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Form 990-EZ Department of the Treasury

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)

Sponsoning 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. All other organizations with gross receipts less than \$200,000 and total assets less than \$500.000 at the and of the year may use this form.

OMB No 1545-1150

Open to Public Inspection

of the year may use this form return to satisfy state reporting requirements. Internal Revenue Service The organization may have to use For the 2011 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change 72-6028020 KENNER FIREFIGHTERS ASSN. LOCAL 1427 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Initial return P. O. BOX 1183 504-975-4084 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return KENNER, LA 70062 Number > Application pending X Cash H Check X If the organization is not **G** Accounting Method Accrual Other (specify) Website ► N/A required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3)  $\times$  501(c) (5)  $\rightarrow$  (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Check Light fit 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 48,388. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I ) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 44,106. 3 Membership dues and assessments 3 SEE SCHEDULE O Investment income 4 5a 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) 6с c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 4,241 7a Gross sales of inventory, less returns and allowances 7a 4,393. SEE SCHEDULE O b Less cost of goods sold 7b <152.> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 43,995. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 10 Ö 11 Benefits paid to or for members AUG 2 0 2012 11 12 12 Salaries, other compensation, and employee benefits Expenses 14,518. Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 35,048. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 49,566. 17 Total expenses. Add lines 10 through 16 17 <5,571.> 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 31,946. 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year Combine lines 18 through 20

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Form 990-EZ (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990-EZ (2011) KENNER FIREFIGHTERS ASSN.				72-				
P	<b>art II</b> Balance Sheets. (see the instructions for Part II.)	•							
	Check if the organization used Schedule O to res	spond to a							
			(A	) Beginning of year		T	(B) Er	of year	
22	• • • • • • • • • • • • • • • • • • • •			31,946				26,	375.
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27	1	/ Al-		31,946		ļ			375.
P	Statement of Program Service Accomplishme	•			·	/Pog		oenses for section	n
	Check if the organization used Schedule O to res		ny question	n in this Part II	I X			ind 501(c	
Wh	at is the organization's primary exempt purpose? SEE SCHEDULE C	) ———						ns and se	
	cnbe the organization's program service accomplishments for each of its three largest program			in a clear and concise			(a)(1) thers )	trusts, o	ptionai
	iner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each pro-	ogram title			1.0.0			
28	SEE SCHEDULE O								
	(Grants \$ ) If this amount includes foreign of	grants, check	here		<u> </u>	28a			
29									
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	(Grants \$ ) If this amount includes foreign of	grants, check	here			29a			
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	(Grants \$ ) If this amount includes foreign of	grants, check	here	<u>P</u>	<u> </u>	30a			
31	Other program services (describe in Schedule O)		_	_		_			
	A SA								
	(Grants \$ ) If this amount includes foreign (	grants, check	here		ليسل	31a			
	Total program service expenses (add lines 28a through 31a)				<b>&gt;</b>	32		5	
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	Total program service expenses (add lines 28a through 31a)	<b>Employees</b> spond to a	6. List each one exing the extra section	n in this Part I	/	32 Instruct			
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M] L# FF R] 30 P# 30	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and address  ICKEY GIARRUSSO, 123 OAKLAWN RIDGE ANE, ST. ROSE, LA 70087 RANK MANNINO, 9005 S. BOUND LANE, IVER RIDGE, LA 70123 YAN BERGERON 912 BEROT DRIVE, METAIRIE, LA 70002 AT ARDENEAUX O TERIBOU COURT, METAIRIE, LA 70003 ICK BARTOLO	Employees spond to a  (b) Title and per week pos  PRESID  1. FIRST 1. SECOND 1. SECRET 1. TREASU	ARY  OLIST EACH ONE EV.  INY QUESTION  AVERAGE HOURS  DEVICE - PR  OO  VICE - PR  OO  ARY  OO  RER	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  ESIDENT  0.  RESIDENT  0.	(d) He cont empl plans, con	32 ealth bernbutions oyee be and def	onefits, s to nefit erred on O .	(e) Esti amount (	O . O .

KENNER FIREFIGHTERS ASSN. LOCAL 1427 72-6028020 Form 990-EZ (2011) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V  $\mathbf{X}$ No Yes Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported 35a on lines 2, 6a, and 7a, among others)? N/A 35b 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 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 X requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х 36 complete applicable parts of Schedule N 0. 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Х b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A N/Asection 4911 ► section 4912 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? N/A 40b 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 N/A 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 N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE Telephone no ► 504-975-4084 42a The organization's books are in care of ► NICK BARTOLO ZIP + 4 > 70070Located at ▶ 118 ALLISON DRIVE, LULING, LA b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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. X 42c 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. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a X Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44h of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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)

44d Х 45a Form 990-EZ (2011)

Form 990-	EZ (20 <sup>-</sup>	(1) KENNI	ER FIREFIGH	TERS ASSN.	LOCAL	1427		72-6028	020		age 4
•									·······	Yes	No
	-	• -	ectly or indirectly, in po	litical campaign activiti	es on behalf of or	ın opposition	to candidates for pu	iblic office?	١		v
		nplete Schedule C, P			N 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4	46	لــــا	<u>X</u>
Part V			3) organizations								(c)(3)
			ection 4947(a)(1) non					and complete	tne ta	bles	
	to	r lines 50 and 51.	Check if the organiza	ition used Schedule	O to respond to	any questi	on in this Part VI			Yes	No
47 0.44	<b>.</b>				atra a sa affa at dissus		-C if "Van " namplets	Cob C Bort II	47	163	140
			obbying activities or hav described in section 170				ii ii tes, complete	SCII C, Fait II	48		
	-		ransfers to an exempt n			, L			49a		
	-	•	ation a section 527 orga		rgamzation ·				49b		
		-	nization's five highest ci		s (other than office	ers directors	trustees and key en	nnlovees) who e		ceived i	nore
		•	from the organization		-	,	,,,	.,,			
	******		ddress of each employe		(b) Title and ave	rage hours	(C) Reportable	(d) Health benefi		) Estim	ated
			re than \$100,000		per week de	voted to	compensation (Forms W-2/1099-MISC)	contributions to employee benef	it   ain		of other
			N/A	1	positio	on l	,	plans, and defem compensation	ed co	mpens	ation
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					4						
f Total	l numb	er of other employee	es paid over \$100,000		•	<b>&gt;</b>					
			nization's five highest c	ompensated independe	ent contractors wh	o each receiv	ved more than \$100,	000 of compen	sation 1	rom the	3
		n If there is none, er	· 1 -								
(a) Nam	e and a	ddress of each inde	pendent contractor paid	more than \$100,000		(b) Type o	f service	(c)	Comp	<u>ensatio</u>	<u>n</u>
				···							
			<del></del>								
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							<del></del>				
d Tota	Lnumb	er of other independ	lent contractors each re	ceiving over \$100.000			<b>&gt;</b>				
			Schedule A? <b>Note</b> : All se		zations and 4947(	a)(1) nonexe	mpt				
char	ıtahla t	riiete miiet attach a r	completed Schedule A					▶ [	Y	es 🗆	□ No_
Under pena	ities of p	eriury. I declare that I ha	ave examined this return, incomes based on all information of	cluding accompanying scho which preparer has any kn	edules and statement owledge	s, and to the be	est of my knowledge and	belief, it is true, c	orrect, a	nd comp	lete
		,	//	3							
Sign Here		Signature of officer	- Marie					Date	1,,	. /	_
11010		Wicholas	Bartal	Treas	PYLL			<u> </u>	10	/12	
		Type or print name and	title					<u> </u>			
	İ	Print/Type preparer		Preparer's signature	l .	Date	Check	if   PTIN			
Paid		LINDSAY J	. CALUB,	9. Day - (	Conce	0-9	self- emplo	* 1			
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Use O			UPLANTIER,	HRAPMANN	HOGAN &	MAHER		<u> </u>			0.00
			1615 POYDRA	•		100	Phone no	(504)	58	5 <b>0</b> – 8	866
			NEW ORLEANS	··	<u> </u>				₩.		7
May the II	RS disc	uss this return with	the preparer shown abo	ve? See instructions			<del></del>	<u> </u>		es	<u>No</u> (2011)
									rorm	99U-F/	(ZUIII)

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

# 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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KENNER FIREFIGHTERS ASSN. LOCAL 1427

**Employer identification number** 72-6028020

	ME:
DESCRIPTION OF PROPERTY:	AMOUNT:
FEDERAL CREDIT UNION	25.
CAPITAL ONE	16.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	41.
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SAL	ES OF INVENTORY:
INCOME:	
1. GROSS RECEIPTS	4,241.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	4,241.
4. COST OF GOODS SOLD (LINE 13)	4,393.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-152.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	4,393.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	4,393.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	4,393.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	9,439

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

### 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.

Attach to Form 990 or 990-E7

2011 Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization **Employer identification number** 72-6028020 KENNER FIREFIGHTERS ASSN. LOCAL 1427 **GIFTS** 281. 2,208. CONVENTIONS 99. FUEL 1,500. TELEPHONE 18,927. DUES 46. PO BOX 626. OFFICE EXPENSE 242. MISCELLENOUS 306. DONATION 42. BANK FEES 1,332. ADVERTISING 35,048. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FOSTERING AND ENCOURAGEMENT OF A HIGHER DEGREE OF SKILL AND EFFICIENCY, THE CULTIVATION OF FRIENDSHIP AND FELLOWSHIP AMONG ALL MEMBERS, THE MAINTENANCE OF PROPER RENUMERATION FOR DUTY PERFORMED, AND THE ELEVATION AND IMPROVEMENT OF THE MORAL, INTELLECTUAL, SOCIAL, AND ECONOMIC CONDITIONS OF ALL MEMBERS. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE FOSTERING AND ENCOURAGEMENT OF A HIGHER DEGREE OF SKILL AND EFFICIENCY, THE CULTIVATION OF FRIENDSHIP AMONG MEMBERS, THE MAINTENANCE OF PROPER RENUMERATION FOR ALL PERFORMED, AND THE ELEVATION AND IMPROVEMENT OF THE MORAL, DUTY INTELLECTUAL, SOCIAL, AND ECONOMIC CONDITIONS OF ALL MEMEMBERS. Schedule O (Form 990 or 990-EZ) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

132211 01-23-12

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

# 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.

KENNER FIREFIGHTERS ASSN. LOCAL 1427

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 72-6028020

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# Form **8868**

(Rev January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

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 Ex	ktension,	complete only Part II (on page 2 of	this form	)			
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed F	orm 8868			
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	ne to file	(6 months for a co	rporation		
	to file Form 990-T), or an additional (not automatic) 3-mo							
	o file any of the forms listed in Part I or Part II with the ex							
	Benefit Contracts, which must be sent to the IRS in paper							
	v irs gov/efile and click on e-file for Charities & Nonprofits		(		70.707.110 tilling 01 tilli	0 101111,		
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpora	ation required to file Form 990-T and requesting an autor					<del></del>		
Part I onl	у							
All other o	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	trusts must use Form 7004 to reques	st an exte	nsion of time			
Type or	Name of exempt organization or other filer, see instru	ictions		Employe	Employer identification number			
print					Employer Idonation name			
	KENNER FIREFIGHTERS ASSN. 1	LOCAL	1427		72-60280	120		
le by the due date for	Number, street, and room or suite no If a P O box, s				ecurity number (SS			
iling your	P. O. BOX 1183				county number (ac	514)		
eturn See	City, town or post office, state, and ZIP code For a fo	oreign add	fress see instructions	L		·		
	KENNER, LA 70062	5, 5, g, , aac						
	, , , , , , , , , , , , , , , , , , , ,			****				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
		- u - o p u - u	ar approach for such rotally			<u> </u>		
Applicati	on	Return	Application			Return		
s For		Code	Is For			Code		
orm 990		01	Form 990-T (corporation)			07		
orm 990		02	Form 1041-A		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	08		
orm 990		01	Form 4720			09		
orm 990		04	Form 5227			10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	·T (trust other than above)	06	Form 8870	· ·		12		
0	NICK BARTOLO	, 00	1 0/11/00/0			12		
The bo	ooks are in the care of   118 ALLISON DR	TVE -	LITTING IA 70070					
	one No. ► 504-975-4084		FAX No ▶	·		<del></del>		
	organization does not have an office or place of business	s in the Lin						
	To a Group Return, enter the organization's four digit (			f this is fo	r the whole group	ob ook the		
ox ► [	If it is for part of the group, check this box							
	quest an automatic 3-month (6 months for a corporation				ders the extension	is for		
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is fo	or the organization's return for.	Corganiza	non return for the organization flame	d above.	THE EXCENSION			
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	tax year beginning	, and	d ending	2 3 British	U 2 3 3 S S Secretar	المختصطة دنسة		
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	is application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable areality. See instructions	or 6069, a	nter the tentative tax, less any			0		
	refundable credits. See instructions.		und un die la la constant a constant	3a	\$	<u> </u>		
	is application is for Form 990-PF, 990-T, 4720, or 6069,	-			_	•		
	mated tax payments made. Include any prior year overpa			3b	\$	<u> </u>		
	ance due. Subtract line 3b from line 3a Include your pay	•	· · ·			_		
•	ising EFTPS (Electronic Federal Tax Payment System). S			3c	\$	<u> </u>		
	f you are going to make an electronic fund withdrawal w			rm 8879-				
.HA Fo	or Privacy Act and Paperwork Reduction Act Notice, s	see instru	ictions.		Form <b>8868</b> (F	rev 1-2012\		

- 0000 (D. 10010)					_	
Form 8868 (Rev. 1-2012)		A B A B A S A S A S A S A S A S A S A S	1		Pag	<u>e 2</u>
If you are filing for an Additional (Not Automatic) 3-Month Ex					ightharpoons	
Note. Only complete Part II if you have already been granted an a			led Form	8868		
If you are filing for an Automatic 3-Month Extension, comple    Door			al (no c	onios no	odod)	
Part II Additional (Not Automatic) 3-Month E	Xterisio				<del></del>	
		Enter filer's			see instruction	_
Type or Name of exempt organization or other filer, see instru-	ctions		Employe	r identificati	on number (EIN)	or or
print Transport Francisco		1.405		TO 6		
File by the KENNER FIREFIGHTERS ASSN. LO			X		028020	
due date for Number, street, and room or suite no If a P O box, si	ee instruc	tions	Social se	curity numl	oer (SSN)	
return See P. O. BOX 1183						
City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions				
KENNER, LA 70062						
					F-T-	_
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application	Return	Application			Retur	'n
ls For	Code	Is For			Code	<del>2</del>
Form 990	01					
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	
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 88	68.	
NICK BARTOLO						
<ul> <li>The books are in the care of           118 ALLISON DR.</li> </ul>	[VE -	LULING, LA 70070		·		
Telephone No ▶ <u>504-975-4084</u>		FAX No 🕨				
<ul> <li>If the organization does not have an office or place of business</li> </ul>	in the Ur	nited States, check this box			<b>▶</b> □	
<ul> <li>If this is for a Group Return, enter the organization's four digit (</li> </ul>	Group Exe	emption Number (GEN) li	this is fo	r the whole	group, check th	IS
box 🕨 🔲 If it is for part of the group, check this box 🕨 🔙	and atta	ich a list with the names and EINs of	all memb	ers the exte	ension is for	
4 I request an additional 3-month extension of time until1	OVEM	BER 15, 2012				
5 For calendar year 2011, or other tax year beginning		, and ending	]			_
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on Initial return	🔙 Fınal r	eturn		
Change in accounting period						
7 State in detail why you need the extension				<del>.</del>		
ADDITIONAL TIME IS REQUESTED D			<u>INFO</u>	RMATIC	NCNC	
REQUIRED TO FILE A COMPLETE AN	ID AC	<u>CURATE RETURN (FORI</u>	<u> 1990</u>	)		_
						_
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits See instructions			8a	\$	0	<u>.</u>
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 alle	owed as a	a credit and any amount paid				
previously with Form 8868			8b	\$	0	<u>.</u>
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0	) .
Signature and Verificati	ion mus	at be completed for Part II o	nly.			
Under penalties of perjury, I declare that I have examined this form, includi	ng accomp	panying schedules and statements, and to	the best o	f my knowle:	dge and belief,	
it is true, correct, and complete, and that I am authorized to prepare this fo	rm.			_	٥.	
Signature > Tirlson Club (PA Title > C	PA		Date	<u>▶ 8-</u>	5-12	
JU				Form	8868 (Rev 1-20	12)