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A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

C Name of organization ST TAMMANY PARISH FAIR ASSOCIATION	
Number and street (or P O box, if mail is not delivered to street address) PO BOX 2554	Room/suite
City or town, state or country, and ZIP + 4 COVINGTON, LA 70434	

D Employer identification number	72-1112334
E Telephone number	(985) 892-8421
F Group Exemption Number	

H Check  ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(5) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 97,996**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	115
	2	Program service revenue including government fees and contracts	2	97,780
	3	Membership dues and assessments	3	
	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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	101	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,996	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,100
	13	Professional fees and other payments to independent contractors	13	12,476
	14	Occupancy, rent, utilities, and maintenance	14	7,974
	15	Printing, publications, postage, and shipping	15	810
	16	Other expenses (describe in Schedule O)	16	63,982
	17	Total expenses. Add lines 10 through 16	17	88,842
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,154
	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	62,275
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	71,429

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . .	35c	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	40b	
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> LA		
42a	The organization's books are in care of <input type="checkbox"/> SHEILA DAWSEY Telephone no <input type="checkbox"/> (985) 626-1531 PO BOX 2554 Located at <input type="checkbox"/> COVINGTON, LA ZIP + 4 <input type="checkbox"/> 70434		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	No
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		
46			No

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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	
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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	
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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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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		2012-09-20 Date		
	SHEILA DAWSEY TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	PATRICK BRYAN HUVAL CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00033236
	Firm's name (or yours if self-employed), address, and ZIP + 4	LAPORTE APAC 5100 VILLAGE WALK SUITE 300 COVINGTON, LA 70433			EIN <input type="checkbox"/> 72-1088864
					Phone no <input type="checkbox"/> (985) 892-5850

May the IRS discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID:

Software Version:

EIN: 72-1112334

Name: ST TAMMANY PARISH FAIR ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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 & deferred compensation	(E) Expense account and other allowances
TOMMY PETERS PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
MELISSA DOTTOLO PO BOX 2554 COVINGTON,LA 70434	PRESIDENT 5 00	0	0	0
SHEILA DAWSEY PO BOX 2554 COVINGTON,LA 70434	TREASURER 5 00	1,200	0	0
SUE MATHIES PO BOX 2554 COVINGTON,LA 70434	SECRETARY 5 00	900	0	0
DENNIS GLASS PO BOX 2554 COVINGTON,LA 70434	VICE PRESIDENT 5 00	0	0	0
AJ WILLIE PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
DONICE JENKINS PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
KELLI JENKINS PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
LAWRENCE JOURDAN PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
ELLA MAE SELMON PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0
DEBBIE SHARP PO BOX 2554 COVINGTON,LA 70434	DIRECTOR 5 00	0	0	0

SCHEDULE O
 (Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
 Inspection

Name of the organization
 ST TAMMANY PARISH FAIR ASSOCIATION

Employer identification number
 72-1112334

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST AMOUNT 101
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JONATHAN PETERS GRANTEE RELATIONSHIP SON OF MEMBERS OF ASSOCIATION DATE OF GIFT 05/01/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME DANIEL THOMPSON GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/01/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME D J APPE GRANTEE RELATIONSHIP GRANDSON OF BOARD MEMBER DATE OF GIFT 05/01/11 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 6,990 DESCRIPTION BANK CHARGES AMOUNT 490 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 275 DESCRIPTION ENTERTAINMENT AMOUNT 4,050 DESCRIPTION INSURANCE AMOUNT 4,861 DESCRIPTION LAFF CONVENTION AMOUNT 2,244 DESCRIPTION MINI FARM AMOUNT 1,155 DESCRIPTION MISCELLANEOUS AMOUNT 876 DESCRIPTION PAGEANTS AMOUNT 4,971 DESCRIPTION PRIZES & AWARDS AMOUNT 17,411 DESCRIPTION PRODUCTION AMOUNT 6,600 DESCRIPTION RODEO AMOUNT 10,848 DESCRIPTION SUPPLIES AMOUNT 1,803 DESCRIPTION RENTAL EQUIPMENT AMOUNT 1,408 TOTAL TO FORM 990-EZ, LINE 16 63,982
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PREPAID MIDWAY BEG OF YEAR AMOUNT 10,000 END OF YEAR AMOUNT 10,000

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: ST TAMMANY PARISH FAIR ASSOCIATION

EIN: 72-1112334

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.