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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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

04-01, 2010, and ending

03-31, 2011

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

TRI REGION WOMENS CARNIVAL CLUB INC

D Employer identification number

72-1265182

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

Room/suite

E Telephone number

PO BOX 4182

(985) 537-3965

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

HOUWA, LA 70361

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ►

required to attach Schedule B

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A

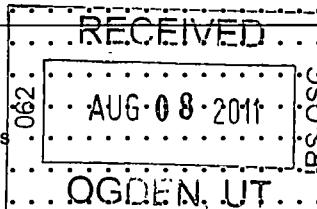
Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 117,904

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

Check if the organization used Schedule O to respond to any question in this Part I ►

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 90,185
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 14,515
c Less direct expenses from gaming and fundraising events	6c 5,583
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 8,932
7a Gross sales of inventory, less returns and allowances	7a 12,430
b Less cost of goods sold	7b 10,971
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 1,459
8 Other revenue (describe in Schedule O)	8 774
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 101,350
10 Grants and similar amounts paid (list in Schedule O)	10 92,033
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 860
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 499
16 Other expenses (describe in Schedule O)	16 643
17 Total expenses. Add lines 10 through 16	17 94,035
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,315
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 93,396
20 Other changes in net assets or fund balances (explain in Schedule O)	20 1
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 100,712



Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b

b Did the organization file Form 1120-POL for this year? 38a

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a 0

39 Section 501(c)(7) organizations. Enter 39b 0

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed ► 42a

42 a The organization's books are in care of ► EVELYN CRESSONIE Telephone no ► 985-537-3965
Located at ► 117 MAPLE CT RACELAND, LA ZIP + 4 ► 70394 42b X

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)? 42c X

If "Yes," enter the name of the foreign country ► 43
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 44a

If "Yes," enter the name of the foreign country ► 44b

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 44c

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44d

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44e

c Did the organization receive any payments for indoor tanning services during the year? 44f

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44g

45	Yes	No
		X
45a		X
46		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47	Yes	No
48		
49a		
b		
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

f Total number of other employees paid over \$100,000 ►

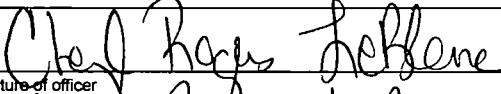
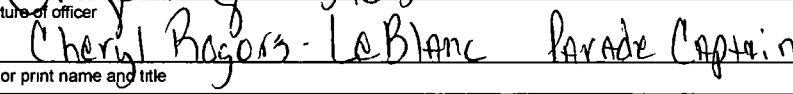
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

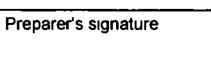
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer  Cheryl Rogers LeBlanc Parade Captain		Date 8-4-11
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Douglas Boudreaux EA	Preparer's signature 	Date 08-01-2011	Check <input type="checkbox"/> if self-employed	PTIN P00060393
	Firm's name ► DOUGLAS P BOUDREAU EA INC	Firm's EIN ► 72-1147521			
	Firm's address ► 8557 MAIN ST	Phone no 985-868-5924			
					HOUMA LA 70363

May the IRS discuss this return with the preparer shown above? See Instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2010**

Name of the organization

TRI REGION WOMENS CARNIVAL CLUB INC

Employer identification number

72-1265182

► Attach to Form 990 or 990-EZ.

**Open to Public
Inspection****01. Description of other revenue (Part I, line 8)**

DESCRIPTION	AMOUNT
NSF CHARGES	86
NSF'S COLLECTED	390
PRESENTATION TICKETS	298

02. List of grants and similar amounts paid (Part I, line 10)

GRANTEE	SCHEDULE A
AMOUNT	92,033

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
BANK CHARGES	46
GENERAL MEMBERSHIP MEETINGS	241
LEGAL FEES	5
SUPPLIES	351

04. Other changes in net assets or fund balances (Part I, line 20)

DESCRIPTION	AMOUNT
ROUNDING	1

05. Description of other assets (Part II, line 24)

BEGINNING	OF YEAR	END OF YEAR
CATEGORY		

Name of the organization

TRI REGION WOMENS CARNIVAL CLUB INC

Employer identification number

72-1265182

INVENTORY

579

1,741

Tri Region Womens Carnival Club, Inc.
 72-1265182
 For Year Ended March 31, 2011
SCHEDULE A

Form 990-EZ Part I Line 10

Other Expenses (Itemize):

Description	Total	Program Services	Mgt & General	Fundraising
Donation			1,000	
Parade Expenses:				
Tractors & Generators	1,818			
Bands & Transportation	4,500			
Costumes	15,915			
Insurance	13,079			
HTV	2,200			
LWCC	1,155			
City Hall	350			
Misc Parade Exp	40,613			
<i>Total Parade Expenses</i>		79,630		
Other Functions Expenses:				
Queen's Selection		1,142		
Historian & Photos		109		
Presentation		5,848		
Twelfth Night Dance		575		
Storage		1,800		
Fall Dance		1,929		
<i>Total Expenses</i>	92,033		0	0