

990-EZ

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

▶ 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/form990ez.

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

City or town, state or province, country, and ZIP or foreign postal code
DIBERVILLE, MS 39540

F Group Exemption Number	▶
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H__Check ► ☒ if the organization is not

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	10,374	22	5,649
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,847	24	1,670
25 Total assets	12,221	25	7,319
26 Total liabilities (describe in Schedule O).	14,297	26	13,250
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-2,076	27	-5,931

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Expenses

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
JOHN WELTER	1 83	0		
PRESIDENT				
CHAD ROMERO	1 54	0		
SECRETARY/TR				
ERIC CHAMBLESS	0 67	0		
VICE PRESIDE				
STEFANIE BEAUGEZ	1 15	0		
BOARD MEMBER				
RICHARD LUCAS	1 15	0		
BOARD MEMBER				
STEPHANIE DAMBRINO	1 44	0		
BOARD MEMBER				
RONALD BALDWIN	1 15	0		
BOARD MEMBER				
EVA BLACK	0 77	0		
BOARD MEMBER				
KELSEY FOSTER	0 29	0		
BOARD MEMBER				
HOPE GILSON	0 58	0		
BOARD MEMBER				
MIKE THOMAS	0 67	0		
BOARD MEMBER				

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 ☐

	Yes	No
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		No
34 Were there significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy		

		Yes	No
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		No

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 ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?		

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. A vertical margin line is present on the left side, creating a narrow left margin. The paper appears to be part of a binder, as metal rings are visible along the left edge. There is no handwriting or printed text on the page.

Additional Data

Software ID:
Software Version:
EIN: 64-0576428
Name: D'IBERVILLE ST MARTIN AREA CHAMBER
OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 SCHOLARSHIP AWARDS (Grants \$)		28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
D'IBERVILLE ST MARTIN AREA CHAMBER
OF COMMERCE

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

64-0576428

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 759 INSURANCE 1,019 SPECIAL EVENT EXPENSES 3,722 MILEAGE REIMBURSEMENT 668 DUES/SUBSCRIPTIONS 107 PENALTIES 61 BANQUET, CATERING, PROMO 3,984 DEPRECIATION 177 MISCELLANEOUS 520 TOTAL 11,017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	FURN, FIX & EQUIPMENT 12,582 12,582 LESS ACCUMULATED DEPRECIATION 10,735 10,912 TOTAL 1,847 1,670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,077 2,200 DEFERRED REVENUE 12,220 11,050

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	OUR PURPOSE IS TO BENEFIT OUR AREA BY BRINGING IN NEW INDUSTRIES AND CREATING JOBS SERVIC ES ARE PERFORMED THAT ARE IN THIS CHAMBER'S AND ALL CHAMBERS' SCOPE OF ACTIVITY