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Short Form  
Return of Organization Exempt From Income Tax

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning

, and ending

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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 or town

state or county

ZIP + 4

LA

70094-3606

D Employer identification number

72-0694452

E Telephone number

504/349-9220

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual

Other (specify) ► \_\_\_\_\_

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 2 ) ◀ (insert no)  4947(a)(1) or  527H 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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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

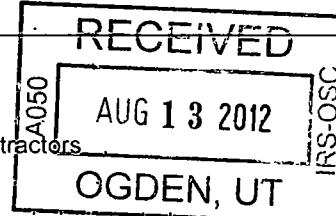
(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

55,679

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 19,997
	2 Program service revenue including government fees and contracts	2 21,500
	3 Membership dues and assessments	3
	4 Investment income	4 1,812
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	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
	b Less. cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 12,370
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 55,679
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 55
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 160
	14 Occupancy, rent, utilities, and maintenance	14 66,157
	15 Printing, publications, postage, and shipping	15 227
	16 Other expenses (describe in Schedule O)	16 5,790
	17 Total expenses. Add lines 10 through 16	17 72,389
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -16,710
	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)	19 258,964
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 242,254



**Part II Balance Sheets.** (see the instructions for Part II )Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	120,572	22	103,862
23 Land and buildings	138,392	23	138,392
24 Other assets (describe in Schedule O)		24	
25 Total assets	258,964	25	242,254
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	258,964	27	242,254

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III )Check if the organization used Schedule O to respond to any question in this Part III 

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

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

28

(Grants \$ ) If this amount includes foreign grants, check here ► 

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ► 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ► 

31a

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

0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0- )	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Warren Deemer Westwego LA 70094	Title Pres Hr/WK 1 00	0		
Myron Romero Westwego LA 70094	Title V Pres Hr/WK 1 00	0		
Nolan Bruce 465 Avenue B Westwego LA 70094	Title Sec Hr/WK 1 00	0		
Warren Pitre Marrero LA 70094	Title Treas Hr/WK 1.00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  Yes  No

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a  Yes  No  
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  Yes  No  
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No  
 b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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 tax year covered by this return? 38a  Yes  No  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations. Enter 39a  Yes  No  
 a Initiation fees and capital contributions included on line 9 39b  Yes  No  
 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 ► 40b  Yes  No, section 4912 ► 40c  Yes  No, section 4955 ► 40d  Yes  No  
 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40e  Yes  No  
 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 40f  Yes  No  
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40g  Yes  No  
 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 40h  Yes  No

41 List the states with which a copy of this return is filed ► 41  Yes  No

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 42a  Yes  No

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 ► 42b  Yes  No  
 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 the U S ? If "Yes," enter the name of the foreign country ► 42c  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43  Yes  No  
 and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Yes  No  
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  Yes  No  
 c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No  
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b  Yes  No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**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 47–49b and 52, and complete the tables for lines 50 and 51  
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>
----	--------------------------

49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>
-----	--------------------------

b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>
-----	--------------------------

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			
Name Str _____ City ST ZIP _____	Title Hr/WK 00			

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 _____		
Name Str _____ City ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► <i>Warren J. Deemer</i>	Date
	► <i>Warren J. Deemer</i>	8/4/2012
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	James L. Butler	<i>James L. Butler</i>	7/24/2012		P01287460
	Firm's name ► Uzee, Butler, Arceneaux & Bowes, CPAs			Firm's EIN ► 62-1369398	
Firm's address ► 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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

Name of the organization

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

► Attach to Form 990 or 990-EZ.

Monsignor Peter M S Wynhoven Benevolent Assn

**Employer identification number**

Form 990-EZ, Part I, Line 8, Other Revenue, Gross Rents 3,050

Form 990-EZ, Part I, Line 8, Other Revenue Bar Funds 2,000

Form 990-EZ, Part I, Line 8, Other Revenue: Miscellaneous 2,848

Form 990-EZ, Part I, Line 8, Other Revenue Fund Raiser 4,472

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Boy Scouts, Cash Grant 55

### Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Food, 3,321

Form 990-EZ, Part I, Line 16, Other Expenses, Miscellaneous 2,469

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*

**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*

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions Monsignor Peter M S Wynhoven Benevolent Assn	Employer identification number (EIN) or <input checked="" type="checkbox"/> 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	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Westwego	LA 70094-3606

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Nolan J Bruce

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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for.  
 ►  calendar year 2011 or

►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a 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, 990-T, 4720, or 6069, 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, 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