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Part V Other Information (Note the Schedule A and personal benefit contract 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
<b>33</b>	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 . . . . .		No
<b>34</b>	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) . . . . .		No
<b>35a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	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 . . . . .		No
<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 . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
<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 tax year covered by this return? . . . . .		No
<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), 501(c)(4), and 501(c)(29) 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 . . . . .	<b>40b</b>	No
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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>	No
<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>RAYFORD JOEY FONTENOT</u> Telephone no ▶ <u>(225) 294-3876</u> Located at ▶ <u>PO BOX 416 SPRINGFIELD, LA</u> ZIP + 4 ▶ <u>704620416</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>	No
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	<b>42c</b>	No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b>	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) . . . . .	<b>45b</b>	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 Yes No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations 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 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 . . . . . 47 Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No
b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Includes a total row 'f' for 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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Includes a total row 'd' for independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations 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
RAYFORD JOEY FONTENOT OFFICER
Type or print name and title
2017-02-15
Date

Paid Preparer Use Only
Print/Type preparer's name: MARC R DEROUEN
Preparer's signature
Date: 2017-02-06
Check [X] if self-employed
PTIN: P01232050
Firm's name: DEROUEN & WELLS CPA'S
Firm's EIN: 72-0911927
Firm's address: 11021 PERKINS ROAD SUITE B, BATON ROUGE, LA 70810
Phone no: (225) 769-5711

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 72-1446849  
**Name:** TICKFAW 200 INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p><b>28</b> THE TICKFAW 200 POKER RUN IS A 200 MILE RADIUS BOAT RUN BEGINNING AT ANY AND ALL WATERWAYS AND CROSSING LAKES MAUREPAS AND PONTCHATRAIN THE EVENT ESTABLISHED A WARENESS FOR THE NEED TO CONTINUE TO SAVE THE TICKFAW RIVER ASSOCIATION AND TO DO ALL THINGS NECESSARY FOR THE GENERAL WELFARE AND BETTERMENT OF THE WATERWAYS OF THE PARISH OF LIVINGSTON (Grants \$ 1,635)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	60,386

**SCHEDULE O  
(Form 990 or  
990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

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Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
TICKFAW 200 INC

Employer identification number

72-1446849

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 6,062 OFFICE 2,968 INSURANCE 3,272 TOTAL 12,302
FORM 990-EZ, PART II, LINE 24	3,555 3,555 LESS ACCUMULATED DEPRECIATION 3,555 3,555 TOTAL 0 0

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	CREDIT CARD PAYABLE 536 2,025
FORM 990-EZ, PART III	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE CULTURAL, HISTORICAL, AND RECREATIONAL INTEREST IN LIVINGSTON PARISH, LOUISIANA AND TO ASSIST AND ENCOURAGE THE MATERIAL PROSPERITY AND PROGRESS OF THE PARISH OF LIVINGSTON IT ALSO RAISES MONEY TO FINANCE THE ORGANIZATION'S ACTIVITIES, TO BOOST THE LOCAL ECONOMY, TO ENCOURAGE FULL USE OF COASTAL RESOURCES PROVIDING WAYS TO ENHANCE OPPORTUNITIES FOR THE USE AND ENJOYMENT OF THE RECREATIONAL VALUES OF THE COASTAL ZONE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	THE TICKFAW 200 POKER RUN IS A 200 MILE RADIUS BOAT RUN BEGINNING AT ANY AND ALL WATERWAYS AND CROSSING LAKES MAUREPAS AND PONTCHATRAIN THE EVENT ESTABLISHED AWARENESS FOR THE NEED TO CONTINUE TO SAVE THE TICKFAW RIVER ASSOCIATION AND TO DO ALL THINGS NECESSARY FOR THE GENERAL WELFARE AND BETTERMENT OF THE WATERWAYS OF THE PARISH OF LIVINGSTON