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2011

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011

, and ending 12-31-2011

- B Check if applicable**
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	ST TAMMANY PARISH FAIR ASSOCIATION
D Employer identification number	72-1112334
E Telephone number	(985) 892-8421
F Group Exemption Number	
G Accounting method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website:	► WWW.STTAMMANYPARISHFAIR.INFO
J Tax-Exempt status (check only one)	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 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
	5b Less cost or other basis and sales expenses	5b
	5c 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
Expenses	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
	10 Grants and similar amounts paid (list in Schedule O)	10 1,500
Expenses	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 II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	72,275	22 81,429
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	72,275	25 81,429
26 Total liabilities (describe in Schedule O)	10,000	26 10,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,275	27 71,429

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE PRIMARY ACTIVITY OF THIS ORGANIZATION IS TO ORGANIZE, PROMOTE, HOLD AND MAINTAIN PARISH FAIRS IN THE PARISH OF ST TAMMANY, LOUISIANA. THE GOAL OF THESE FAIRS IS TO STIMULATE, ENCOURAGE AND DEVELOP EDUCATIONAL AND SCIENTIFIC ACTIVITIES AND PROGRESS AMONG THE PEOPLE OF ST TAMMANY PARISH. MORE SPECIFICALLY, TO EMPHASIZE AND STIMULATE IMPROVEMENTS IN THE FIELDS OF EDUCATION, HOME ECONOMICS, AGRICULTURE, FORESTY, FLORISTRY, NURSERY CARE, DAIRY, LIVESTOCK, CRAFTS, COMMERCIAL ARTS, POULTRY, AND OTHER NATURAL RESOURCES THROUGH SAID FAIR

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 ST TAMMANY PARISH FAIR - 15,297 PEOPLE ATTENDED THE FAIR IN OCTOBER 2011 (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a 79,715
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 (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 79,715

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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)?

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

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

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 Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

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

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

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** 0

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 **40c** 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 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 **40e** 0

41 List the states with which a copy of this return is filed **41** LA

42a The organization's books are in care of **42a** SHEILA DAWSEY Telephone no **42a** (985) 626-1531

PO BOX 2554
Located at **42b** COVINGTON, LA ZIP + 4 **42b** 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 **42c** 0

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.?

If "Yes," enter the name of the foreign country **42d** 0

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 0 and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

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

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*

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)*

	Yes	No
33	33	No
34	34	No
35a	35a	No
35b	35b	
35c	35c	No
36	36	No
37a	37a	0
37b	37b	
38a	38a	No
38b	38b	0
39a	39a	0
39b	39b	0
40b	40b	0
40c	40c	0
40d	40d	0
40e	40e	No
41	41	LA
42a	42a	SHEILA DAWSEY
PO BOX 2554 Located at 42b	42b	COVINGTON, LA
ZIP + 4 42b	42b	70434
42c	42c	0
42d	42d	0
43	43	0
44a	44a	No
44b	44b	No
44c	44c	No
44d	44d	
45a	45a	No
45b	45b	

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

	Yes	No
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

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

	Yes	No
47		

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

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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 SHEILA DAWSEY TREASURER Type or print name and title	2012-09-20 Date
	Preparer's signature PATRICK BRYAN HUVAL CPA	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 LAPORTE APAC 5100 VILLAGE WALK SUITE 300 COVINGTON, LA 70433	Preparer's taxpayer identification number (See instructions) P00033236
	EIN 72-1088864	Phone no (985) 892-5850

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

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.

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.