list in Schedule O)	10	2,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	46,481
13	Professional fees and other payments to independent contractors	13	1,940
14	Occupancy, rent, utilities, and maintenance	14	4,672
15	Printing, publications, postage, and shipping	15	66
16	Other expenses (describe in Schedule O)	16	11,040
17	Total expenses. Add lines 10 through 16	17	66,199
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,925
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	3,330
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,405

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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7

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	18,538	22	14,702
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,616	24	2,178
25 Total assets	20,154	25	16,880
26 Total liabilities (describe in Schedule O)	16,824	26	15,475
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,330	27	1,405

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

see Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28

(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 (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 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)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SISSY ANDREWS PRESIDENT	2.00	0	0	0
KEVIN COGGIN PAST PRESIDENT	0.00	0	0	0
CHAD ROMERO SECRETARY/TREASURER	2.00	0	0	0
JOHN WELTER VICE PRESIDENT	2.00	0	0	0
STEFANIE BEAUGEZ BOARD MEMBER	1.00	0	0	0
ERIC CHAMBLESS BOARD MEMBER	1.00	0	0	0
RONALD BALDWIN BOARD MEMBER	1.00	0	0	0
EVA BLACK BOARD MEMBER	1.00	0	0	0
REGINA HICKMAN BOARD MEMBER	1.00	0	0	0
LORI BICKEL BOARD MEMBER	0.00	0	0	0
RICHARD LUCAS BOARD MEMBER	1.00	0	0	0
MIKE THOMAS BOARD MEMBER	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

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

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

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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

41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **SHARON SEYMOUR**
10491 LEMOYNE BLVD

Telephone no ► **228-392-2293**

Located at ► **DIBERVILLE**

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____ 42c

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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

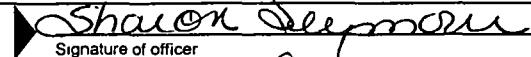
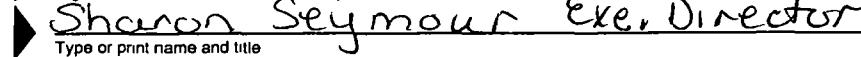
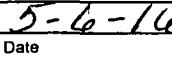
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here   Date 

Signature of officer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Ramona Havard	Ramona Havard	05/05/16		P01206813
	Firm's name ► Rodney M Fountain CPA		Firm's EIN ►	26-2139534	
	Firm's address ► 6417 Washington Ave Ocean Springs, MS 39564		Phone no	228-875-7377	

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

SCHEDULE O
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

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Inspection► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**D'IBERVILLE ST MARTIN AREA CHAMBER
OF COMMERCE**

Employer identification number

64-0576428**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Advertising and Promotion	\$ 50
Office	\$ 1,531
Insurance	\$ 1,019
SPECIAL EVENT EXPENSES	\$ 2,645
MILEAGE REIMBURSEMENT	\$ 804
DUES/SUBSCRIPTIONS	\$ 107
PENALTIES	\$ 17
BANQUET, CATERING, PROMO	\$ 3,517
DEPRECIATION	\$ 318
MISCELLANEOUS	\$ 1,032
Total	\$ 11,040

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
FURN, FIX & EQUIPMENT	\$ 11,703	\$ 12,582
Less Accumulated Depreciation	\$ 10,087	\$ 10,404
Total	\$ 1,616	\$ 2,178

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,609	\$ 2,805
Deferred Revenue	\$ 14,215	\$ 12,670

Name of the organization

D'IBERVILLE ST MARTIN AREA CHAMBER

Employer identification number

64-0576428**Form 990-EZ, Part III - Primary Exempt Purpose**

OUR PURPOSE IS TO BENEFIT OUR AREA BY BRINGING IN NEW INDUSTRIES AND
CREATING JOBS. SERVICES ARE PERFORMED THAT ARE IN THIS CHAMBER'S AND ALL
CHAMBERS' SCOPE OF ACTIVITY.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment**SCHOLARSHIP AWARDS.**