

Form **990EZ**  
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 private foundations)

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C Name of organization**  
YOUNGSVILLE CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
P O BOX 219

City or town, state or province, country, and ZIP or foreign postal code  
YOUNGSVILLE, LA 70592

**D Employer identification number**  
20-2636551

**E Telephone number**  
(337) 451-5862

**F Group Exemption Number** ▶

**G Accounting Method**  Cash  Accrual Other (specify) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ N/A

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)(6) ◀ (insert no )  4947(a)(1) or  527

**K 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 . . . . . ▶ \$ 83,286

### 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 . . . . .

| Revenue   |   | Expenses  |   | Net Assets |  |
|-----------|---|-----------|---|------------|--|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received . . . . .  | <b>10</b> | Grants and similar amounts paid (list in Schedule O) . . . . .            | <b>18</b>  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  |
| <b>2</b>  | Program service revenue including government fees and contracts . . . . .   | <b>11</b> | Benefits paid to or for members . . . . .                                 | <b>19</b>  | 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) . . . . . |
| <b>3</b>  | Membership dues and assessments . . . . .   | <b>12</b> | Salaries, other compensation, and employee benefits . . . . .             | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   |
| <b>4</b>  | Investment income . . . . .   | <b>13</b> | Professional fees and other payments to independent contractors . . . . . | <b>21</b>  | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .   |
| <b>5a</b> | Gross amount from sale of assets other than inventory . . . . .   | <b>14</b> | Occupancy, rent, utilities, and maintenance . . . . .                     |            |  |
| <b>5b</b> | Less cost or other basis and sales expenses . . . . .   | <b>15</b> | Printing, publications, postage, and shipping . . . . .                   |            |  |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | <b>16</b> | Other expenses (describe in Schedule O) . . . . .                         |            |  |
| <b>6</b>  | Gaming and fundraising events   | <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                  |            |  |
| <b>6a</b> | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   |           |   |            |  |
| <b>6b</b> | Gross income from fundraising events (not including \$ 31,000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |           |   |            |  |
| <b>6c</b> | Less direct expenses from gaming and fundraising events . . . . .   |           |   |            |  |
| <b>6d</b> | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  |           |   |            |  |
| <b>7a</b> | Gross sales of inventory, less returns and allowances . . . . .   |           |   |            |  |
| <b>7b</b> | Less cost of goods sold . . . . .   |           |   |            |  |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  |           |   |            |  |
| <b>8</b>  | Other revenue (describe in Schedule O) . . . . .  |           |   |            |  |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .   |           |   |            |  |



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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ANNA SMITH Telephone no (337) 451-5862 Located at 307 YOUNG STREET YOUNGSSVILLE , LA ZIP + 4 70592

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> 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 . . . . . | <b>46</b>  |           |

**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 . . . . .

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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 . . . . . | <b>47</b>  |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |           |

**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.

|   |                    |
|---|--------------------|
| <b>Sign Here</b><br>Signature of officer                | 2019-05-30<br>Date |
| MORIAL VALLOT TREASURER<br>Type or print name and title |                    |

|                               |   |                      |                    |  |                   |
|-------------------------------|---|----------------------|--------------------|--|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Sandra Q Cambre CPA   | Preparer's signature | Date<br>2019-06-14 | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P00344920 |
|                               | Firm's name ▶ SANDRA Q CAMBRE CPA                   |                      |                    | Firm's EIN ▶   |                   |
|                               | Firm's address ▶ PO BOX 369<br>YOUNGVILLE, LA 70592 |                      |                    | Phone no (337) 856-0025                                    |                   |

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-2636551

**Name:** YOUNGSVILLE CHAMBER OF COMMERCE INC

### 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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|---|--|--|
| <p><b>28</b><br/>ANNUAL BANQUET PROMOTES COMMUNITY INVOLVEMENT WITH GUEST SPEAKERS PROVIDING INFO ON ECONOMIC DEVELOPMENT</p> <p>(Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>                     | <b>28a</b>   |  |

**Form 990EZ, 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. . . . . 

| <b>(a) Name and title</b>                    | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|--|---|---|--|---|
| LACEY VIATOR EXECUTIVE DIRECTOR              | 20 00   | 23,200  | 0  | 0   |
| ANGIE ECKMAN PAST PRESIDENT                  | 5 00  | 0   | 0  | 0   |
| MANDI POOLER PRESIDENT                       | 5 00  | 0   | 0  | 0   |
| REID SELLERS SECRETARY                       | 1 00  | 0   | 0  | 0   |
| MORIAL VALLOT TREASURER                      | 1 00  | 0   | 0  | 0   |
| TAMMIE ROMERO DIPLOMAT CHAIR                 | 1 00  | 0   | 0  | 0   |
| MICHELLE TRAHAN MARKETING CHAIR              | 1 00  | 0   | 0  | 0   |
| POLLY KOURY GOV'T CO-CHAIR                   | 1 00  | 0   | 0  | 0   |
| JONATHAN PEARCE GOV'T CO-CHAIR               | 1 00  | 0   | 0  | 0   |
| ROBERT UNTERBURGER II<br>MEMBERSHIP CO-CHAIR | 1 00  | 0   | 0  | 0   |
| MICHAEL WILLIAMS MEMBERSHIP CO-CHAIR         | 1 00  | 0   | 0  | 0   |
| PAM BURLEY VICE PRESIDENT                    | 1 00  | 0   | 0  | 0   |
| JOHNNIE BABINEAUX<br>BOARD MEMBER AT LARGE   | 1 00  | 0   | 0  | 0   |



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |   | (a) Event #1                          | (b) Event #2 | (c) Other events | (d)   |
|-----------------|---|---------------------------------------|--------------|------------------|---|
|                 |   | <b>ANNUAL BANQUET</b><br>(event type) | (event type) | (total number)   | Total events<br>(add col (a) through col (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   |                                       |              |                  |   |
|                 | <b>2</b> Less Contributions . . . . .   |                                       |              |                  |   |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |                                       |              |                  |   |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |                                       |              |                  |   |
|                 | <b>5</b> Noncash prizes . . . . .   |                                       |              |                  |   |
|                 | <b>6</b> Rent/facility costs . . . . .  |                                       |              |                  |   |
|                 | <b>7</b> Food and beverages . . . . .   |                                       |              |                  |   |
|                 | <b>8</b> Entertainment . . . . .  |                                       |              |                  |   |
|                 | <b>9</b> Other direct expenses . . . . .  |                                       |              |                  |   |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                       |              |                  |   |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                       |              |                  |   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|---|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses  | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|  | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   |   |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....  
 Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....  
 Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

YOUNGSHVILLE CHAMBER OF COMMERCE INC

Employer identification number

20-2636551

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation                                    |
|-----------------------------|--|
| Form 990EZ, Part I, Line 10 | COLLEGE SCHOLARSHIP, SCHOLARSHIP, , , , , 1000 |

## 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation      |
|-----------------------------------|------------------|
| Form 990EZ,<br>Part I, Line<br>16 | Depreciation 935 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>  |
|-----------------------------------|---------------------|
| Form 990EZ,<br>Part I, Line<br>16 | OFFICE EXPENSE 3424 |

## 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation    |
|-----------------------------------|----------------|
| Form 990EZ,<br>Part I, Line<br>16 | INSURANCE 2249 |

## 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation              |
|-----------------------------------|--------------------------|
| Form 990EZ,<br>Part I, Line<br>16 | COMPUTER & INTERNET 1696 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>        |
|-----------------------------------|---------------------------|
| Form 990EZ,<br>Part I, Line<br>16 | DUES & SUBSCRIPTIONS 1101 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b> |
|-----------------------------------|--------------------|
| Form 990EZ,<br>Part I, Line<br>16 | MISCELLANEOUS 1747 |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>            | <b>Explanation</b>                                 |
|------------------------------------|--|
| Form 990EZ,<br>Part II, Line<br>24 | FURNITURE AND L/H IMPROVEMENTS, LESS A/D 5460 4525 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>            | <b>Explanation</b> |
|------------------------------------|--------------------|
| Form 990EZ,<br>Part II, Line<br>24 | UNDEPOSITED FUNDS  |