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Short Form  
Return of Organization Exempt From Income Tax

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

<b>A</b> For the 2015 calendar year, or tax year beginning _____, and ending _____			
<b>B</b> Check if applicable	<b>C</b> Name of organization	<b>D</b> Employer identification number	
<input type="checkbox"/> Address change	Monsignor Peter M H Wynhoven Benevolent Assn		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	
<input type="checkbox"/> Initial return	465 Avenue B		
<input type="checkbox"/> Final return/terminated	City or town	State ZIP code	
<input type="checkbox"/> Amended return	Westwego	LA 70094-3606	
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county Foreign postal code	
<b>E</b> Telephone number	72-0694452		
<b>F</b> Group Exemption Number ►	504/349-9220		
<b>G</b> Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____	
<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
<b>I</b> Website: ► N/A			
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 2 ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 36,159			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	30,000
	3 Membership dues and assessments	3	
	4 Investment income	4	238
	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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
c Less direct expenses from gaming and fundraising events	6d	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
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	5,921	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,159	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,618
	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	
	14 Occupancy, rent, utilities, and maintenance	14	31,542
	15 Printing, publications, postage, and shipping	15	272
	16 Other expenses (describe in Schedule O)	16	4,029
17 Total expenses. Add lines 10 through 16	17	37,461	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,302
	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	235,493
	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	234,191

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

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6

**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 

22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O)  
 25 Total assets  
 26 Total liabilities (describe in Schedule O)  
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
97,101	22 95,799
138,392	23 138,392
	24
235,493	25 234,191
	26
235,493	27 234,191

**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, optional for others )

28 Hold title to property for tax exempt organization(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 title	(b) 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
Myron Romero Pres	Hr/WK 1 00			
Gally Thibodeaux V Pres	Hr/WK 1 00			
Nolan Bruce Sec	Hr/WK 1 00			
Warren Pitre Treas	Hr/WK 1 00			
	Hr/WK			

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 <input type="checkbox"/>	
Question	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a <input type="checkbox"/>	37a <input type="checkbox"/> X <input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <input type="checkbox"/> X <input type="checkbox"/>
39 Section 501(c)(7) organizations Enter	39a <input type="checkbox"/> X <input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b <input type="checkbox"/> X <input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40a <input type="checkbox"/> X <input type="checkbox"/>
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 ► _____	40b <input type="checkbox"/> X <input type="checkbox"/>
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40c <input type="checkbox"/> X <input type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d <input type="checkbox"/> X <input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40e <input type="checkbox"/> X <input type="checkbox"/>
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	41 <input type="checkbox"/> X <input type="checkbox"/>
41 List the states with which a copy of this return is filed ► _____	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	42b <input type="checkbox"/> X <input type="checkbox"/>
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 ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c <input type="checkbox"/> X <input type="checkbox"/>
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 ► _____	43 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 ► 43 <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a <input type="checkbox"/> X <input type="checkbox"/>
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 <input type="checkbox"/> X <input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46		X

**Part VI Section 501(c)(3) 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

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

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

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

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

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 title of each employee	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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 business address of each independent contractor	(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	

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 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>Maryon Romero</i>	<i>5-30-16</i>
	Signature of officer	Date
	► <i>Maryon Romero - President</i>	
	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>	5/23/2016		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)

Department of the Treasury  
Internal Revenue Service

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Employer identification number

72-0694452

Name of the organization

Monsignor Peter M H Wynhoven Benevolent Assn

Form 990-EZ, Part I, Line 8, Other Revenue Gross Rents 2,650

Form 990-EZ, Part I, Line 8, Other Revenue Bar Funds 1,606

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 480

Form 990-EZ, Part I, Line 8, Other Revenue Fund Raiser 249

Form 990-EZ, Part I, Line 8, Other Revenue Reimbursements 936

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 2,221

Form 990-EZ, Part I, Line 16, Other Expenses Food 1,808