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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)

OMB No. 1545-0047

2007

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **October 1**, 2007, and ending **September 30**, 2008

B Check if applicable:

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization

Houma Cvtian Club Inc**CIVI**

D Employer identification number

72 6028255

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

P O Box 495

Room/suite

E Telephone number

()

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

Houma, La 70361F Accounting method: Cash Accrual
 Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ►

J Organization type (check only one) ► 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **238056**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

M Check ► if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a	8050	
b Direct public support (not included on line 1a)	1b		
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e	8050	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3	3115	
4 Interest on savings and temporary cash investments	4	520	
5 Dividends and interest from securities	5		
6a Gross rents	6a	1600	
b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c	1600	
7 Other investment income (describe) ►	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d		
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	224771	
b Less: direct expenses other than fundraising expenses	9b	207174	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	17597	
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	30882	
13 Program services (from line 44, column (B))	13		
14 Management and general (from line 44, column (C))	14	18180	
15 Fundraising (from line 44, column (D))	15	13014	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses. Add lines 16 and 44, column (A)	17	31194	
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-312	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	48224	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	47912	

01/1
23247877 JAN 25 2011
SCANNED JAN 28 2012
2012 Expenses

Part II. Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23	18180	18180	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A b Compensation of former officers, directors, key employees, etc. listed in Part V-B c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25a			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a – 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	587	587	
34 Telephone	34	546	546	
35 Postage and shipping	35			
36 Occupancy	36	984	984	
37 Equipment rental and maintenance	37	354	354	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	1695	1695	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	3052	3052	
43 Other expenses not covered above (itemize): a Dues b Trash removal c Postage d Office Supplies e Gras upkeep f Pest Control g Insurance	43a	3295	3295	
	43b	805	805	
	43c	180	180	
	43d	36	36	
	43e	540	540	
	43f	190	190	
	43g	750	750	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	31194	18180	13014

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	
<p>a <u>Needy persons in the community</u></p> <p>.....</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> 18180</p>	
<p>b _____</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c _____</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d _____</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services). ►</p>	

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
Assets	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		
45	Cash—non-interest-bearing	11174	45
46	Savings and temporary cash investments	46	
47a	Accounts receivable	47a	
b	Less: allowance for doubtful accounts	47b	47c
48a	Pledges receivable	48a	
b	Less: allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less: allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54a	Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
b	Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55a	Investments—land, buildings, and equipment: basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments—other (attach schedule)		56
57a	Land, buildings, and equipment: basis	57a 98131	
b	Less: accumulated depreciation (attach schedule)	57b 64133	37050
58	Other assets, including program-related investments (describe ►)		57c 33998
59	Total assets (must equal line 74). Add lines 45 through 58		48224 58 47912
Liabilities	60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe ►)		60 61 62 63 64a 64b 65
	66 Total liabilities. Add lines 60 through 65		66
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 74 Total liabilities and net assets/fund balances. Add lines 66 and 73		67 68 69 70 71 48224 72 47912 48224 73 47912 48224 74 47912

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on Part I, line 12:	
1	Net unrealized gains on investments	b1
2	Donated services and use of facilities	b2
3	Recoveries of prior year grants	b3
4	Other (specify):	b4
Add lines b1 through b4		b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 12, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify):	d2
Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d ►	e
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on Part I, line 17:	
1	Donated services and use of facilities	b1
2	Prior year adjustments reported on Part I, line 20	b2
3	Losses reported on Part I, line 20	b3
4	Other (specify):	b4
Add lines b1 through b4		b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify):	d2
Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d ►	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d	Does the organization have a written conflict of interest policy?	75d	✓

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b	Did the organization file Form 1120-POL for this year?	81b	✓

Part VI. Other Information (continued)		Yes	No
<p>82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a <input checked="" type="checkbox"/></p> <p>b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b <input type="checkbox"/></p> <p>83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a <input checked="" type="checkbox"/></p> <p>b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 83b <input checked="" type="checkbox"/></p> <p>84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a <input checked="" type="checkbox"/></p> <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b <input type="checkbox"/></p> <p>85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a <input checked="" type="checkbox"/></p> <p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b <input checked="" type="checkbox"/></p> <p>If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.</p> <p>c Dues, assessments, and similar amounts from members 85c <input type="checkbox"/></p> <p>d Section 162(e) lobbying and political expenditures 85d <input type="checkbox"/></p> <p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <input type="checkbox"/></p> <p>f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <input type="checkbox"/></p> <p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g <input type="checkbox"/></p> <p>h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h <input type="checkbox"/></p> <p>86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a <input type="checkbox"/></p> <p>b Gross receipts, included on line 12, for public use of club facilities 86b <input type="checkbox"/></p> <p>87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a <input type="checkbox"/></p> <p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <input type="checkbox"/></p> <p>88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. 88a <input checked="" type="checkbox"/></p> <p>b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. 88b <input checked="" type="checkbox"/></p> <p>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 89a <input type="checkbox"/></p> <p>b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b <input type="checkbox"/></p> <p>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 89c <input type="checkbox"/></p> <p>d Enter: Amount of tax on line 89c, above, reimbursed by the organization 89d <input type="checkbox"/></p> <p>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e <input type="checkbox"/></p> <p>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f <input type="checkbox"/></p> <p>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g <input type="checkbox"/></p> <p>90a List the states with which a copy of this return is filed ►</p> <p>b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b <input type="checkbox"/></p> <p>91a The books are in care of ► Don Fuerst and Ron Lajaunie Telephone no. ► (.) Located at ► Houma, La. ZIP + 4 ►</p> <p>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)? 91b <input checked="" type="checkbox"/></p> <p>If "Yes," enter the name of the foreign country ►</p> <p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Yes</td> <td style="width: 50%; text-align: center; padding: 2px;">No</td> </tr> </table>	Yes	No
Yes	No		

Part VI Other Information (continued)**Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a
b
c
d
e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b
c
d
e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ►

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI. Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

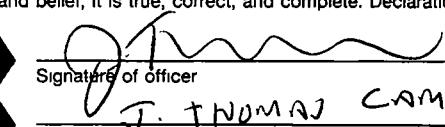
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
-----	--	-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
			✓

Please Sign Here	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.		
		Date	
	Signature of officer		
	J. THOMAS CAMPO BOARD MEMBER		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's SSN or PTIN (See Gen. Inst. X)
			Phone no ()