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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No. 1545-1150

Open to Public Inspection

	A F	or the	2010 calendar year, or tax year beginning January 1st	, 2010 , a	and endin	g Dece	mber 3	1st , 20	10			
E	3 c	heck if ap	pficable C Name of organization				oyer ide	ntification numb	er			
[] /	Address d	nange Fleur De Lis Society				64-033780					
_	ן ⊑	tame cha	nge Number and street (or P.O. box, if mail is not delivered to street ad	dress)	Room/suite	e E Telep	hone nu	mber				
Ļ	=	nıtıal retur	P O Bux 1313				(22	28) 436-64				
Ļ	╡	erminate	■ City or town, state or country, and ZIP + 4			F Grou	ıp Exen	nption				
ř	=	Vmended Vpplication	Dilawi MC 20022				nber ▶	•				
-	=-		ng Method: ☑ Cash ☐ Accrual Other (specify) ▶			H Check I	Check ► If the organization is not					
ì		Vebsit						ch Schedule B				
J		Tax-exempt status (check only one) — ☐ 501(c)(3)										
-	_	heck >		re normally	normally not more than \$50,000. A							
			0-EZ or Form 990 return is not required though Form 990-N (e-postcard	-								
	te	o file a i	return, be sure to file a complete return.									
ī	L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,											
li	ne	25, colu		► s		832.69						
1	Pa	art I	Revenue, Expenses, and Changes in Net Assets or F	und Balance	es (see t	he instruc	ctions	for Part I.)				
-			Check if the organization used Schedule O to respond to a						. 🗸			
-		1	The state of the s				1		0			
		2	Program service revenue including government fees and contract	cts			2	·	0			
	ŀ	3	Membership dues and assessments				3		6000			
		4	Investment income				4		54.07			
		5a	Gross amount from sale of assets other than inventory	5a		0						
		b	Less: cost or other basis and sales expenses			0						
		c	Gain or (loss) from sale of assets other than inventory (Subtract		ne 5a) .		5c		0			
		6	Gaming and fundraising events									
		a	Gross income from gaming (attach Schedule G if greater	r than								
2 3 2011	en '	_	\$15,000)	6a		0						
\sim	'en	b	Gross income from fundraising events (not including \$	0 of	contribu	tions						
මෙ	Revenue	_	from fundraising events reported on line 1) (attach Schedule G	if the								
હ્ય			sum of such gross income and contributions exceeds \$15,000)			0	, ,					
\gtrsim		С	Less: direct expenses from gaming and fundraising events .	6c		0						
MAY		d	Net income or (loss) from gaming and fundraising events (add	lines 6a and	6b and	subtract						
		-	line 6c)				6d		0			
		7a	Gross sales of inventory, less returns and allowances	7a		86143.26			-			
<u></u>		b	Less: cost of goods sold			50832.69						
A		С	Gross profit or (loss) from sales of inventory (Subtract line 7b fro	om line 7a) .			7c	35	310.57			
SCANNED		8	Other revenue (describe in Schedule O)	· ·			8		0			
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶	9	41	364.64			
	Expenses	10	O and a second control of the second (but in Only of the second (but in Onl				10		0			
		11	Benefits paid to or for members	CO C 10 2000	Ţ		11					
_		12	Salaries, other compensation, and employee benefits	eceived			12		0			
		13	Professional fees and other payments to independent contracto	ors	၂၀		13		0			
		14		R 2 1 201	1. 08		14	14	112.71			
		15	Printing, publications, postage, and shipping		182		15		694.07			
		16	Other and describe in Cohordala (1)				16	11	742.15			
		17	Total expenses. Add lines 10 through 16	<u>GDEN, U</u>	J J	▶	17	29	548.93			
	3	18						11	815.71			
	et	18 Excess or (deficit) for the year (Subtract line 17 from line 9)										
	ASE		end-of-year figure reported on pnor year's return)				19	370	816.47			
	et/	20	Other changes in net assets or fund balances (explain in Schedu	ule O)			20		0			
	Ź	21	Net assets or fund balances at end of year. Combine lines 18 th		<u>.</u>	<u></u> >	21	382	632.18			
-	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No 10642							Form 990-E2	Z (2010)			

Cat. No 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt II Balance Sheets. (see the instructions of Check if the organization used Schedule		stion in this Pa	rt II		
	Check if the organization used Schedule	O to respond to any ques		Beginning of year		(B) End of year
22	Cash, savings, and investments		\frac{\pi_{\sigma}}{2}	86765.79		98581.50
23	Land and buildings		· · ·	254000	-	254000
24	Other assets (describe in Schedule O)		· · ·	30050.68		30050.68
25	Total assets		· · · ⊢	370816.47		382632.18
26	Total liabilities (describe in Schedule O)		· · · 		26	302032.18
27	Net assets or fund balances (line 27 of column			370816.47		382632.18
Par					21	
rai	Check if the organization used Schedule				(Rec	Expenses uired for section
\A/ba	t is the organization's primary exempt purpose?		11 (110) (1	· · · ⊔		c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the organization?	s exempt purposes In a clea	r and concise m	anner describe		nizations and section
	ervices provided, the number of persons benefited, and c					(a)(1) trusts, optional thers.)
					1010	T
28						
	(O) (A)					
~~		includes foreign grants, che			28a	0
29			·		ĺ	İ
				·		
	(Grants \$ 0) If this amount i	includes foreign grants, ch	eck here	<u> ▶ ⊔</u>	29a	0
30						
						1
	<u> </u>	includes foreign grants, che			30a	0
31	Other program services (describe in Schedule O)				_	
	(Grants \$ 0) If this amount i	includes foreign grants, che	eck here	<u> ▶ ⊔</u>	31a	
	Total program service expenses (add lines 28a th				32	0
Par						
	Check if the organization used Schedule	(b) Title and average	(c) Compensation			(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
 -		devoted to position	enter -0)	deferred comper	sation	other allowances
	n Balius	President 5			_	1
	Porter Ave Biloxi,MS 39530			0	0	0
	h Malagarie	Vice-President 5			_	_
	4 Cambridge Blvd Ocean Springs,MS 39564			0	0	0
	ille Boney	Secretary 5			_	
	8 Pine Ridge Rd Ocean Springs,MS 39565			0	0	0
	n Bienvenue	Treasurer 5			_	1
	Holly Hills Dr Biloxi,MS 39532			0	0	0
	ard J Broussard II	Chairman of Board 2			_	1
	Jasmine St Biloxi,MS 39531			0	0	0
	Broussard Sr	Board Member 2		_1		1
	Dak St Biloxi,MS 39530			0	0	0
	tes E Broussard Sr	Board Member 2				
	4 Low Point Rd Vancleave, MS 39565			0	0	0
Sher	man Sanders Sr	Board Member 2				1
5912	Ridge Rd Ocean Springs,MS 39564			0	0	0
Lero	y Duvall Sr	Board Member 2				
1620	5 Bordeaux Dr Biloxi,MS 39532			0	0	0
	n Fountain	Board Member 2				Į.
6117	Posey Bridge Rd D'Iberville,MS 39532	Dogra McHibel 2		0	0	0
	n Broussard	Roard Mamber 2		_		
4253	Oakridge Dr Biloxi,MS 39532	Board Member 2		0	0	0
Dudi	ley Langlinais	Board Marrhan 2				
PO	Box 225 Biloxi,MS 39533	Board Member 2		0	0	0
Scot	t Broussard	O				1
2114	Baywood Dr Biloxi,MS 39532	Board Member 2		0	0	0

Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			г
		Yes	No
description of each activity in Schedule O	33		✓
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
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	35b 36		√
	4		,
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			√
Initiation fees and capital contributions included on line 9			
	-	l	
		J	
	40b		✓
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			
reimbursed by the organization			
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	40e		✓
List the states with which a copy of this return is filed. ▶ Mississippi			
over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
• • •	42b		√
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
If "Yes," enter the name of the foreign country: ▶	42c		✓_
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	· ·	. •	► □
		Vac	No.
	442	162	<u>NU</u> ✓
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			_ V _
Did the organization receive any payments for indoor tanning services during the year?	44c		_ \
	44d		
	Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see nestructions) 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, explain in Schedule O (wy the organization did not report the microme on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has if filed a tax return on Form 990-T for this year (see instructions)? 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 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 990-T, epidin in Schedule O with the organization of the rote of the income on Form 990-T. Did the organization had income from business gross income of \$1,000 or more or was it a section \$501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? if "Yes," and it if it is a trivial at a trivial to a trivial activities of the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 33b Section 501(c)(7) organizations in 120-POL for this year? Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(3) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 ▶ 0; section 4956 ≥ 0. Section 501(c)(3) and 501(c)(4) organizations that a mount of tax on line 40c reminused by the organization of the organization aparty to a prohibited tax shelter transaction during	Vest Vest

-orm 99	U-EZ (20	<u>, , , , , , , , , , , , , , , , , , , </u>							age 4
								Yes	No
45		related organization a controlled en					45		1
а		ne organization receive any payment							
		ing of section 512(b)(13)? If "Yes," 990-EZ (see instructions)	Form 990 and Schedule F	may need	to be comple	eted instead of	450		١,
46		ne organization engage, directly or in	directly in political campai	nn activities	on behalf of	or in appasition	45a		✓
	to ca	ndidates for public office? If "Yes," of	complete Schedule C, Part	<u></u>			46		1
Part		Section 501(c)(3) organizations 501(c)(3) organizations and sections and 52, and complete the tables	on 4947(a)(1) nonexempt	nonexemp charitable	ot charitable trusts must	e trusts only. A answer questic	di sec ons 47	tion 7–49l	b
		Check if the organization used Sch		y question i	n this Part VI				. 🗆
	··							Yes	No
47		ne organization engage in lobbying a					47		✓
48		organization a school as described in					48		✓
49a		ne organization make any transfers to		related orga	anization? .		49a	\vdash	✓
_ b		s," was the related organization a se			 Anthor than off		49b		d kov
50		plete this table for the organization's byees) who each received more than							
	empic	byces, who each received more than	(b) Title and average		Compensation	(d) Contributions to	· -	Expen	
	(a) Nar	me and address of each employee paid more than \$100,000	hours per week devoted to position		le	mployee benefit plans & deferred compensation	ace	count a	and
None		tian \$100,000	devoted to position	'			Otrici	anowa	11000
							<u></u>		
f 51	Comp	number of other employees paid oven blete this table for the organization! 000 of compensation from the orga	s five highest compensate	d independe	ent contractor	s who each rec	eived	more	than
		(a) Name and address of each independent co			(b) Type	of service	(c) Cor	mpensa	ation
None									
						1			
]			
d	Total	number of other independent contra	actors each receiving over \$	100,000 .	.	0			
52	Did th	ne organization complete Schedule A	A? Note: All section 501(c)(3		ons and 4947] Yes		No.
		xempt chantable trusts must attach a							
Under p true, co	enalties rect, and	of penury, I declare that I have examined this rd complete Declaration of preparer (other than	return, including accompanying sch n officer) is based on all information	of which prepa	rer has any know	ledge.	ige and	1 Detiet,	, it is
Sign	Etton Luenvenuo 14/18/								
Here	I V Signature of officer Date 2								
		Type or print name and title				* -			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check ∐ if	PTIN		
Prep	arer				L	self-employed			
	Only	Firm's name ▶				m's EIN 🕨			
		Firm's address >	rohama at ama O Cara tarakan	tions	Pl	none no	10		No
viav ti	ne IHS	discuss this return with the preparer	r snown above? See instruc	uons		🟲 📗] Yes	'	No

Form **990-EZ** (2010)

SCHEDULE O (Form 990 or 990-EZ)

Fleur De Lis Society

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

dditional information.

Open to Public Inspection

Employer identification number

64-0337800

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional Name of the organization Form 990 or 990-EZ.

Part II Description of other Expenses Line 16	
Mississippi Sales Tax 6735.53	
Insurance 3326.29	
Misc Exp 1680.33	
For Total of 11742.15 of other expenses	
Part II Line 25	
Other Assets Are the Inventory Of the Club	
·····	
·····	
·····	
	•••••••••••••••••••••••••••••••••••••••
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