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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)

0903

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 04-01 , 2008, and ending 03-31 , 20 09

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: Houma Womens Carnival Club Inc

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): P.O. Box 3173

Room/suite:

City or town, state or country, and ZIP + 4: Houma, LA 70361

D Employer identification no.: 72-0964607

E Telephone number: (985)851-3048

G Gross receipts $: 1,186,357

F Name and address of principal officer: Janet Durocher
616 Vice Rd, Houma, LA 70363

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation:

M State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To put on an annual Mardi Gras parade along with other related social activies that are involved with Mardi Gras. The Mardi Gras parade remains free to the viewing public.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	455
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,727	180,608
9	Program service revenue (Part VIII, line 2g)	150,871	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	878	1,098
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,803	206,511
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	260,279	388,217
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,567
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	288,933	282,549
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	288,933	291,116
19	Revenue less expenses Subtract line 18 from line 12	(28,654)	97,101

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	484,930	570,524
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances Subtract line 21 from line 20	484,930	570,524

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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 — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Douglas Boudreaux EA — Date: 1-8-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00060373

Firm's name (or yours if self-employed), address, and ZIP + 4:
Douglas P Boudreaux EA Inc
8557 Main St
Houma, LA 70363

EIN ▶ 72-1147521

Phone no ▶ 985-868-5924

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

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Mar. 22, 2010 LTR 2694C 0 R
72-0964607 200903 67
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HOUMAN WOMENS CARNIVAL CLUB INC
PO BOX 3173
HOUMA LA 70361

706

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Lisa Martin — 3-30-10

Signature of officer or trustee — Date

Treasurer

Title