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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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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. ► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	4	For t	he 2010 ca	elendar year, or tax year beginning , 2010, and ending		,
I	3	Check	ıf applıcable	C	D Employ	ver identification number
		Addres	s change	72-1122290		
		Name (change		one number	
		Initial r		504	-912-1099	
		Termin				
			led return ation pending		F Group Numb	Exemption P
-	_		unting Met	hod X Cash Accrual Other (specify) ► H Check		the organization is not
ı			site: N	require	ed to atta	ch Schedule B (Form
			_	(ck only one) — 501(c)(3) X 501(c) (4)	90-EZ, o	990-PF)
ī	K	Chec	k ► lif	the organization is not a section 509(a)(3) supporting organization and its gross receipts ar	e norma	lly not more than
		\$50,0	000 A Forr	m 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requir	ed (see	instructions) But if the
_				ooses to file a return, be sure to file a complete return		
ı	L	Add I asset	lines 5b, 6d ts (Part II	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	f total	\$ 94,418.
Γ		rt I		ue, Expenses, and Changes in Net Assets or Fund Balances (See the ins		
L			-	the organization used Schedule O to respond to any question in this Part I	ii actioi	X
-		1		ons, gifts, grants, and similar amounts received	1	1
	ĺ	2		service revenue including government fees and contracts	2	
		3	•	hip dues and assessments	3	
		4	Investmen	•	4	
		_		ount from sale of assets other than inventory 5a	<u> </u>	
				t or other basis and sales expenses 5b		
				s) from sale of assets other than inventory (Subtract line 5b from line 5a)	—- ·· <u>-</u>	_
	ļ	_	•		3	c
	R	6	~	and fundraising events		
	REV			ome from gaming (attach Schedule G if greater than \$15,000) 6a		
	Εl	D		ome from fundraising events (not including \$ of contributions	l	
	N U E		of such gr	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000) 6b 94,4	18.	
SCANNED		С	Less dire	ect expenses from gaming and fundraising events 6c 97, 0	17.	
Š		d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and		
4	l			ıbtract liné 6c)	6	d −2,599.
ñ				es of inventory, less returns and allowances 7a		
				t of goods sold 7b		-
Do		С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		С
AUG		8	Other reve	enue (describe in Schedule O)	8	
™	_	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	_ ▶ 9	, · · · <u>-</u>
©		10	Grants an	d similar amounts paid (list in Schedule O)	10	2,000.
		11		paid to or for members	11	
2011	E X P	12		other compensation, and employee benefits ECEIVED	12	
	P	13		nal fees and other payments to independent contractors	13	
	N S	14	Occupano	ey, rent, utilities, and maintenance 2 AUG 1 5 2011	14	
	E	15	Printing, p	publications, postage, and shipping AUG 1 5 2011	15	
	١	16	Other exp	enses (describe in Schedule ())	16	
_		17	Total exp	enses. Add lines 10 through 16 OGDEN, UT	▶ 17	2,000.
		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	-4,599.
	Ą	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	vear	
	N S E E E		figure rep	orted on prior year's return).	19	4,863.
	' 튑	20	Other cha	inges in net assets or fund balances (explain in Schedule O)	20	
_	3	21	Net asset	s or fund balances at end of year Combine lines 18 through 20	▶ 21	264.
1	BA/	A For	r Paperwoi	rk Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)

Par	til Balance Sheets. (see the ins Check if the organization used Sch	structions for Part II.) edule O to respond to any qu	estion in this Part II			
				Beginning of year		(B) End of year
	Cash, savings, and investments			4,863.	_	264.
23	Land and buildings.		, <u> </u>		23	
24 25	Other assets (describe in Schedule O) Total assets		——)	4,863.	24 25	264.
	Total liabilities (describe in Schedule O)	1	, 	4,803.	26	0.
	Net assets or fund balances (line 27 of		line 21)	4,863.	27	264.
Par						Expenses
	Check if the organization used So		question in this Part III	X	Requ	uired for section
What	is the organization's primary exempt purpose? See	e Schedule O	acce in a clear and a		organ	c)(3) and 501(c)(4) nizations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and othe	r relevant information f	or each	1947	(a)(1) trusts, optional thers)
	ram title Provide support for vario	us local charitabl	e organization			
	Plaquemines Parish area b					
		7		<u></u>		
	(Grants \$) If th	is amount includes foreign gi	ants, check here	;	28 a	
29						
	(Grants \$) If th	s amount includes foreign gr	onto chock have	<u>-</u>	20 -	
30	(Cirans 2) ii iii	is amount includes foreign gi	arits, check here		29 a	
-						
		is amount includes foreign gi	ants, check here	→ []:	30 a	
31	Other program services (describe in Sch	•				
22	(Grants \$) If th Total program service expenses (add III	is amount includes foreign gr	ants, check here		31 a 32	
	t IV List of Officers, Directors,		Novees List each one as	1 3	1	an unetructions for Part IV
	Check if the organization used So				,366 H	le ilistructions for Fart 147
	(a) Name and address	(b) Title and average hours		(d) Contributions to		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensation		and other allowances
	ren Angelo	President	0.		0.	0.
	Pleasant Ridge Drive	0				
	le Chasse, LA 70037 Chony Buras	Vice President	0.		_	
210	Whitetail Way Lane	vice riesident	0.		0.	0.
	le Chasse, LA 70037	J				
	f Hingle	Secretary	0.		0.	0.
	Primrose Drive	Ō				
Be1	le Chasse, LA 70037					
	- 					
	- 					
	-					
						
BAA		TEEA0812L 0	2/18/11			Form 990-EZ (2010)

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Form 990-EZ (2010) Empire South Pass Tarpon Rodeo

	Check if the organization used Schedule O to respond to any question in this Part V				\Box			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' proviesch activity in Schedule O	de a detailed description of	33	Yes	No X			
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflect	34		х			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), explain in Schedule O why the organization did not report the income on Form 990-T	but not reported on Form 990-T,						
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a sec 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requiremen	ction 501(c)(4), 501(c)(5), or	35a		Х			
ļ	b if 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	113	35 b					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N	of net assets during the	36		Х			
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a 0.						
١	Did the organization file Form 1120-POL for this year?		37 b		_X_			
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?	38 a		X			
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A						
39	Section 501(c)(7) organizations Enter							
i	a Initiation fees and capital contributions included on line 9	39a N/A						
	Gross receipts, included on line 9, for public use of club facilities	39b N/A						
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ► N/A , section 4912 ► N/A ; section 495							
I	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	958 excess benefit hat has not been reported	40 b		X			
•	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.	• 0.						
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	▶ 0.						
•	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T							
41	List the states with which a copy of this return is filed None			<u>'</u>				
	a The organization's books are in care of ► Darren Angelo Located at ► P. O. Box 841 Buras LA At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other foreign to the foreign country ►	2 - 2 - 2 + 4 - 70041 or other authority over a			No X			
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c 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							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Cand enter the amount of tax-exempt interest received or accrued during the tax year	heck here ► 43	ı		N/A N/A			
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 n of Form 990-EZ	nust be completed instead	44 a	Yes	No X			
1	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ	90 must be completed	44 b		Х			
	Did the organization receive any payments for indoor tanning services during the year?		44 c		X			
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' in Schedule Q	provide an explanation in	44 d					
BAA		Fo	m 990	-EZ (2010)			

						Yes	No
45 Is any	y related organization a controlled entity	of the organization with	in the meaning of sect	ion 512(b)(13)?	45		X
a Did th	ne organization receive any payment fron ction 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any trans Schedule R may need to	saction with a controlle	d entity within the meaning	45a		X
	ne organization engage, directly or indirectly directly or indirectly dates for public office? If 'Yes,' complete	•	•	•			
					46		X
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the second of the seco	ction 4947(a)(1) nor ne tables for lines 5	nexempt charitable 0 and 51.	trusts must answer q	All se uestio	ction ns	
	Check if the organization used Schedul	ie O to respond to any o	luestion in this Part VI			V	
47 Did th	ne organization engage in lobbying activit	troc2 If 'Vac ' complete '	Cabadula C. Dart II		47	Yes	No
	e organization a school as described in se	•	•	dula E	48	-	
	ne organization make any transfers to an			dule L	49a		
	s,' was the related organization a section	·	related organization		49b	_	
	plete this table for the organization's five	-	molovees (other than a	officers directors trustees			<u> </u>
emple	oyees) who each received more than \$10	00,000 of compensation	from the organization	If there is none, enter 'Nor	ne '	<u>'</u>	
(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	accou	xpense int and lowance:	s
						_	
							
	number of other employees paid over \$1	·					
51 Comr	alata this table for the argenization's five						
			dependent contractors	who each received more t	han \$10	00,000	of
	pensation from the organization of the organization of there is the contract of the contract o	s none, enter 'None '	ndependent contractors	who each received more to the total who each received more than the total who ea		pensation	
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
	ensation from the organization. If there i	s none, enter 'None '	ndependent contractors				
comp	ensation from the organization. If there is the control of the con	s ňone, enter 'None ' ractor paid more than \$100,000					
comp	ensation from the organization. If there is the contractors of other independent contractors.	s none, enter 'None ' ractor paid more than \$100,000	00,000	(b) Type of service			
d Total	ensation from the organization. If there is the control of the con	s none, enter 'None ' ractor paid more than \$100,000	00,000	(b) Type of service		pensatio	
d Total 52 Did th charit	number of other independent contractors to organization complete Schedule A? Notable trusts must attach a completed Schedule Sche	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	(b) Type of service 47(a)(1) nonexempt be best of my knowledge and belief,	(c) Com	pensatio	n
d Total 52 Did th charit	number of other independent contractors or organization complete Schedule A? Notable trusts must attach a completed Schedule As Notable trusts must attach a completed Schedule As Notable trusts must attach a completed Sch	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, eledge	(c) Com	pensatio	n
d Total 52 Did th charit	number of other independent contractors to organization complete Schedule A? Notable trusts must attach a completed Schedule Sche	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	(b) Type of service 47(a)(1) nonexempt be best of my knowledge and belief,	(c) Com	pensatio	n
d Total 52 Did th charit	number of other independent contractors to organization complete Schedule A? National trusts must attach a completed Schedule As the trusts must attach a completed Schedule of the complete of the complete Schedule of the complete Schedule of the	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	47(a)(1) nonexempt the best of my knowledge and belief, ledge	(c) Com	pensatio	n
d Total 52 Did th charit	number of other independent contractors to organization complete Schedule A? Notable trusts must attach a completed Schedule declare that I have examined this return and complete Declaration of prepare (other than office	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	47(a)(1) nonexempt the best of my knowledge and belief, ledge 3. 10. 201 Date	(c) Com	pensatio	n
d Total 52 Did th charit Under penalture, correct,	number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Schedule description of preparer (other than office signature of officer signature of officer signature of officer signature and complete Schedule A? Notable trusts must attach a	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 ledule A	00,000 Porganizations and 49	47(a)(1) nonexempt the best of my knowledge and belief, ledge 3. 10. 201 Date	(c) Com	pensatio	n
d Total 52 Did the charit Under penaltitrue, correct, si Sign Here	number of other independent contractors the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury. I declare that I have examined this return and complete Declaration of preparer (other than office) Signature of officer	s none, enter 'None ' ractor paid more than \$100,000 seach receiving over \$1 ote All section 501(c)(3 ledule A linctuding accompanying sched er) is based on all information o	00,000 Porganizations and 49 Jules and statements, and to the first which preparer has any known	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, ledge 7.10.201 Date President	(c) Com	pensatio	n
d Total 52 Did th charit Under penaltitrue, correct, si Sign Here	number of other independent contractors ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury Lectare that I have examined this return and complete Declaration of preparer (other than office Signature of officer Darren Angelo Type or print name and title	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3 dedule A in including accompanying scheder) is based on all information of Preparer's signature Edward L. Caminetar	00,000 Porganizations and 49 Jules and statements, and to the first which preparer has any known	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, ledge 8.10.201 Date President Check Inf PTIN	(c) Com	pensatio	n
d Total 52 Did th charit	number of other independent contractors ne organization complete Schedule A? Notable trusts must attach a completed Schedule Declaration of preparer (other transformed officer) Darren Angelo Type or print name and title	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3) iedule A including accompanying scheder) is based on all information of Preparer's signature Edward L. Caminetan is (APAC)	00,000 Porganizations and 49 Jules and statements, and to the first which preparer has any known	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, ledge 8.10.201 Date President Check Inf PTIN	Ye:	pensatio	n
d Total 52 Did the charity Under penaltity true, correct, si Sign Here	number of other independent contractors ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury. I declare that I have examined this return and complete Declaration of preparer (other tran office) Darren Angelo Type or print name and title	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3) iedule A including accompanying scheder) is based on all information of Preparer's signature Edward L. Caminetan is (APAC)	00,000 Porganizations and 49 Jules and statements, and to the first which preparer has any known	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, ledge 8. 10. 201 Date President Check if PTIN self-employed N/A Furn's EIN N/ Phone no (504)	(c) Com Ye: It is	pensation	n
d Total 52 Did the charit Under penaltitrue, correct, s Sign Here Paid Preparer Use Only	number of other independent contractors ne organization complete Schedule A? Notable trusts must attach a completed Sches of perjury. I declare that I have examined this return and complete Declaration of preparer (other transoffice) Darren Angelo Type or print name and title	s none, enter 'None ' ractor paid more than \$100,000 s each receiving over \$1 ote All section 501(c)(3) iedule A including accompanying scheder) is based on all information of Preparer's signature Edward L. Caminetar is (APAC) lighway, Ste 170	00,000 organizations and 49 which preparer has any know Date S 10 11	(b) Type of service 47(a)(1) nonexempt the best of my knowledge and belief, ledge President Check if PTIN self-employed N/A Firm's EIN N/A Phone no (504)	Ye:	pensation 5 44 5 1	No No

72-1122290

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Form 990-EZ (2010) Empire South Pass Tarpon Rodeo

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization						Employer identifica	ation number		
Empire South Pass Tarpon Rodeo 72-1122290									
Part I 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.									
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that	apply.			
a Mail solicitations			е	Solicitation of non-	governn	nent grants			
b Internet and email solicitation	s		f	Solicitation of gove	ernment	grants			
c Phone solicitations			g	Special fundraising	events				
d In-person solicitations									
2a Did the organization have a writte employees listed in Form 990, Pa	n or oral agreer rt VII) or entity	ment with in connect	any individuol tion with p	dual (including officers, rofessional fundraising	director	s, trustees or k	ey Yes No		
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t	ndividuals or en he organization	tities (fund	draisers) p	ursuant to agreements	under w	hich the fundra	iser is to be		
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to		
or entity (fundraiser)		nave custor	dy or control ibutions?	from activity		retained by) aiser listed in	(or retained by) organization		
						olumn (ı)	o. ga		
-		Yes	No				-		
1									
•									
2	_								
3									
4									
5									
6									
7									
8									
9									
10									
	<u>'</u>	1	1						
Total			•						
3 List all states in which the organiz	zation is registe	red or lice	nsed to so	olicit contributions or ha	s been	notified it is exe	empt from registration		
or moonismig									
									
				·					
				·			-		
				·					
							 -		
									
									
		_ _							
									

	Schedule 🤂	(Form 990 or	990-EZ) 2010	Empire	South	Pass	Tarpon	Rodeo
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	_	-	_	_	_	_	_
72	-1	1	2	7	2	Qı	n

Page 2

Pai	ţ II 1	Fundraising Events. Complete if reported more than \$15,000 of fu	indraising event co	ntributions and gros	orm 990, Part IV, II	ne 18, or n 990-EZ, lines 1			
		and 6a. List events with gross re-	(a) Event #1 Fishing Rodeo (event type)	\$5,000. (b) Event #2 (event type)	(c) Other events	(d) Total events (add column (a) through column (c))			
REVENUE	1		94,418.						
Ě	2	Less. Charitable contributions							
	3	Gross income (line 1 minus line 2)	_ 94,418.			94,418.			
	4	Cash prizes.							
	5	Noncash prizes							
D I R E C T	6	Rent/facility costs							
	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	97,017.			97,017.			
Š	10	Direct expense summary Add lines 4- t	hrough 9 in column (d)		•	97,017.			
	11	Net income summary Combine line 3, c			<u> </u>	-2,599.			
Pa	t III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	atıon answered 'Ye ı.	s' to Form 990, Par	t IV, line 19, or re	ported more than			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ĕ	1	Gross revenue							
	2	Cash prizes.		!					
D I P E N C T E	3	Non-cash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes%	Yes %				
	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									
	ls t	er the state(s) in which the organization o he organization licensed to operate gamin No,' explain	perates gaming activitie g activities in each of th	es. nese states?		Yes No			
		re any of the organization's gaming licens		_	-	Yes No			
BAA			TEFA3702		Schedule & (Fo	rm 990 or 990-F7) 2010			

Sche	dule G	(Form 990 or 990-EZ) 20	10 Empire Sout	th Pass I	Carpon Rode	<u>.</u> 0	72	-11222	90	Page 3
11	Does to	ne organization operate	gaming activities with	nonmember	S?				Yes	No
12	Is the o	organization a grantor, b ster charitable gaming?	eneficiary or trustee o	of a trust or a	member of a pa	artnership or oth	er entity forr	ned to	Yes	No
13	Indicat	e the percentage of gam	iing activity operated i	ın·			1	1		
		janization's facility	g downly operated.					13a		8
		side facility						13b		8
14	Enter t	he name and address of	the person who prep	pares the orga	anızatıon's gamır	ng/special events	s books and	records.		
	Name									
	Addres	s ►								
15 a	Does t	ne organization have a c	ontact with a third pai	arty from who	m the organization	on receives gam	ing revenue?	•	Yes	□No
		' enter the amount of ga	•	•	•	_	•			
		ing revenue retained by								
C	If 'Yes,	enter name and addres	ss of the third party		_					
	Name	• 					. 			
	Addres	s ►								
16	Gamın	g manager information								
	Name									
	Gamin	g manager compensation	n • \$							
	Descrip	otion of services provided	d ►							
	Dır	ector/officer	Employee		Independent	contractor				
17	Manda	tory distributions								
	state g	organization required und aming license?							Yes	No
t		he amount of distribution	•		listributed to oth	er exempt organ	izations or s	pent in the	е	
Par	organiz	Supplemental Info columns (III) and (V this part to provide	rmation. Complete /), and Part III, In	te this part nes 9, 9b, 1	10b, 15b, 15c.	, 16, and 17b	s required , as applic	by Part able. Al	t I, line so com	2b, plete
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number Empire South Pass Tarpon Rodeo 72-1122290 Form 990-EZ, Part III - Organization's Primary Exempt Purpose <u>Provide support for area charities</u>