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Form 990-EZ

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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For t	or the 2012 calendar year, or tax year beginning , 2012, and ending ,						
B _		of applicable C Name of organization	D Employer	nployer identification number				
-	1	change FLEUR DE LIS SOCIETY	64-03	337800				
-		Number and street (or P O box, if mail is not delivered to street address)	E Telephone					
F	Termir	I	(228)	388-4761				
	l	ded return City or town, state or country, and ZIP + 4						
	Application pending BILOXI MS 39533 F Group Exemption Number							
G		ounting Method X Cash Accrual Other (specify)		► X if the	e organization is not			
l	Web	site: N/A			Schedule B			
J	Тах-е	exempt status (check only one) — 501(c)(3) X 501(c) (7) (insert no) 4947(a)(1) or	527 (Form	990, 990-E	Z, or 990-PF).			
	norm ınstrı	ck \(\sum_{\text{ord}} \) if the organization is not a section 509(a)(3) supporting organization or a senally not more than \$50,000 A Form 990-EZ or Form 990 return is not required thou uctions). But if the organization chooses to file a return, be sure to file a complete relines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	gh Form 990-N (e-p eturn	ostcard) m	gross receipts are ay be required (see			
	asse	ets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead o	f Form 990-EZ .	.►\$				
Pa	<u>ırt l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balance	•	tructions				
	-	Check if the organization used Schedule O to respond to any question in this Part	<u> </u>		x			
	1	Contributions, gifts, grants, and similar amounts received		. 1				
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments		3	4,110.			
	4	Investment income .	1	4	28.			
		a Gross amount from sale of assets other than inventory						
		b Less. cost or other basis and sales expenses 51	b					
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c				
ь	6	Gaming and fundraising events	1	· 🍇 .				
R E V	i	a Gross income from gaming (attach Schedule G if greater than \$15,000)	a f contributions					
Ě	6	` <u> </u>	,,					
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 61						
	c	c Less. direct expenses from gaming and fundraising events	¢					
	d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d				
	7 a	a Gross sales of inventory, less returns and allowances	89,8	39.				
	b	Less: cost of goods sold 71	50,3	28.				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .		7с	39,511.			
	8	Other revenue (describe in Schedule O)		8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	CEIVED	 ► 9	43,649.			
	10	Grants and similar amounts paid (list in Schedule O)	<u> </u>					
_	11	Renefits naid to or for members	100	11				
EXPERSES	12		1 4 2013	12				
E	13	Professional fees and other payments to independent contractors			2,354.			
S	14	Occupancy, rent, utilities, and maintenance	EN UT .	14	21,511.			
E S	15	Printing, publications, postage, and shipping		15	1,949.			
	16	Cities expenses (describe in editedate C)	990 EZ, Part I, Line 16 Other E	·	16,713.			
	17	Total expenses. Add lines 10 through 16	<u> </u>	. 17	42,527.			
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	• •	18	1,122.			
A NS EE TT S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must	ear					
		figure reported on prior year's return)	• •	19	379,686.			
S	20	Other changes in net assets or fund balances (explain in Schedule O)	• • • • • • • • • • • • • • • • • • • •	20				
<u></u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20		. ► 21	380,808.			
RA	A FO	or Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2012) 4			

Form	990-EZ (2012) FLEUR DE LIS SO	CIETY		64	-033	37800 Page 2
Par	Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.)	stion in this Part II .			
•) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			95,635	. 22	91,584.
23	Land and buildings	•		254,000	. 23	259,000.
24	Other assets (describe in Schedule O)			30,051	. 24	30,224.
25	Total assets		· [379,686		380,808.
26	Total liabilities (describe in Schedule O)			0		0.
27	Net assets or fund balances (line 27 of	column (B) must agree with Ir	ne 21) .	379,686	. 27	380,808.
Par	Statement of Program Service A	ccomplishments (see the inst	rs for Part III.)			Expenses
	Check if the organization used Sci	hedule O to respond to any qu	estion in this Part III	<u></u>		uired for section 501
What	s the organization's primary exempt purpose? FF	ENCH SOCIETY CLUB) and 501(c)(4) nizations and section
Desc	ribe the organization's program service as sured by expenses. In a clear and concise	ccomplishments for each of its	s three largest program	services, as		(a)(1) trusts; optional
bene	fited, and other relevant information for e	ach program title.	es provided, the number	or persons		hers.)
28						
			· -			
				·		
	(Grants \$) If th	nis amount includes foreign gr	ants, check here	FT	28 a	
29	, , , , , , , , , , , , , , , , , , , ,			:		
						
				· 		
	(Grants \$) If the	nis amount includes foreign gr	ants check here		29 a	
30	(0.0110.0	as amount includes loreign gr	anta, check here		23 a	
-						
				· 		
	(Grants \$) If th				20.	
21		nis amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch	•				
20		nis amount includes foreign gr	ants, check here	<u> </u>	31 a	
	Total program service expenses (add lii		· · · · ·		32	
<u>ikar</u>	List of Officers, Directors,	Trustees, and Key Emp	ployees. List each one eve	en if not compensated	(see the	e instructions for Part IV)
	Check if the organization used Sci	nedule O to respond to any qu	estion in this Part IV			<u> </u>
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo	yee l	(e) Estimated amount of
	(w) rame and rue	position	(If not paid, enter -0-)	benefit plans, and defe compensation	erred	other compensation
KEI	TH J MALAGRIE			· ·		
	SIDENT	5.00	0.		ο.	•
	LIAM O KRAUSE JR	3.00			٠.	0.
	E PRESIDENT	5.00	0.		ο.	0.
		5.00	<u> </u>		٠.	<u> </u>
	ILLE J BONEY JR	E 00	_		_	•
	RETARY	5.00	0.		0.	0.
	ON_J_BIENVENUE_SR	- oo			_	
	ASURER	5.00	0.		0.	0.
	L BROUSSARD JR	12 00	_	1		_
	IRMAN OF THE BOARD	2.00	0.		0.	0.
	E PREMEAUX		_	1		
	RD MEMBER	2.00	0.		0.	0.
	AN MALAGRIE	-	_	1		_
	RD MEMBER	2.00	0.		0.	0.
	Y BROUSSARD SR	-			_	
	RD MEMBER	2.00	0.	· · · · · · · · · · · · · · · · · · ·	0.	0.
	EPH_EUGENE_ELLZEY_JR				_	_
	RD MEMBER	2.00	0.		0.	0.
	N_L_FOUNTAIN					
BOA	RD MEMBER	2.00	0.		0.	0.
MII	<u>LIAM O KRAUSE SR </u>	-				
BOA	ARD MEMBER	2.00	0.		0.	0.
<u>WAY</u>	NE_GRAY	.[
BOA	RD MEMBER	2.00	0.		0.	0.
EDW	ARD J BROUSSARD III	_		1		
	RD MEMBER	2.00	0.		0.	0.
		<u></u>	<u></u>	<u>L</u>		
BAA		TEEA0812 1	2/28/12			Form 990-EZ (2012)

Form	990-EZ (2012) FLEUR DE LIS SOCIETY 64-033780	0	P	age 3
Par	t 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			\Box
		- 	Yes	No
33	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	33		x
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		X_
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)?	35 a		
ь	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	.35 b		<u> </u>
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	35 c		x
	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		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions . • 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		x
	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?	38 a		x
U	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		,	
39	Section 501(c)(7) organizations. Enter.		·	
а	Initiation fees and capital contributions included on line 9 39a		4	
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 •; section 4912 •; section 4955 •		٠ģ.	
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			تـــــا
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		1
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	× .	7.00	75
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	*) . Aú
е	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	40 e	_1365331	X
	List the states with which a copy of this return is filed Mississippi	100		
42 a	The organization's books are in care of ELTON J BIENVENUE SR Telephone no. (228)	200	476	· •
	books are in care of ELTON J BIENVENUE SR Telephone no. (228) Located at 744 HOLLY HILLS DR BILOXI MS ZIP + 4 39532	200	4/0	<u>'</u>
	All and All an		Yes	No
ш	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)?	42 b		x
	If 'Yes,' enter the name of the foreign country	\vdash		
		1 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			7,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country: ▶			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	l
73	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		Ш	J
	and effect the amount of tax-exempt interest received of accrace during the tax year		Yes	No
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	44 a		X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 b		\ -
,	Instead of Form 990-EZ	44 c	\vdash	X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?		 	 ^
•	If 'No,' provide an explanation in Schedule O	44 d		

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

45 a

45 b

Page 4

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to 45 x 2 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3	•	•						Yes	No
Part Viz Section 591(CX3) organizations only All section 501(C)(3) organizations 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	46 Did th	ne organization engage, directly or indirect	tly, in political campaig	n activities o	n behalf of	or in opposition to		193° 7\	1
All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 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. 48 Is the organization as achool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Ix 49a Did the organization as achool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 49 Did the organization as achool as described in section 527 organization? 50 Complete this table for the organizations for employee good organization or the stable of the organization as achool so the stable organization or the stable organization organ				•••	- · · · ·	<u> </u>	. 46	<u> </u>	<u> x</u>
for lines 50 and 51. Check the organization used Schedule Q to respond to any question in this Part VI 47 Did the organization engage in libibiying activities or have a section 50(tit) election in effect during the tax year? If Yes, complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 If Yes, was the related organization section 527 organization? 50 Complete this table for the organizations 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. 60 Name and title of each employee and nove than \$100,000 of compensation from the organization. If there is none, enter None, enter None. 60 Name and afters of each employees paid over \$100,000 61 Total number of other employees paid over \$100,000 62 Total number of other independent contractors five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the	Part Vigo	Section 501(c)(3) organizations All section 501(c)(3) organization	S ONIY Yns must answar a	uestions 1	7 /Oh and	d 52 and complete	a tha table		
47 Did the organization engage in lobbying activities or have a section 501(ft) election in effect during the tax year? If Yes, complete Schedule C, Part II 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 48 Is the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations 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 title of each employees and lover \$100,000 of compensation from the organization. If there is none, enter None. (b) Peparties compensation of the organization organiz		for lines 50 and 51.	nis must answer q	uesilons 4	7-430 and	a 52, and complete	s tile table	:5	
47 Did the organization engage in lobbying activities or have a section 501(ft) election in effect during the tax year? If Yes, complete Schedule C, Part II 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 48 Is the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations 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 title of each employees and lover \$100,000 of compensation from the organization. If there is none, enter None. (b) Peparties compensation of the organization organiz			e O to respond to any o	uestion in thi	s Part VI		_		
47 Did the organization engage in lobbying activities of have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule P. at 14						<u> </u>		Yes	No
48 is the organization as school as described in section 170(b)(1)(A)(ii) 2 if Yes, complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each recovered more than \$100,000 of compensation from the organization if there is none, enter Wone. (a) Name and title of each employees (b) Average theur per week flower than \$100,000 of compensation from the organization of the organization organizati			es or have a section 50	01(h) election	ın effect dı	iring the tax year? If 'Y			
49 a Did the organization make any transfers to an exempt non-charitable teated organization? 49 a			ction 170/b)/1\/A\/u\2	If 'Vec' comp	Joto Schodi	 			
b If Yes, was the related organization a section 527 organization? 50 Complete this table for the organization street which section properties of 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 title of each employee pland more than \$100,000 of compensation from the organization. If there is none, enter 'None: (b) Average hours per week organization of the properties		-		•		ле Е			-
### A Total number of other employees paid over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors who each received more than \$100,000 of compensation from the organization of the description of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization if there is none, enter None: #### Total number of other independent contractors and adverse of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None: #### Total number of other independent contractors paid more than \$100,000 #### Total number of other independent contractors paid more than \$100,000 of compensation from the organization of the paid in th					iizatioii.				-
(a) Name and title of each employee paid once than \$100,000 NONE 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 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 NONE 4 Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation NONE 4 Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 4 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (d) Compensation NONE 5 Dot the organization complete Schedule A? Note: All sections 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must static a completed Schedule A is experienced the return, which were prepared to which propage rise and statements, and to miss of orly knowledge and belief, it is separate of the propage rise and statements, and to miss of orly knowledge and belief, it is separate of the propage rise and which	50 Comp	plete this table for the organization's five h	nighest compensated e	mployees (oth	ner than offi	cers, directors, trustee	s and key		
(a) Name and tile of each employee paid more than \$100,000 paid more	emple	oyees) who each received more than \$100	0,000 of compensation	from the orga	inization. If	there is none, enter 'N	one.'		
f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other 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 NONE d Total number of other independent contractors each receiving over \$100,000 52		(a) Name and title of each employee paid more than \$100,000	per week devoted	(c) Reportable of (Forms W-2/1	compensation 1099-MISC)	contributions to employee benefit plans, and deferred			
Total number of other independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None' (a) Name and address of each independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation NONE 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 Under penalties of perity, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is supported in the completed Schedule A The penalties of perity, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is supported to complete Schedule A The penalties of perity, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is supported to office that office is a supported schedule in the supported schedule is a supported sch	NONE	-							
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Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Poate O2/10/13 Check of self-employed PO1315750 Prim's name > MCDONNELL ACCOUNTING P A Firm's address > 300 HILLER DR BILOXI MS 39531-3238 Phone no (228) 374-2374 May the IRS discuss this return with the preparer shown above? See instructions	Sign January 1						,		
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May the IRS discuss this return with the preparer shown above? See instructions	USE UIIIY			MS	39531-3				
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Name of the organization Employer identification number 64-0337800 FLEUR DE LIS SOCIETY

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
ENTERTAINMENT	10,556.
INSURANCE	3,316.
SUPPLIES	2,841.
Total	16,713.