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2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

## 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning

, and ending

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

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
MONSIGNOR PETER M S WYNHOVEN BENEVOLENT ASSN

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

Room/suite

465 AVENUE B

City, town, or county

State

ZIP + 4

WESTWEGO

LA

70094-3606

D Employer identification number

72-0694452

E Telephone number

504/349-9220

F Group Exemption  
Number ►

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

Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) ( 2 ) ◀ (insert no)  4947(a)(1) or  527

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

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 21,207

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,200
	2 Program service revenue including government fees and contracts	2	9,400
	3 Membership dues and assessments	3	
	4 Investment income	4	3,305
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	0
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	0
Expenses	b Less: direct expenses other than fundraising expenses	6c	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	7,302
	8 Other revenue (describe ► See Attached Statement)	9	21,207
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
	10 Grants and similar amounts paid (attach schedule)	10	355
	11 Benefits paid to or for members	11	
Net Assets	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,205
	14 Occupancy, rent, utilities, and maintenance	14	36,300
	15 Printing, publications, postage, and shipping	15	424
	16 Other expenses (describe ► See Attached Statement)	16	747
	17 Total expenses. Add lines 10 through 16	17	39,031
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,824
	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	282,284
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	264,460

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	143,892	22
23 Land and buildings	138,392	23
24 Other assets (describe ► )	0	24
25 Total assets	282,284	25
26 Total liabilities (describe ► )	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	282,284	27
		264,460

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2009)

SCANNED SEP 14 2010

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

What is the organization's primary exempt purpose? Hold title to property for exempt organization

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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

---

28

(Grants \$)

If this amount includes foreign grants, check here

1

0

29

**(Grants \$)**

If this amount includes foreign grants, check here

1

0

30

**(Grants \$)**

If this amount includes foreign grants, check here

0

**31 Other program services (attach schedule)**

**Grants \$**

1

0

---

**32 Total program service expenses. (add lines 28a through 31a)**

1

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

List of Officers, Directors, Trustees, and Key Employees. List each and even if not compensated. (See the instructions for detail.)				
(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
Warren Deemer Westwego LA 70094	Title Pres. Hr/WK 1.00	0	0	0
David Raines Westwego LA 70094	Title V Pres Hr/WK 1.00	0	0	0
Nolan Bruce 465 Avenue B Westwego LA 70094	Title Sec Hr/WK 1.00	0	0	0
Warren Pitre Marrero LA 70094	Title Treas Hr/WK 1.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .
- 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, attach a statement explaining 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 or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .
- b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .
- 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 . . . . .
- 37 a 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? . . . . .
- 38 a 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 period covered by this return? . . . . .
- b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9 . . . . .
- b Gross receipts, included on line 9, for public use of club facilities . . . . .
- 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_
- 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .
- 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 . . . . .
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .
- 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 . . . . .

- 41 List the states with which a copy of this return is filed ► \_\_\_\_\_

- 42 a The organization's books are in care of ► NOLAN J BRUCE Telephone no ► 504-349-9220

Located at ► 465 AVENUE B City WESTWEGO ST LA ZIP + 4 ► 70094-3606

- 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: ► \_\_\_\_\_

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: ► \_\_\_\_\_

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

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

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a		X
38b	0	
39a		
39b		
40b		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

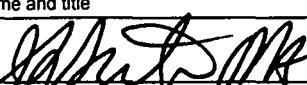
**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 46  |    |
| 47 Did the organization engage in lobbying activities? 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  |    |
| 49 a 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 |    |
| 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
Name None Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

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			
	► 	8-14-2010		
► Signature of officer				
► Type or print name and title	Nolan J. Bruce F.S. 3091 8-14-2010			
Paid Preparer's Use Only	Preparer's signature ► 	Date 7/28/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions) EIN ►
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► Uzee, Butler, Arceneaux & Bowes, CPAs 2067 Paxton Street, Harvey, LA 70058			Phone no ► (504) 347-0441

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

►  Yes  No

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization MONSIGNOR PETER M S WYNHOVEN BENEVOLENT ASSN	Employer identification number 72-0694452
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 465 AVENUE B	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WESTWEGO	LA 70094-3606

## Check type of return to be filed (file a separate application for each return)

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► NOLAN J BRUCE 465 AVENUE B WESTWEGO LA 70094-3606

- Telephone No. ► 504-349-9220 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ►
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or  
►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**Part I, Line 8 (990-EZ) - Other Revenue**

7,302

	Description	Amount
1	Gross Rents	1 4,100
2	Bar Funds	2 300
3	Refunds	3 100
4	Festival Proceeds	4 854
5	Miscellaneous	5 1,246
6	Fundraisers	6 702
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20





**Part 4, Line 16 (990-EZ) - Other Expenses**

747

1 Travel	1
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4 0
5 Conferences, conventions, and meetings	5
6 Depreciation	6 0
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10
11 Telephone	11
12 Unrelated business income taxes	12 0
13 Food	13 747
14 Miscellaneous	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29