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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2009 calendar year, or tax year beginning 04-01, 2009, and ending 03-31, 2010                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending                                                                                                                                                                     | <b>C</b> Name of organization <b>EAST HOUMA CARNIVAL CLUB INC</b><br>Doing Business As<br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br><b>PO BOX 423</b><br>City or town, state or country, and ZIP + 4<br><b>HOUMA, LA 70361</b><br><b>D</b> Employer identification no.<br><b>72-1426481</b><br><b>E</b> Telephone number<br><b>(985) 876-4355</b><br><b>G</b> Gross receipts<br>\$ <b>658,286</b> |
| <b>F</b> Name and address of principal officer                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? If "No," attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>H(c)</b> Group exemption number                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: <b>N/A</b><br><b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation <b>1994</b> <b>M</b> State of legal domicile <b>LA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## Part I Summary

|                                                                                                                                                 |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SPONSOR MARDI GRAS PARADE</b>                           |                |
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                |
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                      | <b>35</b>      |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                          | <b>0</b>       |
| <b>5</b> Total number of employees (Part V, line 2a)                                                                                            | <b>0</b>       |
| <b>6</b> Total number of volunteers (estimate if necessary)                                                                                     | <b>40</b>      |
| <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12                                                            | <b>0</b>       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                         | <b>0</b>       |
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                          | <b>143,192</b> |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                           | <b>0</b>       |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                         | <b>6</b>       |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                              | <b>53,646</b>  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                    | <b>191,895</b> |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                      | <b>400</b>     |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                         | <b>0</b>       |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                     | <b>0</b>       |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                        | <b>690</b>     |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                                                                              | <b>0</b>       |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)                                                                          | <b>168,700</b> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                             | <b>169,100</b> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                  | <b>22,795</b>  |
| <b>20</b> Total assets (Part X, line 16)                                                                                                        | <b>80,625</b>  |
| <b>21</b> Total liabilities (Part X, line 26)                                                                                                   | <b>0</b>       |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                            | <b>103,420</b> |

## 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. |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer: <i>Marlene Jewell</i><br>Date: <i>1/24/11</i><br>Type or print name and title: <i>Marlene Jewell President</i>                                                                                                                                                                                                                                                                                    |  |  |
| <b>Paid Preparer's Use Only</b>                                                                                                                                                                                                                                                                                       | Preparer's signature: <i>Douglas P Boudreaux EA</i><br>Date: <i>01-21-2011</i><br>Check if self-employed <input type="checkbox"/><br>Preparer's identifying number (see instructions): <i>P00060373</i><br>Firm's name (or yours if self-employed), address, and ZIP + 4: <b>DOUGLAS P BOUDREAUX EA INC</b><br><b>8557 MAIN ST</b><br><b>HOUMA, LA 70363</b><br>EIN: <b>72-1147521</b><br>Phone no: <b>985-868-5924</b> |  |  |

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

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

EEA

Form 990 (2009)

P 14

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:**SPONSOR MARDI GRAS PARADE****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 166,308 including grants of \$ ) (Revenue \$ )  
**COST INCURRED TO CONDUCT A MARDI GRAS PARADE AND OTHER CLUB FUNCTIONS ASSOCIATED WITH MARDI GRAS (SEE ATTACHED SCHEDULE A).****4b** (Code: ) (Expenses \$ 56 including grants of \$ ) (Revenue \$ )  
**DONATION FOR SICK & SYMPATHY.****4c** (Code: ) (Expenses \$ 400 including grants of \$ ) (Revenue \$ )  
**DONATION TO ONE INDIVIDUAL FOR FUNERAL EXPENSES AND DONATION TO ORGANIZATION****4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 166,764

**Part IV Checklist of Required Schedules**

|     |                                                                                                                                                                                                                                                               | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                   |     | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .                                                                                                                                                                      |     | X  |
| 3   | 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 . . . . .                                                                |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                  |     |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .                                        |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . . |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                        |     | X  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .                                                                                                       |     | X  |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                        |     |    |
|     | • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                     |     |    |
|     | • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                    |     |    |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                       |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                      |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                       |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .                                                                                             |     | X  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .                                                                      | Yes | No |
|     |                                                                                                                                                                                                                                                               |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                         |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .                             |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .                                       |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .                                           |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .                                                          |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                      |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                | X   |    |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .                                                               |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                                |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                           |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . . |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                      |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                         |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                          |     | X  |
| <b>b</b> Is the organization 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 . . . . .             |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .                                         |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .                 |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                            |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                         |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                      |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .                                              |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                       |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                       |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                             |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                           |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .                                                                                           |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .                                                                                                                                              |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                        |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .                                                  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                             | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |                                                                                                                                                                                                                                                                              | Yes        | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.                                                                                                                                    | <b>1a</b>  | 4  |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | <b>1b</b>  | 2  |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | <b>1c</b>  | X  |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               | <b>2a</b>  | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                              | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                         | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | <b>3b</b>  |    |
| <b>4a</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)?                                   | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                                                         |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                             | <b>5c</b>  |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | <b>7b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | <b>7d</b>  |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                            | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | <b>7f</b>  | X  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                   | <b>7g</b>  | X  |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                        | <b>7h</b>  | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | <b>9a</b>  | X  |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | <b>9b</b>  | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |            |    |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                                                   | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | <b>12b</b> |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

|                                                                                                                                                                                                                              |       | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body                                                                                                                                                           | 1a 35 |     |    |
| <b>b</b> Enter the number of voting members that are independent                                                                                                                                                             | 1b 0  |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2     | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3     |     | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               | 4     |     | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             | 5     |     | X  |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 | 6     | X   |    |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        | 7a    |     | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             | 7b    | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |       |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | 8a    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b    | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9     |     | X  |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                         | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          | 10a | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                             | 10b |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            | 11  | X  |
| <b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     | 12a | X  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              | 12b |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             | 12c |    |
| <b>13</b> Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | X  |
| <b>14</b> Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                          |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         | 15a |    |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                            | 15b |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                                                                                                                                                                                                    |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | X  |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |    |

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 (985) 876-4355 Marlene Jewell 259 Blue Ridge Dr, Gray LA 70359



[illegible]

|   |                                                                                                                                                                 |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization | 0 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

|   |                                                                                                                                                                                                                                        |   |  |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|---|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .                                        | 3 |  | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | 4 |  | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                                     | 5 |  | X |

|                                                                                                                                                                |                                       |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|
| <b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization |                                       |                            |
| <b>(A)</b><br>Name and business address                                                                                                                        | <b>(B)</b><br>Description of services | <b>(C)</b><br>Compensation |
|                                                                                                                                                                |                                       |                            |
|                                                                                                                                                                |                                       |                            |
|                                                                                                                                                                |                                       |                            |
|                                                                                                                                                                |                                       |                            |
|                                                                                                                                                                |                                       |                            |

|                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶</p> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**Part VIII** Statement of Revenue

|                                                                          |                                                    |                                                                                                                                              |                                                                                             | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|--------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Contributions,<br>gifts,<br>grants<br>and<br>other<br>similar<br>amounts | 1a                                                 | Federated campaigns . . . . .                                                                                                                | 1a                                                                                          |                      |                                                    |                                         |                                                                           |
|                                                                          | b                                                  | Membership dues . . . . .                                                                                                                    | 1b                                                                                          | 126,310              |                                                    |                                         |                                                                           |
|                                                                          | c                                                  | Fundraising events . . . . .                                                                                                                 | 1c                                                                                          |                      |                                                    |                                         |                                                                           |
|                                                                          | d                                                  | Related organizations . . . . .                                                                                                              | 1d                                                                                          |                      |                                                    |                                         |                                                                           |
|                                                                          | e                                                  | Government grants (contributions) . .                                                                                                        | 1e                                                                                          |                      |                                                    |                                         |                                                                           |
|                                                                          | f                                                  | All other contributions, gifts, grants,<br>and similar amounts not included above                                                            | 1f                                                                                          | 11,933               |                                                    |                                         |                                                                           |
|                                                                          | g                                                  | Noncash contributions included in lines 1a-1f \$                                                                                             |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | h                                                  | <b>Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                    |                                                                                             | 138,243              |                                                    |                                         |                                                                           |
| Program<br>Service<br>Revenue                                            | 2a                                                 |                                                                                                                                              | Business Code                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                          | b                                                  |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | c                                                  |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | d                                                  |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | e                                                  |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | f                                                  | All other program service revenue . . . . .                                                                                                  |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | g                                                  | <b>Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                    |                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                          | Other<br>Revenue                                   | 3                                                                                                                                            | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶ |                      | 6                                                  | 6                                       |                                                                           |
| 4                                                                        |                                                    | Income from investment of tax-exempt bond proceeds . . . ▶                                                                                   |                                                                                             |                      |                                                    |                                         |                                                                           |
| 5                                                                        |                                                    | Royalties . . . . . ▶                                                                                                                        |                                                                                             |                      |                                                    |                                         |                                                                           |
| 6a                                                                       |                                                    | Gross Rents . . . . .                                                                                                                        | (i) Real                                                                                    | (ii) Personal        |                                                    |                                         |                                                                           |
| b                                                                        |                                                    | Less: rental expenses . . . . .                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
| c                                                                        |                                                    | Rental income or (loss) . . . . .                                                                                                            |                                                                                             |                      |                                                    |                                         |                                                                           |
| d                                                                        |                                                    | Net rental income or (loss) . . . . . ▶                                                                                                      |                                                                                             |                      |                                                    |                                         |                                                                           |
| 7a                                                                       |                                                    | Gross amount from sales of<br>assets other than inventory                                                                                    | (i) Securities                                                                              | (ii) Other           |                                                    |                                         |                                                                           |
| b                                                                        |                                                    | Less: cost or other basis<br>and sales expenses . . . . .                                                                                    |                                                                                             |                      |                                                    |                                         |                                                                           |
| c                                                                        |                                                    | Gain or (loss) . . . . .                                                                                                                     |                                                                                             |                      |                                                    |                                         |                                                                           |
| d                                                                        |                                                    | Net gain or (loss) . . . . . ▶                                                                                                               |                                                                                             |                      |                                                    |                                         |                                                                           |
| 8a                                                                       |                                                    | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . a |                                                                                             |                      |                                                    |                                         |                                                                           |
| b                                                                        |                                                    | Less: direct expenses . . . . . b                                                                                                            |                                                                                             |                      |                                                    |                                         |                                                                           |
| c                                                                        |                                                    | Net income or (loss) from fundraising events . . . . . ▶                                                                                     |                                                                                             |                      | (5,752)                                            | (5,752)                                 |                                                                           |
| 9a                                                                       |                                                    | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . a                                                                     |                                                                                             |                      |                                                    |                                         |                                                                           |
| b                                                                        |                                                    | Less: direct expenses . . . . . b                                                                                                            |                                                                                             |                      |                                                    |                                         |                                                                           |
| c                                                                        |                                                    | Net income or (loss) from gaming activities . . . . . ▶                                                                                      |                                                                                             |                      | 65,788                                             | 65,788                                  |                                                                           |
| 10a                                                                      |                                                    | Gross sales of inventory, less<br>returns and allowances . . . . . a                                                                         |                                                                                             |                      |                                                    |                                         |                                                                           |
| b                                                                        |                                                    | Less: cost of goods sold . . . . . b                                                                                                         |                                                                                             |                      |                                                    |                                         |                                                                           |
| c                                                                        |                                                    | Net income or (loss) from sales of inventory . . . . . ▶                                                                                     |                                                                                             |                      | (6,864)                                            | (6,864)                                 |                                                                           |
| Miscellaneous Revenue                                                    |                                                    | Business Code                                                                                                                                |                                                                                             |                      |                                                    |                                         |                                                                           |
| 11a                                                                      | NSF                                                |                                                                                                                                              |                                                                                             | 80                   | 80                                                 |                                         |                                                                           |
| b                                                                        | BOOZE BASKET                                       |                                                                                                                                              |                                                                                             | 394                  | 394                                                |                                         |                                                                           |
| c                                                                        |                                                    |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
| d                                                                        | All other revenue . . . . .                        |                                                                                                                                              |                                                                                             |                      |                                                    |                                         |                                                                           |
| e                                                                        | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |                                                                                                                                              |                                                                                             | 474                  |                                                    |                                         |                                                                           |
| 12                                                                       | <b>Total revenue.</b> See instructions . . . . . ▶ |                                                                                                                                              |                                                                                             | 191,895              | 53,652                                             | 0                                       | 0                                                                         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                           | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .                                                                                                                                   | 100                   | 100                             |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .                                                                                                                                                     | 300                   | 300                             |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .                                                                                                        |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                        |                       |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                   |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                                   |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees).                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                      | 1,080                 |                                 | 1,080                                  |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17 . . . . .                                                                                                                                                                          |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                  |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                                      |                       |                                 |                                        |                             |
| a                                                                              | <b>SCHEDULE A</b>                                                                                                                                                                                                                         | 167,620               | 166,364                         | 1,256                                  |                             |
| b                                                                              |                                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| c                                                                              |                                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| f                                                                              | All other expenses . . . . .                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24f . . . . .                                                                                                                                                                       | 169,100               | 166,764                         | 2,336                                  | 0                           |
| 26                                                                             | <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                                                    |                                                                                                                                                                                          | (A)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>A<br/>s<br/>s<br/>e<br/>t<br/>s</b>                                                             | <b>1</b> Cash - non-interest-bearing . . . . .                                                                                                                                           | 70,881                   | <b>1</b>   | 84,629             |
|                                                                                                    | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                |                          | <b>2</b>   | 5,006              |
|                                                                                                    | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                    |                          | <b>3</b>   |                    |
|                                                                                                    | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                              |                          | <b>4</b>   |                    |
|                                                                                                    | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |                          | <b>5</b>   |                    |
|                                                                                                    | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |                          | <b>6</b>   |                    |
|                                                                                                    | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                       |                          | <b>7</b>   |                    |
|                                                                                                    | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                           | 9,744                    | <b>8</b>   | 13,785             |
|                                                                                                    | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                 |                          | <b>9</b>   |                    |
|                                                                                                    | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                 | <b>10a</b>               |            |                    |
|                                                                                                    | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                        | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                                    | <b>11</b> Investments - publicly traded securities . . . . .                                                                                                                             |                          | <b>11</b>  |                    |
|                                                                                                    | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .                                                                                                                 |                          | <b>12</b>  |                    |
|                                                                                                    | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .                                                                                                                  |                          | <b>13</b>  |                    |
|                                                                                                    | <b>14</b> Intangible assets . . . . .                                                                                                                                                    |                          | <b>14</b>  |                    |
|                                                                                                    | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                   |                          | <b>15</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .               | 80,625                                                                                                                                                                                   | <b>16</b>                | 103,420    |                    |
| <b>L<br/>i<br/>a<br/>b<br/>i<br/>l<br/>i<br/>t<br/>i<br/>e<br/>s</b>                               | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                |                          | <b>17</b>  |                    |
|                                                                                                    | <b>18</b> Grants payable . . . . .                                                                                                                                                       |                          | <b>18</b>  |                    |
|                                                                                                    | <b>19</b> Deferred revenue . . . . .                                                                                                                                                     |                          | <b>19</b>  |                    |
|                                                                                                    | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                          |                          | <b>20</b>  |                    |
|                                                                                                    | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                |                          | <b>21</b>  |                    |
|                                                                                                    | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . |                          | <b>22</b>  |                    |
|                                                                                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                       |                          | <b>23</b>  |                    |
|                                                                                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                         |                          | <b>24</b>  |                    |
|                                                                                                    | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                     |                          | <b>25</b>  |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                              | 0                                                                                                                                                                                        | <b>26</b>                | 0          |                    |
| <b>N<br/>e<br/>t<br/>A<br/>s<br/>s<br/>e<br/>t<br/>B<br/>a<br/>l<br/>a<br/>n<br/>c<br/>e<br/>s</b> | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                    |                          |            |                    |
|                                                                                                    | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                              |                          | <b>27</b>  |                    |
|                                                                                                    | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                    |                          | <b>28</b>  |                    |
|                                                                                                    | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                    |                          | <b>29</b>  |                    |
|                                                                                                    | <b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>                                                       |                          |            |                    |
|                                                                                                    | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                   |                          | <b>30</b>  |                    |
|                                                                                                    | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                     |                          | <b>31</b>  |                    |
|                                                                                                    | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                     | 80,625                   | <b>32</b>  | 103,420            |
|                                                                                                    | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                             | 80,625                   | <b>33</b>  | 103,420            |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .                          | 80,625                                                                                                                                                                                   | <b>34</b>                | 103,420    |                    |

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_

If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> |     | X  |
| <b>2c</b> |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

EEA

Form 990 (2009)

**SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009****Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization

EAST HOUMA CARNIVAL CLUB INC

Employer identification number

72-1426481

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |
|          |             |         |                                                                      |                                                                                                                                             |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|--------------------|------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|-------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is :</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is :                      | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The lobbying nontaxable amount is :                |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20% of the amount on line 1e                       |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$100,000 plus 15% of the excess over \$500,000.   |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$175,000 plus 10% of the excess over \$1,000,000. |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$225,000 plus 5% of the excess over \$1,500,000.  |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,000                                        |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                          |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying non-taxable amount                            |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?                                                                                                                                       |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                               |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                           | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                |                                     | <input checked="" type="checkbox"/> |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? |                                     | <input checked="" type="checkbox"/> |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

|                                                                                                                                                                                                                                                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

## 2009

**Open to Public Inspection**

EAST HOUMA CARNIVAL CLUB INC

72-1426481

## Part 1

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--------------------------------------------------|---------------|----------------------------------------------------------------------|----|--------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
|                                                  |               | Yes                                                                  | No |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
|                                                  |               |                                                                      |    |                                      |                                                                           |                                                         |
| <b>Total . . . . . ▶</b>                         |               |                                                                      |    |                                      |                                                                           |                                                         |

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                                                                          |                                                                          | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events            |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|--------------|------------------|-----------------------------|
|                                                                          |                                                                          | (event type) | (event type) | (total number)   | Add col (a) through col (c) |
| R<br>e<br>v<br>e<br>n<br>u<br>e                                          | 1 Gross receipts . . . . .                                               |              |              |                  |                             |
|                                                                          | 2 Less: Charitable contributions . . . . .                               |              |              |                  |                             |
|                                                                          | 3 Gross revenue (line 1 minus line 2) . . . . .                          |              |              |                  |                             |
| D<br>i<br>r<br>e<br>c<br>t<br><br>E<br>x<br>p<br>e<br>n<br>s<br>e<br>s   | 4 Cash prizes . . . . .                                                  |              |              |                  |                             |
|                                                                          | 5 Non-cash prizes . . . . .                                              |              |              |                  |                             |
|                                                                          | 6 Rent/facility costs . . . . .                                          |              |              |                  |                             |
|                                                                          | 7 Food and beverages . . . . .                                           |              |              |                  |                             |
|                                                                          | 8 Entertainment . . . . .                                                |              |              |                  |                             |
|                                                                          | 9 Other direct expenses . . . . .                                        |              |              |                  |                             |
|                                                                          | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |              |              |                  | ( )                         |
| 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |                                                                          |              |              |                  |                             |

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

|                                                                               | (a) Bingo                                                                       | (b) Pull tabs/Instant bingo/progressive bingo                                   | (c) Other gaming                                                                | (d) Total gaming (Add col (a) through col (c)) |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|
| 1 Gross revenue . . . . .                                                     | 288,595                                                                         | 195,412                                                                         | 13,852                                                                          | 497,859                                        |
| 2 Cash prizes . . . . .                                                       | 196,978                                                                         | 147,215                                                                         | 3,641                                                                           | 347,834                                        |
| 3 Non-cash prizes . . . . .                                                   |                                                                                 |                                                                                 |                                                                                 |                                                |
| 4 Rent/facility costs . . . . .                                               | 26,600                                                                          |                                                                                 |                                                                                 | 26,600                                         |
| 5 Other direct expenses . . . . .                                             | 56,320                                                                          |                                                                                 | 1,317                                                                           | 57,637                                         |
| 6 Volunteer labor . . . . .                                                   | <input checked="" type="checkbox"/> Yes 100.00 %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00 %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00 %<br><input type="checkbox"/> No |                                                |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .       |                                                                                 |                                                                                 |                                                                                 | ( 432,071 )                                    |
| 8 Net gaming income summary. Combine line 1, column (d), and line 7 . . . . . |                                                                                 |                                                                                 |                                                                                 | 65,788                                         |

|                                                                                                                                                                    | Yes  | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 9 Enter the state(s) in which the organization operates gaming activities. <u>LA,</u>                                                                              |      |    |
| a Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                     | 9a X |    |
| b If "No," Explain. . . . .                                                                                                                                        |      |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .                                                 | 10a  | X  |
| b If "Yes," Explain: . . . . .                                                                                                                                     |      |    |
| 11 Does the organization operate gaming activities with nonmembers? . . . . .                                                                                      | 11   | X  |
| 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? . . . . . | 12   | X  |

**13** Indicate the percentage of gaming activity operated in

|                                                |            |           |
|------------------------------------------------|------------|-----------|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | %         |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | 100.000 % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ MARLENE JEWELLAddress ▶ 259 BLUE RIDGE DR GRAY, LA 70359**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .**15a**

X

**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.

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:Name ▶ MARLENE JEWELLGaming manager compensation ▶ \$ - 0 -Description of services provided ▶ BINGO CHAIRMAN☒ 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? . . . . .**17a**

X

**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 ▶ \$ \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**EAST HOUMA CARNIVAL CLUB INC**

Employer identification number  
**72-1426481**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

**THERE ARE TWO BOARD MEMBERS THAT DO HAVE A FAMILY RELATIONSHIP. PATRICIA AND CLIFTON  
PIERCE ARE HUSBAND AND WIFE.**

**02. Members or stockholder classes and rights (Part VI, line 6)**

**THE ORGANIZATION DOES HAVE MEMBERS. THESE MEMBERS PAY ANNUAL DUES THAT ALLOW THEM TO BE A  
PART OF THEIR ANNUAL MARDI GRAS PARADE THAT IS PUT ON FOR PUBLIC DISPLAY. THE MARDI GRAS  
PARADE IS FREE TO THE VIEWING PUBLIC.**

**03. Governing body decisions (Part VI, line 7b)**

**ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO MAJORITY VOTE BY THE WHOLD BOARD  
INCLUDING FLOAT CAPTAINS.**

**04. Form 990 governing body review (Part VI, line 11)**

**ONCE THE ANNUAL FORM 990 IS PREPARED, A COPY IS PRESENT AT THE NEXT BOARD MEETING. IF  
ANYONE AT THAT TIME WANTS TO REVIEW IT, THEY ARE ALLOWED.**

**05. Governing documents, etc, available to public (Part VI, line 19)**

**ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**

East Houma Carnival Club, Inc.

72-1426481

Year Ended March 31, 2010

**SCHEDULE A**

Form 990 Part IX Line 24a

Other Expense (Itemize):

| Description        | (A) Total | (B) Program<br>Services | (C) Mgmnt<br>& General | (D) Fundraising |
|--------------------|-----------|-------------------------|------------------------|-----------------|
| Supplies           | 431       |                         | 431                    |                 |
| Postage & Shipping | 497       |                         | 497                    |                 |
| NSF                | 125       |                         | 125                    |                 |
| Bank Charges       | 198       |                         | 198                    |                 |
| Filing Fees        | 5         |                         | 5                      |                 |
| Costumes & Props   | 21,304    | 21,304                  |                        |                 |
| Parade Expenses    | 136,501   | 136,501                 |                        |                 |
| Bash Expenses      | 6,034     | 6,034                   |                        |                 |
| King & Queen Dance | 2,469     | 2,469                   |                        |                 |
| Sick & Sympathy    | 56        | 56                      |                        |                 |
| Totals             | 167,620   | 166,364                 | 1,256                  | 0               |

East Houma Carnival Club, Inc  
72-1426481  
Year Ended March 31, 2010  
**SCHEDULE B**

Form 990-EZ Part VII  
List of Officers, Directors, Trustees, and Key Employees

| (A)<br>Name                                | (A)<br>Title     | (B)<br>Average<br>Hours<br>Per<br>Week | (C)<br>Position | (D)<br>Reportable<br>Compensation<br>from the Organization | (E)<br>Reportable<br>Compensation<br>from Related<br>Organizations | (F)<br>Estimated Amount<br>of Other<br>Comp from<br>Org & Related |
|--------------------------------------------|------------------|----------------------------------------|-----------------|------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Richard Autin                              | President        | 5                                      | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Clifton Pierce                             | Vice President   | 15                                     | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Helen White                                | Secretary        | 10                                     | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Marlene Jewell                             | Treasurer        | 20                                     | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Patricia Pierce                            | Membership Chair | 10                                     | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Mary Dufrene                               | Historian        | 2                                      | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Sam Stoufflet                              | Parliamentary    | 5                                      | Officer         | 0                                                          | 0                                                                  | 0                                                                 |
| Darlene Bergeron                           | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Florence Champagne                         | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Karisa Tanner                              | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Corrissa Lorge                             | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Tracy Lirette                              | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Christine Foret                            | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Preston Billiot                            | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Leroy Boudwin                              | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Estelle Billiot                            | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Dana Autin                                 | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Troy Autin                                 | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Carmen Bonvillain                          | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Bernice LeBoeuf                            | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Michael Lodrigue                           | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Amber Salinas                              | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Rose Scott                                 | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Holly Calva                                | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Jodi Maronge                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Terri Picou                                | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Marci Commodore                            | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Tessi Meyers                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Shawn Shavors                              | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Pam Porche'                                | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Leona Guston                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Garnet Glynn                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Dawn Theriot                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Cindy Pellegri                             | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| Johnny White                               | Float Captain    | 5                                      |                 | 0                                                          | 0                                                                  | 0                                                                 |
| 230 Lake Long Dr, Houma, La 70364          |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 201 Lirette St, Houma, La 70360            |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 2210 Percy Dr, Houma, La 70363             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 259 Blue Ridge Dr, Gray, La 70359          |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 201 Lirette St, Houma, La 70360            |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 871 Wood St, Houma, La 70360               |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 271 Tyler Christian Dr, Houma, La 70360    |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 100 Hacienda Dr, Houma, La 70363           |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 123 Aselane St, Gray, La 70359             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 503 Walker Dr, Houma, La 70364             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 5294 Shrimpers Row, Houma, La 70363        |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 538A Bayou Dularge Rd, Houma, La 70363     |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 631 Clinton St, Chauvin, La 70344          |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 153 Dupre Ln, Houma, La 70363              |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 127 Roland Henry St, Montegut, La 70377    |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 4843 Grand Caillou Rd, Houma, La 70363     |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 349 L Kirth Dr, Houma, La 70363            |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 352 Robert St, Houma, La 70363             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 141 Connely St, Houma, La 70363            |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 607 Clinton St, Chauvin, La 70344          |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 1420 Bayou Blue Rd, Houma, La 70364        |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 812 Funderburk Ave, Houma, La 70364        |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 4644 Hwy 56, Chauvin, La 70344             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 115 Garth Dr, Houma, La 70363              |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 126 Mexaco Ct, Houma, La 70363             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 136 Piping Rock Dr, Houma, La 70363        |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 2200 Nixon Dr, Houma, La 70363             |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 606 Alex St, Houma, La 70360               |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 202 Oakshire Dr, Houma, La 70364           |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 218 Bayou Blue Trailer Ct, Houma, La 70364 |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 115 Cumberland Dr, Gray, La 70359          |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 2809 Express Blvd, Houma, La 70363         |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 2686 Express Blvd, Houma, La 70363         |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 918 Liberty St, Houma, La 70360            |                  |                                        |                 |                                                            |                                                                    |                                                                   |
| 2210 Percy Dr, Houma, La 70363             |                  |                                        |                 |                                                            |                                                                    |                                                                   |

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|                                                                                         |                                                                                                                   |                                                     |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Type or print<br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>EAST HOUMA CARNIVAL CLUB INC</b>                                                | Employer identification number<br><b>72-1426481</b> |
|                                                                                         | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>PO BOX 423</b>                        | For IRS use only                                    |
|                                                                                         | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>HOUMA, LA 70361</b> |                                                     |

Check type of return to be filed (File a separate application for each return)

- |                                              |                                                                  |                                      |                                    |
|----------------------------------------------|------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **MARLENE JEWELL**

Telephone No **985-876-4355**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **02-15**, 20**11**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **04-01**, 20**09** and ending **03-31**, 20**10**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

|                                                                                                                                                                                                                                      |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                  | 8a | \$ |
| 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| 8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | 8c | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

*Marlene Jewell* Title

Date

**11-15-10**

EEA

Form 8868 (Rev 4-2009)

**Application for Extension of Time to File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file)** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

|                                                               |                                                                                                                          |                                                            |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Type or print</b>                                          | <b>Name of Exempt Organization</b><br><b>East Houma Carnival Club Inc</b>                                                | <b>Employer identification number</b><br><b>72-1426481</b> |
| File by the due date for filing your return. See instructions | <b>Number, street, and room or suite no. If a P.O. box, see instructions</b><br><b>PO Box 423</b>                        |                                                            |
|                                                               | <b>City, town or post office, state, and ZIP code. For a foreign address, see instructions</b><br><b>Houma, LA 70361</b> |                                                            |

**Check type of return to be filed (file a separate application for each return)**

|                      |                                          |           |
|----------------------|------------------------------------------|-----------|
| Form 990             | Form 990-T (corporation)                 | Form 4720 |
| Form 990-BL          | Form 990-T (sec. 401(a) or 408(a) trust) | Form 5227 |
| <b>X</b> Form 990-EZ | Form 990-T (trust other than above)      | Form 6069 |
| Form 990-PF          | Form 1041-A                              | Form 8870 |

● The books are in the care of ► Marlene JewellTelephone No ► 985-876-4355

FAX No ► \_\_\_\_\_

● If the organization does not have an office or place of business in the United States, check this box ►

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is

for the whole group, check this box ► If it is for part of the group, check this box ► and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11-15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- calendar year 20 \_\_\_\_ or
- **X** tax year beginning 04-01, 20 09, and ending 03-31, 20 10

- 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

|                                                                                                                                                                                                                                      |           |    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                                                            | <b>3a</b> | \$ | <u>0</u> |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                                                      | <b>3b</b> | \$ | <u>0</u> |
| <b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ | <u>0</u> |

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EEA

Form 8868 (Rev. 4-2009)