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## Form **990**

## **Return of Organization Exempt From Income Tax**

lax

2009

OMB No. 1545-0047

Open to Public

Department of the Treasur

SCANNED NOV 1 2 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A	For t	he 2009 calendar year, or tax year beginning July 1	, 2009,	and ending	June	30	, 2010
В	Check if	applicable: Please C Name of organization INTERNATIONAL	L ASSN	OF LIO	NS	D Employe	r identification number
		is change label or Doing Business As NEW ORLEANS CI	ENTRAL	CITY L	IONS	23	7265915
	15.	print or Number and street (or P.O box if mall is not delivered to sh	reet address)	Room/suite	. 1	E Telephon	e number-
$\bar{\sqcap}$	Initial n	D 0 D07 1600		1		( )	;
$\exists$	Termin	Spacific	,	<del></del>	1		
$\vec{\Box}$		ed return titors METAIRIE LA 70004			1,	Gross rece	ыры <sub>\$</sub> 20,062
Π		ion pending. F. Name and address of principal officer:			1		#
	uhhikai	REGGIE ZERANGUE					oraffiliates?∐Ves A_No cluded? □Ves □No
· 1	Tax-ex	xempt status:     501(c) (4 )    (insert no.)	27				st. (see instructions)
Ì		site: >	,				≥ 0239
K		forganization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ➤ Chari	table	ar of formation	I tife) chonh av		egal domicile: LA
Э	art			ar or formadar.		W Clark St I	ages considered.
1.5		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>			·		-
	1	Briefly describe the organization's mission or most significately support :ouisiana Lions Eye	ant activitie	s: lation	Louis	iana (	Crinnled
ø	<b>]</b>	Children Camp and the lees forti	inate T	ndivid	nale o	four	Community
Activities & Governance	. `	The state of the s		iiai viia	uais	i Oui	Community
ē							
ő		Check-this box. ▶ ☐ if the organization discontinued its operations or d		re than 25% of	its net assett		4.0
95		Number of voting members of the governing body (Part VI				3	12
- 2		Number of independent voting members of the governing	body (Part '	VI, line 1b)		4	
¥.		Total number of employees (Part V, line 2a)				5	NA
Ą	- 6	Total number of volunteers (estimate if necessary)				6	15
		Total gross unrelated business revenue from Part VIII, colui		12. , ,		7a	0
	b	Net unrelated business taxable income from Form 990-T, li	ne 34,	<del> </del>	<u> </u>	7b	0
	ļ		i		Prior Yea		Current Year
- -	8	Contributions and grants (Part VIII, line 1h)				551	1,496
Revenue	1 -	Program service revenue (Part VIII, line 2g)			14,	914	4,482
 8		Investment income (Part VIII, column (A), lines 3, 4, and 7d	)		5,	824	14,084
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10					
		Total revenue-add lines 8 through 11 (must equal Part VIII) co			19,	289	20,062
	13	Grants and similar amounts paid (Part IX, column (A), lines	13)		35,		19,500
		Benefits paid to or for members (Part IX, column (A), line 4	•			-	
8		Salaries, other compensation, employee benefits (Part IX, colum		5-10)			
- 8118		Professional fundraising fees (Part IX, column (A), line 11e)	ינים וווו (רא ווווים	3-101			4 2
Expenses	•				A A A		
. ш	1"	Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a 11d; 141,24			0	897	9·575
	40	Total expenses. Add lines 13-17 (must equal Part IX) odus	FI/E	36		236	29-075
-	18	Revenue less expenses. Subtract line 18 from line 12	michal) entre i	<b>3</b>		947)	
5 g			<u> </u>	O Boo	nning of Curr		(9_, 0.1'3.) End of Year
		Total assets (Part Y line 16)	2 5 2010	O	696,	<del></del>	687,876
Ausets Balan	ł '	Total assets (Fall A, and To)		·  \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	030,	005	007,070
E E		Total liabilities (Part X, line 26)		_ੁ≅}		000	607.076
		Net assets or fund balances. Subtract line 21 from life@0.	TEM O	<u> </u>	696,	009 1	687,876
L		Under penalties of penury, I declare that I have examined this return, include	dino accompar	wing schedules	and stateme	nts, and to the	ne hest at my knowledge
,		and belief, it is true, correct, and complete. Declaration of preparer (other					
O:-	115 or 7010						
Sign   Date   Date						<u> </u>	
He	re .	0 000		-	Odic		
		TMES K-YIPT JK					<del></del>
	<del></del>	Type or print name and title	Taxi-	Check	it T=		
:	-	Preparer's	Date	self-	(19	reparer's iden ee instruction	orfying number s)
Paid	) <u>.</u>	signature	10-	13-110	red > L		
	parer's	700150	1,0-	13-110 -			
	Only	firm's name (or yours)			12.77	<u> </u>	······································
		address, and ZIP + 4 7			Phone no.	<b>&gt;</b> 3 3	
May	the l	IRS discuss this return with the preparer shown above? (se	e instructio	ns)			Yes No

	Statement of Program Service Accomplishments
1 -	Briefly describe the organization's mission:
;	Raise funds to help support the Louisiana Lions Eyq Foundation
	Louisiana Lions Crippled Children Camp and the less fortunate
	Individuale of our community
	Individuals of our community.
	Control when the state of the s
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O:
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to expend, the total aspended, and revenue, in any, for each program contract toported.
4-	10-th
48	(Code: ) (Expenses \$ 69,915 including grants of \$ ) (Revenue \$60,902 )
	Louisiana Liòns Eye Foundation
	Louisiana Crippled Children Camp
	Louisisana Charities
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	<u> </u>
•	
-	
-	
_	
	and the state of t
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	4+a-q
v	444
~	***************************************
بنير	Other program services. (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u></u>	Tetal program contine eventues by

Pa	THIV Checklist of Required Schedules	·	,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes complete Schedule A	s," 1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?,	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I	to 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	ete 4		NZ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	(e) <u>5</u>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors hat the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	ce, <u>7</u>		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III	8		х
-9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in P. X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes complete Schedule D, Part IV"			X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, quasi-endowments? If "Yes," complete Schedule D, Part V.	or 10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VII, VIII, IX, or X as applicable	VI, 11	) ()  }	X.
,	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," comple Schedule D, Part VI.	te		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or mo of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	re 🧎		
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or mo of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ге		
•,	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	ts	÷ 14 5 2	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	K 🕌		
- •	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the digalization included in consolidated, independent addited invalidation in the tax year.  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional:  12A	40		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
~	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ъ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15 `	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to a organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing service on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	-	. X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a If "Yes," complete Schedule G, Part III.	17	Х	,
	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		<u>X</u> .

2	Checklist of Required Schedules (continued)		·	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		'X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
<b>23</b> `	Did the organization answer "Yes" to Part Vil, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		NA
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	`	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	,	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	٠, ١	X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ -
27 ]	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	,	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>х</u> -х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	:	<b>X</b> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	37		· v
<u>,                                     </u>	<u> </u>			

	Statements negarting Cuter ind rungs and Tax Compilation			
			Yes	No
1a	Enter the number reported in Box 3 of Form Tueb, Annual Summary and Transmittal of 1	CHESCIE		r waren
-	U.S. Information Returns Enter -0 if not emplicable		15.20	
U	Eliter ute number di Como, Frace annuncia in mio, fai Eliter C il inte approache , . 145 1	وجوات و	pravious:	
c	Did the occanization comply with backup withholding rules for reportable payments to vendors and reportable	ALSA	All Marie	
•	Action A description to the control of the control	10		X
2a	Enter the number of embloyees reported on Form W-3, Transmittal of Wage and Tax			
	Continuous, they for the comment por median with an within the range constant in this rating ( 20 )		-	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		NA
	Note If the cum of lines to and 20 is greater than 250, you may be required to e-tile this return, uses		E TOTAL	764
•	instructions)	7		
32	Mid the highestian have unrelated business gross income of \$1,000 or more during the year concret by		A	3.5
	this return?	3a		NA
D	il Tres," has it illed a Forni 990-T for this year? If "No," provide an explanation in Echadum O.	- 3L7 }	<del>-</del>	TA C
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		.	
	even, a financial executit in a foreign country (such as a hank executity securities ancount or other financial accountry)	i	; \$	Х
٠.			- 14c T	
0	# "Yor " enter the name of the foreign country b-	2000 E		
	See the instructions for exceptions and tiling requirements for norm 10 n au-22, 1, Report of Foreign Bank and Financial Accounts.	2 - 3 d	á Ír	
	Was the organization a party to a prohibited (as sheller transaction at any time during the tax year?	Sa		_X
d d	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	, j	_ <u>X_</u>
	If "Yes" to line 5a or 5b, did the organization file Form 6880-T, Disclosure by Tax Exempt Entity Regarding			
Ų	Prohibited Tax Shelter Transaction?	5c	Í	NA
6á	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ĝa:	- 1	Х
	organization solicit any contributions that were not tax deductible?			
b	if "Yes," did the organization include with every solicitation an express statement that such communions or	1	1	
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section if u(c).		e a se la company	THE STREET
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	!	<u> X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?,	70	i	NΑ
E	Did the organization sell, exchange, or otherwise dispose of tangital personal property for which it was	_ ;	- }	· ·
	required to file Form 8282?	7c ]		X
d	It "Yes;" indicate the number of Forms 8282 filed during the year			
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		ESSENIOR PROPERTY.	
	benefit contract?	7e	<del></del>	<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	75		NA
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		ΝA
	required?			
8	organizations. Did the supporting organization, or a denor advised fund maintained by a sponsoring	7/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organization, have excess business holdings at any time during the year?	3		X
	Sponsoring organizations maintaining donor advised funds.			
э . а	Did the organization-make any taxable distributions under section 4966?	9a		·X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-1	• X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12.			
	Gross receipts, included on Form 990, Part VIII. line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or chareholders		Ž.	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		-	-
2a	Account in 1. (a)(1) there are interested to a post to the difference of a country	12a.		Х.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	2 - 11	oè e	
		Form'	<b>メダレ</b> じ	2009)

	- manimann	-	0	
_	990 (2009)		<del></del>	Page (
řě	Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes Schedule O. See instructions.	70 I , or (	b <del>e</del> lo: chan	w, an ges i
Se	ction A. Governing Body and Management			
,		,	Yes	
18	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2	<del> </del>	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct-			-
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<del>  `</del> -	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5.	<del> </del>	NA
6	Does the organization have members or stockholders?	6	+	X
7 <b>a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	12	х
ď	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	9 22 9
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<b>第</b>
	the year by the following:		是一位	1
a	The governing body?	8a	$\frac{X}{X}$	-
9 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	86	<del>  ^</del>	<del> </del>
	at the organization's malling address? If "Yes." provide the names and addresses in Schedule O	9a	<u> </u>	X
	ction B. Policies (This Section B requests information about policies not required by the Into- renue Code.)	emai 	· .	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	_	X.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ÑΑ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
-	form?	314		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4		044
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	,	X
p	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		NA
_		,	-	
, C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	-	NA
13	Does the organization have a written whistleblower policy?	13		X.
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by		1000	T West Co
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	158		X
þ	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See Instructions.)			
168	Did the organization trivest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	100	X
	with a taxable entity during the year?			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1000
	the organization's exempt status with respect to such arrangements?	16b	=3442333	NA
Sec	tion C: Disclosure			-1
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	ánty)	

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- available for public inspection, indicate how you make these available. Check all that apply.
  - Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employees) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$19,000 of reportable compensation from the organization and any related organizations.

List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not c		any	cun			cer, c	Tillec			<del>,</del>
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	2 1	otal number of independent contractors (ir	ncluding bu	t not	imi	ted	to ti	nose i	iste	d above) who r	eceived	

Pe	ďΛ	W Statement of Revenue		-			
2	ار المراجعة المراجعة المراجعة المراجعة			(A) Total revenue	(B) Related or exempt function revenue	(G) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
S s	2 1	a Federated campaigns	1a	The state of the s	recommendate supported	in the second	9
grants	5). '		1b 930		The same of the sa	harden and a model	2. 72. 22. 6. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
D) 2		b Membership dues	1c		<b>医</b>	2007 5 10 10 10 10 10 10 10 10 10 10 10 10 10	and the last
gifts, ler er	- 1	Fundraising events		The state of the s	FOR THE STATE OF T	THE REPORT OF THE PARTY OF THE	
	= 1` '	Related organizations	1d	Appending and the second		به جیسے کر سسیسے برسے کہ	
373,		Government grants (contributions),	1e		The transport of the same of	Compared to the second	on me manifestation
ĕ.		All other contributions, gifts, grants.		المراجع المعالمة المع	e de salendare de l'	بطيك فضمير ماسيم بمثا	**************************************
ribus	Ž   -	and similar amounts not included above	1f 566	THE THE PARTY OF T	The state of the s	等 等 李本章 為	
Contributions,		Noncash contributions included in lines 1a-11	t \$				
S a	i	Total. Add lines 1a-11		1,496	Carried States	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the same of th
0	1		Business Code	The second second		Service and the last of the la	THE PARTY OF THE P
Service Revenue	10			1	<u> </u>	<del></del>	
ĮĄ.	2		··· <del> </del>	<u> </u>		<del></del> -	
9	1.1						<del></del>
풀.	1.			<del></del>			<del></del>
	1 6	<b>1</b>					
Ę	1 6			ļ			·····
Program	1 1	All other program service revenue	•	<u> </u>	ļl		<del>, , , , , , , , , , , , , , , , , , , </del>
<u> </u>	1. 8	Total. Add lines 2a-21	▶		1781	The state of the s	2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 2
,	3	Investment income (including divid other similar amounts)	⊳	14,084	,		
	5	Income from investment of tax-exempt Royalties	bong proceeds - >	<del></del>	<del></del>	<del></del>	·····
- ·		(i) Real	(ii) Personal	E'8. 17. 10. 4. 4.	कुलाक कुरुकार	wite was and	पुरुष्ट्र दर्ग हे
,	-	- /- <del> </del>	(ii) Personal	The state of the state of		and the spirit see the state	A CONTRACTOR OF THE PERSON NAMED OF THE PERSON
		Gross Rents		Latin the state of the state of	The continue of the last section of the last s		The Charles of the
		Less: rental expenses		part signed and gard		en night van menten en e	
		Rental income or (loss)		a ret a market	and the same the same		النستنية
	C	I. Net rental income or (loss)	<u> </u>		-		, , , ,
	78	Gross amount from sales of (i) Securities	(ii) Other		in the	A. A. A. A. A. A. A. A.	
•		assets other than inventory		F. # 49 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1. 1' E R 3. 3	28 TA 18 TO
Ţ,	1	Less; cost or other basis		A COLOR OF STREET	the same of the sa	diring a trigicalization	प्राचित्रक परिवाद प्राचित्रक का किस्ता के स्वित्रक की किस्ता के किस्ता के किस्ता के किस्ता के किस्ता के किस्ता
	"	and sales expenses		Mar and the state of the state	STATE TO THE STATE OF	The state of the state of	्र क्रम्बर क्र <sub>म</sub> ी.
	١.	Gain or (loss)	,	the respective of the same of	A Company of State of		
		Net gain or (loss)			<del></del>	<del></del>	
_	- "			programme and a second			
3	8a	Gross income from fundraising	•				
ē	1	events (not including \$					3
é		of contributions reported on line 1c)		Brander attended	and the second s	مقح ميتنا فلترثير دجه يسيسيه	
<u></u>	١.	See Part IV, line 18	a	The state of the s		A CASA CA	A CALLY TO BE DON'T
Other Reve		Less: direct expenses	<b>b</b>		THE PERSON	** ** <del>***</del>	THE PERSON NAMED IN
0	C	Net income or (loss) from fundralsing	ng events 🖎			,	
	92	Gross Income from gaming activities	45 222	and the state of t	المن المناسبة المناسب	والمراجعة والمراجعة والمراجعة	·
- '		See Part IV, line 19	45,322	مفقع فيعم استعاره وأراه وها	مناسبات وسأعط فرواهم	er war war and a second	
	Ь	Less: direct expenses	40,840		and the second s		
		Net income or (loss) from gaming a		4,482			-
	10	(a) a ( ) (a) P(4 8a) Table Table Table	<del></del>			5 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	1.02	Gross sales of inventory, less		The same of the same of the same of	a tarabla lighta d un film ta		Fre distributed;
•		returns and allowances	h	The rain of the ra	1 the state of the	چەندىنىڭ ئاراپار ئاراپار ئاراپار ئىسىنىڭ سامىي قامىلىدىك	A 10 10 10 10 10 10 10 10 10 10 10 10 10
		Net income or (loss) from sales of inv	rentory:		-		السحق حست في
		Miscallaneous Revenue	Business Coda			The state of the s	***************************************
٤,	-		'enenuese Cons	25- 10-50	· · · · · · · · · · · · · · · · · · ·	7	
	11a		.	ļ			
· .	b			ļ			
-	. c						
. 2	. d	All other revenue	,				,
• -		Total. Add lines 11a-11d	⊳		L'internantion de l'internation	angan sanakangan e	and the same of
		Total revenue. See instructions.	D	20.062			

PERION Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	at required to con	rplete columns (B),	(C), and (D).
D:	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(O) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	19,500	19,500	Marie de marie de la companya del companya del companya de la comp	A MANAGE AND THE
2.	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7.7		The said of the said of the said	**************************************
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV; lines 15 and 16			The second secon	
5	Benefits paid to or for members .  Compensation of current officers, directors, trustees, and key employees				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<del></del>		
10	Payroll taxes				
11	Fees for services (non-employees):			1	,
a	Management			ļ	
b	Legal	·			<u> </u>
Ć	Accounting	1,125		1,125	
ď	Lobbying		Table Andrew		· · · · · · · · · · · · · · · · · · ·
Ð	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<u> </u>		<u> </u>
g	Others, , , , , , , , , , , , , , , , , , ,				
12	Advertising and promotion ,				, , , , , , , , , , , , , , , , , , , ,
13	Office expenses	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
14	Information technology	-			· · · · · · · · · · · · · · · · · · ·
15	Royalties				` <u> </u>
16	Occupancy		<del> </del>		<del>_</del>
17	-Travel			_ '	
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings ,	6,482		6,482	·
20	Interest				
21	Payments to affiliates Dues St & Int	995		995	
22	Depreciation, depletion, and amortization.				<u></u>
23	insurance	Column and the state of the	্রী, এই ১ সংক্রার বিভাগ বিদ্যাল	Secretary of the second	Seat This was a second
4_	Other expenses, Itemize expenses not	Tanget of white was the bush			
	covered above. (Expenses grouped together	the state of the s	n <del>all properties of a large of the large of</del>	partition of the second of the	إله سط يُحل تعاسمُ و معدد المعدد
	and labeled miscellaneous may not exceed	and the state of t	and the same of the	المرابعة المستهدية المستهديج	And of the same of
	5% of total expenses shown on line 25 below.)	7			
a	Administrative	842		842	
٠b-	Bank charges	52		52	<del></del>
C	Postage	79		79	
d					
0					
	All other expenses			<del></del>	<del></del>
.0	Total functional expanses. Add lines 1 through 24f  Joint costs. Check here D if following	·		· · · · · · · · · · · · · · · · · · ·	<del>y</del>
.0	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	29,075	19.500	9 575	•

Cashnon-interest-bearing	P	art_X	Balance Sheet	-		- ,
2 Savirigs and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Receivables from other disqualified persons (as defined under section 4958(n)t)) and persons, described in section 4958(n)t) and persons, described in section 4958(n)t) and persons and deferred charges 9 Prepatid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a   10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets: See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrevor or ustodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discussional trustees and loans payable to unrelated third parties 21 Escrevor or ustodial account liability and the person or ustodial count liability. Complete Part IV of Schedule D 23 Secured mortgages and index payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other itabilities. Complete Part X of Schedule D 26 Total Habilities. Add lines 17 through 25 27 Trustricted net assets 28 Total relations of				Beginning of year		End of year
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Secured mortgages and notes payable to unrelated third parties	ţ.					
Secured mortgages and notes payable to unrelated third parties		22				
23 Secured mortgages and notes payable to unrelated third parties	Lia	5 <sup>2</sup>			22	AND THE PROPERTY OF THE PROPERTY OF
24 Unsecured notes and loans payable to unrelated third parties 25 Other itabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets 29 Permanently restricted net assets Corganizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in-or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other tunds 33 Total net assets or fund balances  24  25  26  27  28  36,156  27  53,117  56  660,733  29  634,759  660,733  30  67  68  696,889  696,889  687,876		20	of the first of th			· · · · · · · · · · · · · · · · · · ·
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2 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 596,889 33 687,876 34 Total liabilities and net assets/fund balances 596,889 34 687,876	386	31 🗦	Paid-in or capital surplus, or land, building, or equipment fund			
33       Total net assets or fund balances       696,889       33       687,876         34       Total liabilities and net assets/fund balances       696,889       34       687,876	<b>4</b>	<b>32</b> 📝				
134 Total Habilities and net assets/fund balances 69.6,889 34 687,876	2					
	1	34	oral liabilities and net assets/fund balances	69.6,889]	34	687,876

Pa	rext Financial Statements and Reporting			
-			Yes	No
1"	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		(1 - 1 ) c	sterne"#
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2B	X	
	Were the organization's financial statements audited by an independent accountant?	2b	Х	├
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
ď	Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			i de de person.
	issued on a consolidated basis, separate basis, or both:	Taribasin'n National	100	grida e Gara
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	,	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			,
٠,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		ĮΝΑ

Form **990** (2009)

# $\frac{\texttt{Form 990 Part VIII 9-B Breakdown}}{\texttt{Year Ending 6-30-10}}$

Bingo Prizès	\$20,922.00
Pull Tabs Prizes	11,847.00
Bingo Supplies	2,531.00
Pull Tabs Supplies	1,254.00
Hall Rental	2,230.00
Security Service	858.00
Advertising	285.00
LA State fees	100.00
Over/Short	33.00
Bingo Workers	780.00
	\$40,840.00
	=========

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding** 

OMB No. 1545-0047

Name of the organization

Fundraising or Gaming Activities
the organization enswered "Yes" to Form 980, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

Attach to Form 980 or Form 980-EZ. > See separate instructions. Department of the Treasury Internal Revenue Service **Employer identification number** 

NEW ORLEANS C	ENTRAL C	<u>ITY LI</u>	<u>ONS CI</u>	JUB	23: 726:	5915
Part I Fundraising Activities Form 990-EZ filers a						
1 Indicate whether the organizat	ion raised funds	through a	ny of the fr	allowing activities	Check all that anni	v
a Mail solicitations		a [		ion of non-govern		,.
b Internet and email solicitati	iono	f [	-	ion of government	_	
	IOI IS	Ť				
c Phone solicitations		g∟	」 Speciai	fundraising events	}	
d In-person solicitations						
2a Did the organization have a writ	iten or oral agree	ement with	any individ	ual (including offic	ers, directors, truste	18S
or key employees listed in For	n 990, Part VII) o	or entity in	connection	with professional	fundraising service	s? 🔲 Yes 🔲 No
b If "Yes," list the ten highest pa to be compensated at least \$5			fundraisers	) pursuant to agre	ements under which	ch the fundraiser is
	,000 by the org	en uzenoon.				
Name of individual or entity (fundraiser)	(A) Activity	custody o	odraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraliser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					: 	
	-	<del> </del>				
	-					
	<del> </del>	<del> </del>				-
		ļ				
		<u> </u>				
	<u>.</u>	.1	1			
Total						
<ol> <li>List all states in which the organized registration or licensing.</li> </ol>	nization is regis	stered or li	censed to	solicit funds or h	as been notified it	is exempt from
	••••	<b></b>				
······································	·			· <b></b>		
			·			
		·	·			
			·			

	1 2		\ <del></del>		I .	(add col. (a) through
	_			(	Battle	col. (c))
	_		(event type)	(event type)	(total number)	<del> </del>
	_	Gross receipts				
		Less: Charitable				
-	_	contributions				
	3	Gross Income (line 1		}		
		minus line 2)				<u> </u>
	4	Cash prizes				
	•	Cash prices				
- 1	5	Noncash prizes				
1						
268	6	Rent/facility costs				
6	7	Food and beverages				
Direct Expenses	•	1 000 and bevarages				<del>                                     </del>
i ac	8	Entertainment				
[ ۵			ļ			
1	9	Other direct expenses : .	L	<u> </u>		
1	0	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		( )
	1	Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u></u> .	
Par	1 111			vered "Yes" to Form	990, Part IV, line 19,	, or reported more
		than \$15,000 on Form	990-EZ, line 6a.	Γ		<del></del>
2			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
Revenue						
rī	1	Gross revenue	27, 990	16.014	1.317	45.321
			_ , , , , , , , , , , , , , , , , , , ,			
Direct Expenses	2	Cash prizes	20,922	11,847		32,769
8	•	Noncock mines	0	0	0	0
ΔĮ.	3	Noncash prizes				1
<u>و</u>	4	Rent/facility costs	1,115	1,115		2,230
_ !		•				
-4-	5	Other direct expenses .	2,921	2,920	□ **	5.841
	_		☐ <b>Yes</b> 65 %	☐ Yes 65 % ☐ No	☐ <b>Yes</b> 65_ %	100
] '	6	Volunteer labor	L. 140			
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		( 40,840 )
1		•	•	• •	_	4 401
_1	8	Net gaming income summary	/. Combine line 1, colun	nn d, and line /	<u> </u>	4,481
_				L	Α	Yes No
		er the state(s) in which the o he organization licensed to o	•	nimig activities		9a X
		No," explain:	perate garming activities	S III GROW OF THOSE CHARLE	<b></b>	
Ī.		, orp.				
						19686
		re any of the organization's o	jaming licenses revoke	d, suspended or termin	ated during the tax yea	an 10a x
þ	If "	Yes," explain:				
-						
					·	
1	Dos	es the organization operate g	aming activities with no	onmembers?		. 11 x

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Schedule	u	(POIIII	550	O.	330-E	Z.,	2003	

Page 3

			esino
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► JOHN VOGT		
	Address ► 3909 BEROT DR, METAIRIE, LA 70001		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	Х
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$0		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	17a	Хİ
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 18,550		