

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
TICKFAW 200 INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 416

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, LA 70462

D Employer identification number
72-1446849

E Telephone number
(225) 769-5711

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 60,311

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																														
	2 Program service revenue including government fees and contracts		60,311																												
	3 Membership dues and assessments																														
	4 Investment income																														
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	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)																														
c Less direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7a Gross sales of inventory, less returns and allowances																															
b Less cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																														
	13 Professional fees and other payments to independent contractors																														
	14 Occupancy, rent, utilities, and maintenance																														
	15 Printing, publications, postage, and shipping																														
	16 Other expenses (describe in Schedule O)																														
	17 Total expenses. Add lines 10 through 16																														
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	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)																														
	20 Other changes in net assets or fund balances (explain in Schedule O)																														
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																														

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
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		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)		No
35a	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
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 39a _____		
39b	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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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		No
40c	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 ▶ _____		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>JOEY FONTENOT</u> Telephone no ▶ <u>(225) 769-5711</u> Located at ▶ <u>PO BOX 416 SPRINGFIELD, LA</u> ZIP + 4 ▶ <u>70462</u>		
42b	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 ▶ _____		No
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	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)?		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)		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 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

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.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (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 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: JOEY FONTENOT PRESIDENT Date: 2018-10-25

Paid Preparer Use Only Print/Type preparer's name: CHRIS NAQUIN Preparer's signature Date: 2018-10-25 Check self-employed: Yes PTIN: P01041459 Firm's name: WAYFINDER CPA LLC Firm's EIN: 82-3827860 Firm's address: 11021 PERKINS ROAD SUITE B BATON ROUGE, LA 70810 Phone no: (225) 317-7969

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 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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>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</p> <p>(Grants \$ 10,425)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	36,816

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public 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 10	NAME LIVINGSTON PARISH SHERIFF OFFICE CASH CONTRIBUTION 6,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES EVENT SERVICES 3,299 ENTERTAINERS/PERFORMERS 1,272 OFFICE SUPPLIES 654 POSTAGE 81 9 SUPPLIES 15,310 REPAIRS 736 ADVERTISING 4,301 INSURANCE 3,350 LEGAL & PROFESSIONAL 2,500 TRAVEL EXP 650 TOTAL 32,891

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 1,440 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
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