



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

04-01, 2009, and ending

03-31, 2010

B Check if applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

TRI REGION WOMENS CARNIVAL CLUB INC

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

Room/suite

PO BOX 4182

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

HOUMA, LA 70361

D Employer identification number

72-1265182

E Telephone number

(985) 537-3965

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: ►

J Tax-exempt status (check only one) - ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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. ► \$ 142,288

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

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	105,449
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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	Gross revenue (not including \$ of contributions reported on line 1)	6a	17,164
	6b	Less direct expenses other than fundraising expenses	6b	5,428
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,736	
7a	Gross sales of inventory, less returns and allowances	7a	17,772	
7b	Less cost of goods sold	7b	8,500	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9,272	
8	Other revenue (describe ► STM141)	8	1,903	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	128,360	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule)	10	114,496
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	876
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	434
	16	Other expenses (describe ► STM130)	16	1,138
	17	Total expenses. Add lines 10 through 16	17	116,944
A s s e t s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,416
	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	81,980
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,396

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 Cash, savings, and investments	80,447	92,817
23 Land and buildings		
24 Other assets (describe ► STM131)	1,533	579
25 Total assets	81,980	93,396
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,980	93,396

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

SCANNED SEP 09 2010

P 15

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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		
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a - 0 -		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
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 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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		
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ EVELYN CRESSONIE Telephone no ▶ 985-537-3965		
Located at ▶ 117 MAPLE CT RACELAND, LA ZIP + 4 ▶ 70394		
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)?		X
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 ?		X
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 ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year 43 - 0 -		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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

	Yes	No
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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 address of each employee paid more than \$100,000	(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"

(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.			
	Signature of officer <i>Cheryl Rogers LeBlanc</i>		Date 8-11-10	
Paid Preparer's Use Only	Type or print name and title <i>Cheryl Rogers LeBlanc - Vice President</i>		Date 8-11-10	
	Preparer's signature <i>Douglas P Boudreaux EA</i>	Date 08-09-2010	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See inst.) 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 . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2009

Name(s) as shown on return

FEIN	
------	--

Name(s) as shown on return Tri Region Womens Carnival Club Inc.

72-1265182

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY		114,496	
GRANTEE	SCHEDULE A		
ADDRESS			
TOTAL		<u>114,496</u>	

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

Statement 130

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK CHARGES	97
GENERAL MEMBERSHIP MEETINGS	89
NSF	817
SUPPLIES	135
	<hr/>
TOTAL	1,138

FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3

Statement 131

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
INVENTORY	<u>1,533</u>	<u>579</u>
TOTAL	<u>1,533</u>	<u>579</u>

Federal Supporting Statements

2009

Name(s) as shown on return

In Region Womens Carnival Club Inc.

FEIN

72-1265182

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

Statement 141

DESCRIPTIONAMOUNT

LWCC REIMB

153

DANCE ADMISSIONS

1,750

TOTAL

1,903

Tri Region Womens Carnival Club, Inc

72-1265182

For Year Ended March 31, 2010

SCHEDULE A

Form 990-EZ Part I Line 10

Other Expenses (Itemize):

Description	Total	Program Services	Mgt & General	Fundraising
Donation-Timmy Bergeron		1,000		
Parade Expenses:				
Tractors & Generators	1,963			
Bands & Transportation	9,300			
Costumes	18,634			
Insurance	12,507			
HTV	2,200			
LWCC	1,293			
City Hall	2,177			
Misc Parade Exp	49,445			
<i>Total Parade Expenses</i>		97,519		
Other Functions Expenses				
Queen's Selection		1,390		
Historian & Photos		100		
Presentation		10,101		
Twelveth Night Dance		973		
Storage		1,787		
Fall Dance		1,626		
Total Expenses		114,496	0	0