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Form **990-EZ**

# Short Form

## Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2009 calendar year, or tax year beginning <b>Jun 1</b> , 2009, and ending <b>May 31</b> , 2010	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Plaquemines Parish Fair &amp; Orange Festival</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P. O. Box 158</b> City or town, state or country, and ZIP + 4 <b>Belle Chasse LA 70037</b>
<b>D</b> Employer identification number <b>72-0744611</b> <b>E</b> Telephone number <b>(504) 656-7599</b> <b>F</b> Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ <b>\$ 160,005.</b>	

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>12,075.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<b>147,930.</b>
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>144,927.</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>3,003.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe _____)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>15,078.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>16,131.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>1,400.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>3,426.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>648.</b>
	<b>16</b> Other expenses (describe _____)	<b>16</b>	
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>21,605.</b>
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-6,527.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>73,187.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>66,660.</b>	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		<b>73,187.</b>	<b>66,660.</b>
<b>23</b> Land and buildings		<b>0.</b>	<b>0.</b>
<b>24</b> Other assets (describe _____)		<b>0.</b>	<b>0.</b>
<b>25</b> <b>Total assets</b>		<b>73,187.</b>	<b>66,660.</b>
<b>26</b> <b>Total liabilities</b> (describe _____)		<b>0.</b>	<b>0.</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		<b>73,187.</b>	<b>66,660.</b>

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

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? Promotion of the various industries of Plaquemines Parish. Example of th  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	The purpose of the <u>Plaquemines Parish Fair and Orange Festival Association is to foster and encourage the hold displays and to promote the citrus industry, agricultural, industrial, commercial, educational, the arts, gove assist and encourage the advancement of the natural resources, material prosperity and progress of Plaquemines</u> (Grants \$ <u>12,075.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	144,926.
29	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	144,926.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Dale Benoit POB 700 Belle Chasse LA 70037	Manager 5.00	5,000.	0.	
Paula Cappiello 125 Clausen Lane Belle Chasse LA 70037	Secretary 5.00	6,000.	0.	
Misty Simoneaux 103 Pleasant Ridge Dr Belle Chasse LA 70037	Vice Pres 2.00	0.	0.	
Anthony Buras 13158 Hwy 23 Belle Chasse LA 70037	President 1.00	0.	0.	
Kim Turlich Vaughn Belle Chasse Hwy Belle Chasse LA 70037	Board Member 1.00	0.	0.	
Wanda Buras 13158 Hwy 23 Belle Chasse LA 70037	Board Member 1.00	0.	0.	
Karen Leonard Belle Chasse Hwy Belle Chasse LA 70037	Board Member 1.00	0.	0.	
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911; section 4912; section 4955		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40b</b>	<b>X</b>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed		
<b>42a</b> The organization's books are in care of <u>Misty Simoneaux</u> Telephone no. <u>(504) 433-5122</u> Located at <u>103 Pleasant Ridge Drive</u> <u>Belle Chasse</u> <u>LA</u> ZIP + 4 <u>70037</u>		
<b>b</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)? If 'Yes,' enter the name of the foreign country:	<b>42b</b>	<b>X</b>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	<b>42c</b>	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>45</b>	<b>X</b>

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

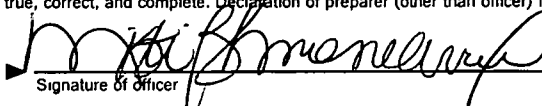
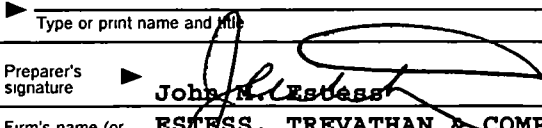
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <b>8/3/11</b>		
<b>Paid Preparer's Use Only</b>	Preparer's signature  John M. Estess		Date <b>08/02/11</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ESTESS, TREVATHAN &amp; COMPANY, LLC</b> <b>128 LAKEWOOD DR</b> <b>LULING LA 70070-6116</b>		EIN <b>70070-6116</b>		Phone no ▶
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶</span> <input type="checkbox"/> Yes <input type="checkbox"/> No				
	BAA				

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

Employer identification number

**72-0744611**

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . ☐ Yes ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) 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)	<b>NONE</b> (total number)	(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2)				
<b>DIRECT EXPENSES</b>	4 Cash prizes . . . . .				
	5 Noncash 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 lines 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))
<b>REVENUE</b>	1 Gross revenue . . . . .				
<b>DIRECT EXPENSES</b>	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1, column (d) and line 7					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

YES NO

9a

10a

11

12

**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>	%

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

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ... **15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.**c** If 'Yes,' enter name and address of the third party.

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$\_\_\_\_\_

Description of services provided. ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ... **17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$\_\_\_\_\_



## 2009

Employer Identification Number	<u>72-0744611</u>			
Name	<u>Plaquemines Parish Fair &amp; Orange Festival</u>			
Address	<u>P. O. Box 158</u>	Room/Suite	<u></u>	
City	<u>Belle Chasse</u>	State	<u>LA</u>	ZIP Code <u>70037</u>
Foreign Country	<u></u>			
Telephone Number	<u>(504) 656-7599</u>	Extension	<u></u>	
Fax	<u></u>	E-Mail Address	<u></u>	

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>09/15/09</u>				
2nd Quarter Payment	<u>11/16/09</u>				
3rd Quarter Payment	<u>02/16/10</u>				
4th Quarter Payment	<u>05/17/10</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

**Part VI – Electronic Filing Information**

**Electronic Filing:**

☐ File the federal return electronically

**Practitioner PIN program:**

☐ Sign this return electronically using the Practitioner PIN

☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) .. .. .

Date PIN entered . . . . .

**Electronic Filing of Extensions:**

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically

**Information required for Electronic Filing:**

Officer's Name .... .

**Electronic Filing of Amended Return:**

☐ Check this box to file **amended return** electronically

**Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)**

Yes No

☐ ☐ Use **electronic funds withdrawal** of **federal balance due** (EF only)?

☐ ☐ Use **electronic funds withdrawal** of **Form 8868 balance due** (EF only)?

☐ ☐ Use **electronic funds withdrawal** of **amended return balance due** (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

**Bank Information**

Name of Financial Institution (optional) . . . . .

Check the appropriate box . . . . . ☐ Checking ☐ Savings

Routing number . . . . .

Account number . . . . .

**Payment Information**

Enter the payment date to withdraw tax payment . . . . .

Balance due amount from this return . . . . .

Enter an amount to withdraw tax payment . . . . .

If partial payment is made, the remaining balance due . . . . .

**Part VIII – Information for Client Letter**

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . . . .			

Letter Salutation . Misty

**Part IX – Return Preparer**

Enter preparer code from Firm/Preparer Info (See Help) . . . . . 1

**QuickZoom** to Firm/Preparer Info . . . . .

**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . . . .

**QuickZoom** to Form 990, Page 1 . . . . .

**QuickZoom** to Form 990-PF, Page 1 . . . . .

**QuickZoom** to Form 990-T, Page 1 . . . . .

**QuickZoom** to Form 990-N, e-PostCard . . . . .

**QuickZoom** to Client Status . . . . .