

FLEUR DE QUE P.O. BOX 750018, NEW ORLEANS, LA 70175

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KUSHNER LAGRAIZE, LLC



Form 8879-TE		IRS e-file Signatu for a Tax Ex	re Authorization	ŀ	OMB No. 1545-0047
Form <b>OO7 3-1 L</b>					
	For calendar year 202		, 2022, and ending <b>JUN 3</b> (	, 20 <u>4 5</u>	2022
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Go to www.irs.gov/Form8879			
Name of filer		Go to www.irs.gov/Formos/s	TE for the latest mormation.	EIN or SSN	
	DE QUE				42054
Name and title of officer or po		BRADLEY GOTTSEG	EN	10 21	12031
Name and the of officer of p		TREASURER			
Part I Type of	Return and Re	turn Information			
			enter the applicable amount, if any	from the return	Form 8038-CP and
Form 5330 filers may enter or <b>10a</b> below, and the am	er dollars and cents ount on that line for	. For all other forms, enter whole r the return being filed with this f	dollars only. If you check the box orm was blank, then leave line <b>1k</b> return, then enter -0- on the applic	on line 1a, 2a, <b>5</b> , 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check	here X	<b>b</b> Total revenue, if any (For	m 990, Part VIII, column (A), line 1	2)	1ь 351,814.
2a Form 990-EZ che	eck here		m 990-EZ, line 9)		
3a Form 1120-POL	check here		., line 22)		3b
4a Form 990-PF che	eck here		<b>t income</b> (Form 990-PF, Part V, lir		4b
5a Form 8868 check	here	b Balance due (Form 8868,	line 3c)		5b
6a Form 990-T chec	k here		rt III, line 4)		
7a Form 4720 check	here		t III, line 1)		
8a Form 5227 check	here		t <b>ax year</b> (Form 5227, Item D)		8b
9a Form 5330 check		b Tax due (Form 5330, Part	II, line 19)		9b
10a Form 8038-CP c			nt requested (Form 8038-CP, Par	t III, line 22)	10b
Part II Declara	tion and Signa		icer or Person Subject to		
Under penalties of perjury	, I declare that X	] I am an officer of the above er	itity or 🔲 I am a person subjec	t to tax with resp	ect to (name
			, (EIN)	-	
of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receive	e, I authorize the U, ution account indic it the entry to this a s prior to the payme ve confidential infor mber (PIN) as my si	S. Treasury and its designated F ated in the tax preparation softv account. To revoke a payment, I nt (settlement) date. I also author mation necessary to answer ing	he reason for any delay in process inancial Agent to initiate an electry vare for payment of the federat tax must contact the U.S. Treasury Fi prize the financial institutions invol uiries and resolve issues related to and, if applicable, the consent to	onic funds withd kes owed on this nancial Agent at lved in the proce o the payment. I	rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a
X I authorize KU		RAIZE, LLC		to enter my P	IN 11111
		ERO firm name			Enter five numbers, but
					do not enter all zeros
with a state age	•	charities as part of the IRS Fed/	have indicated within this return th State program, I also authorize the		U U
return. If I have	indicated within thi		ill enter my PIN as my signature o n is being filed with a state agency re consent screen.		•
Signature of officer or person subje		antiaction		Date	
	ation and Author				
ERO's EFIN/PIN. Enter y number (EFIN) followed by	-	-	720305033 Do not enter all z		
-			2022 electronically filed return in odernized e-File (MeF) Information		
ERO's signature			Date		
		ERO Must Retain This F	orm - See Instructions		
			RS Unless Requested To	Do So	
LHA For Privacy Act an		iction Act Notice, see instructi	•		Form <b>8879-TE</b> (2022)
202521 12-16-22					

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or				Taxpayer identification number (TIN)			
print	FLEUR DE QUE				46-21	42054	
File by the due date fo filing your		see instruct	ions.				
return. See instructions		oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01	
Applicat	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) BRAD GOTTSEGEN	07					
<ul> <li>If this</li> <li>box</li> <li>1</li> <li>I real</li> <li>the</li> <li>the</li> <li>the</li> <li>the</li> </ul>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or . Tax year beginningJUL 1, 2022 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX annization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole ( ers the exter npt organizat	group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	) enter the	tentative tax less				
	y nonrefundable credits. See instructions.	2, 01101 110	tomativo tax, 1000	3a	\$	0.	
b lft	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	: If you are going to make an electronic funds withdrawal			153-TE an	d Form 8879	-TE for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	3868 (Rev. 1-2022)	

223841 04-01-22

			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	_ <b>Q</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		2022
1 01			Do not enter social security numbers on this form as it may		
Depa Inter	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection
-			ar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
	Check if pplicab	le: C Name of	organization	D Employer identifica	ition number
	Addre	FLEU	R DE QUE		
	Name		usiness as	46-214205	4
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su BOX 750018,	uite E Telephone number 504895244	0
	termi	n-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	351,814.
	Amer		ORLEANS, LA 70175	H(a) Is this a group retu	urn
	Appli tion	F Name a	nd address of principal officer: BRADLEY GOTTSEGEN	for subordinates?	Yes X No
	pend			H(b) Are all subordinates inclu	uded? Yes No
<u> </u>	Tax-ex	empt status:			st. See instructions
_	Nebs		FDQ.ORG	H(c) Group exemption	
	<sup>:</sup> orm o <b>art l</b>	f organization: Summarv	Corporation Trust Association X Other LLC LY	Year of formation: 2015 M	State of legal domicile: LA
F	1				-D
Governance	1		e the organization's mission or most significant activities: TO RAISE 3) ORGANIZATIONS.	FUNDS FOR OTH	LK
rnar	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	ts.
Nel	3	Number of vot	ing members of the governing body (Part VI, line 1a)		7
ğ	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)	4	7
se 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		0
/itie	6	Total number	of volunteers (estimate if necessary)	6	45
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	343,917.	351,814.
enu	9	•	ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
ш.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	343,917.	351,814.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	327,047.	280,625.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b		ng expenses (Part IX, column (D), line 25)0 .		72 007
ш	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	67,876.	<u>73,287.</u> 353,912.
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	394,923.	
	19	Revenue less	expenses. Subtract line 18 from line 12	-51,006. Beginning of Current Year	- 2 , 098 . End of Year
ts ol		<b>T</b> . <b>t</b> . <b>t t</b> . <i>(</i>		6,567.	6,606.
Net Assets or	20	Total assets (F		0,507.	2,138.
let A	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	6,567.	4,468.
	art II	Signature		0,507•	4,400.
		-	I declare that I have examined this return, including accompanying schedules and stat	tements and to the hest of my k	nowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which prepa		nomougo una bolloi, it 13
	,			aron nuo uny knowlougo.	
		Cimentum of a	£	Data	

Sign	Signature of officer			Dale				
-	BRADLEY GOTTSEGEN, TREASU	JRER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid				self-employed				
Preparer	Firm's name			Firm's EIN				
Use Only	Firm's address							
				Phone no.				
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
						-		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) FLEUR DE QUE	46-2142054 Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: $M_{O}$ DATCE FINDS FOR ONLER FOR (C) (2) OPCANESATIONS THEN	UDING HOOG FOR
	TO RAISE FUNDS FOR OTHER 501(C)(3) ORGANIZATIONS, INCL THE CAUSE.	UDING HOGS FOR
2	Did the organization undertake any significant program services during the year which were not listed on the	 3
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$	Bovonue <sup>©</sup>
та	WE PARTICIPATE IN THE HOGS FOR THE CAUSE EVENT, CONSTR	
	PROVIDING FOOD AND ENTERTAINMENT FOR 2 DAYS.	
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue <sup>©</sup>
чы		) )
4c	(Code: ) (Expenses \$ including grants of \$ ) (F	Revenue \$ )
40	(Code:) (Expenses \$ including grants of \$) (F	) )
4d	Other program services (Describe on Schedule O.)	
τu	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 353,912.	
		Form <b>990</b> (2022)
232002	2 12-13-22	
	2	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	└──
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4				x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		12a		x
L	Schedule D, Parts XI and XII	IZa		<u> </u>
a		101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

08150508 751851 03198.TX001

4 2022.05090 FLEUR DE QUE Г

Yes No

Form 990 (2022) FLEUR DE QUE
Part IV Checklist of Required Schedules

Form	990	(2022)
Der	+ IV/	

Form	990	(2022)
1 01111	000	

 Form 990 (2022)
 FLEUR
 DE
 QUE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u></u>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 01	Chaok if Schoolulo O contains a reasonable or note to any line in this Bart V			
	Check in Schedule O contains a response of note to any line in this Part V		Vac	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
232004	12-13-22		990	(2022)
	5			/

<sup>2022.05090</sup> FLEUR DE QUE

Form	990 (2022) FLEUR DE QUE		46-2142	054	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country		(== + =)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shel			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			6.		х
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	Ch.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the complexitien receive a payment in excess of $$75$ mode partly as a contribution and partly for goods and call	n <i>i</i> looo n	ovidad to the pover?	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		irod	70		
C				7c		х
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	It "Yes," indicate the number of Forms 8282 filed during the year		2	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contri-		?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
-		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		<u>X</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ie?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	0000	
232005	12-13-22 <b>C</b>			Form	990	(2022)

08150508 751851 03198.TX001

6 2022.05090 FLEUR DE QUE

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O				~	2500	. 1
Sec	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>			-
000						Yes	-
19	Enter the number of voting members of the governing body at the end of the tax year	1a			7	165	Ì
iu	If there are material differences in voting rights among members of the governing body, or if the governing				<u>-</u>		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b		1b			7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other		<u> </u>		
-	official disaster transfer as here and here a		-		2		
3	Did the organization delegate control over management duties customarily performed by or under the			 on			-
Ŭ					3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				· – –		-
5	Did the organization become aware during the year of a significant diversion of the organization's ass						-
6	Did the organization have members or stockholders?				6	х	-
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						-
	more members of the governing body?	-			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockhold	ders or		14		-
					7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year						ļ
		-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?					X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						-
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code )				
		<u>venue (</u>	<u>, , , , , , , , , , , , , , , , , , , </u>			Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
		•	,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,					I
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}						
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?					Х	
15	Did the process for determining compensation of the following persons include a review and approva						Ī
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official				15a		
	Other officers or key employees of the organization				15b		
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						Ī
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						Ī
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-					
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure			<u></u>			
Sec	List the states with which a copy of this Form 990 is required to be filed $\_ ext{LA}$						
Sec 17		nd 990-	T (section	1 501(c)(	3)s onlv)	availa	a
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ai		<b>`</b>		, ,,		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.						
17	for public inspection. Indicate how you made these available. Check all that apply.	n on Sch	nedule ())				
17 18	for public inspection. Indicate how you made these available. Check all that apply.				nd finan	cial	
17	for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain         Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the se				nd finan	cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply.           Own website         Another's website         Image: Check all that apply.           Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.         Other (explain the constant of the cons	onflict of	interest j		nd finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain         Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the se	onflict of	interest j		nd finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply.          Own website       Another's website       Image: Check all that apply.         Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.       Other (explain the tax year).         State the name, address, and telephone number of the person who possesses the organization's boost of the tax year.       State the name, address, and telephone number of the person who possesses the organization's boost of the person who possesses the person who possesses the person who possesses the person who possesses the person who pers	onflict of	interest j		nd finan	cial	_
17 18 19 20	for public inspection. Indicate how you made these available. Check all that apply.          Own website       Another's website       Image: Check all that apply.         Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.       Other (explain the tax year).         State the name, address, and telephone number of the person who possesses the organization's boost of the tax year.       State the name, address, and telephone number of the person who possesses the organization's boost of the person who possesses the person who possesses the person who possesses the person who possesses the person who pers	onflict of	interest j			cial	-

03198.Т1

<sup>2022.05090</sup> FLEUR DE QUE

Form 990 (2022)	FLEUR DE QUE	46-2142054	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if Sche	edule O contains a response or note to any line in this Part V	/11					
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compen	sated Employees					
•	or all persons required to be listed. Report compensation for ization's <b>current</b> officers, directors, trustees (whether indivi	, ,					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	st con	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DREW HERRINGTON	5.00	_	-	-						
PRESIDENT		1		x				0.	0.	0.
(2) G. BRADLEY GOTTSEGEN	5.00									
TREASURER				Х				0.	0.	0.
(3) CRAIG BREWER	5.00									
SECRETARY				Х				0.	0.	0.
(4) MINOR PIPES	1.00									
MEMBER				X				0.	0.	0.
(5) ROSS CHAUVIN	1.00									
MEMBER				X				0.	0.	0.
(6) ROBERT LAURENT	1.00									
MEMBER				X				0.	0.	0.
(7) ROBBY MOSS	1.00									-
MEMBER				X				0.	0.	0.
(8) DAVID MCCELVEY	1.00									_
MEMBER				X				0.	0.	0.
			-							
		•								
		1								
		1								
		1								
00007 10 10 00	1							1	I	Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

08150508 751851 03198.TX001

8

	00 (2022) FLEUR DE	13								46-22	1420	)54	Ρ	age <b>8</b>
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)(B)(C)(D)(E)(F)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensationEstimated amount of other													
	hours for telated organization (W-2/1099-MISC/ from telated organization (W-2/1099-MISC/ from telated organizations telated organizations telated organizations telated organizations telated organizations telated organizations telated organization (W-2/1099-MISC/ from telated organization or										pensa om th anizat d relat anizati	e ion ed		
1b S	1b Subtotal 0. 0. 0.													
	otal from continuation sheets to Part VI								0.		0.			0.
	otal (add lines 1b and 1c) otal number of individuals (including but n									000 of reportable				0.
	ompensation from the organization						,		. ,	•				0
<b>0</b> D								la : a			ſ		Yes	No
	id the organization list any <b>former</b> officer, ne 1a? If "Yes," complete Schedule J for s			•	•	-		Ŭ	• •		- 1	3		х
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150											4		Х
	id any person listed on line 1a receive or a endered to the organization? <i>If "Yes." corr</i>											5		Х
	n B. Independent Contractors						• • •							
	omplete this table for your five highest co ne organization. Report compensation for									<i>,</i> ,	pensati	ion fro	om	
	(A) Name and business			ONE					<b>(B)</b> Description of s		C	(C ompei		n
<b>2</b> T	otal number of independent contractors (i	ncludina but no	ot lin	niter	to t	thos	e lis	ted	above) who received mo	ore than				
	100,000 of compensation from the organi	•				C			,					

232008 12-13-22

Check # Schedule O contains a response or note to any line in the Part III.         (A)           (A)         (B)         (C)         (D)         (D)         Perture schedule			(2022) FLEUR DE QUE				46-2142	054 Page 9
Total revenue         Participation         Participation         Participation           1 a Federated campaign         1a         15,750.         10         15,750.           1 b Membership dues         1a         15,750.         14         14         14         15,750.           1 d Related or gampaintonia         1a         15,050.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         15,750.         14         16         14         16         14         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16	Pa	rt VI	II Statement of Revenue					
Total revenue         Predicto or exempt Unclose revenue         Predicte or exempt Unclose revenue         Predicte or exempt Unclose state and unclose state unclose state and unclose state and unclose state and unclose state unclose state and unclose state unclose state and unclose state unclose unclose state unclose unclose state unclose unclose state unc			Check if Schedule O contains a response	or note to any line		(=)		
Bot Membership dues         1b         15, 7, 750.           0         Biblickel organizations         10         336, 064.           0         Biblickel organizations         10         10           0         Biblickel organizations         11         11         11           0         Biblickel organizations         11         11         11         11           0         Biblickel organizations         11         10					• •	Related or exempt	Unrelated	Revenue excluded
Bot Membership dues         1b         15, 7, 750.           0         Biblickel organizations         10         336, 064.           0         Biblickel organizations         10         10           0         Biblickel organizations         11         11         11           0         Biblickel organizations         11         11         11         11           0         Biblickel organizations         11         10	ស្ត	1 a	Federated campaigns 1a					
Business Code         Business Code           a	rant	k		15,750.				
Business Code         Business Code           a	, G	c						
Business Code         Business Code           a	àifts ar A	c						
Business Code         Business Code           a	s, G	e	Government grants (contributions)					
Business Code         Business Code           a	tion Si	f	All other contributions, gifts, grants, and					
Business Code         Business Code           a	ibut		similar amounts not included above 1f					
Business Code         Business Code           a	d O	ç						
g       2 a	an Co	ł	<b>Total.</b> Add lines 1a-1f		351,814.			
92       0				Business Code				
g Total. Add lines 2a:21           a threatment income (including dividends, interest, and other similar amounts)         income from investment of tax exempt bond proceeds           4 income from investment of tax exempt bond proceeds         income from investment of tax exempt bond proceeds           5 Royalties         (i) Real         (i) Personal           6 a Gross rents         6a         (i) Real         (ii) Personal           6 a Gross rents         6a         (ii) Personal         (iii) Personal           7 a Gross amount from sales of assets other than inventory         (iii) Securities         (iii) Other           7 a Gross income from fundraising events         (iii) Securities         (iii) Other           a Gross income from fundraising events         7c         (iii) Securities         (iiii) Other           8 a Gross income from fundraising events         of contributions reported on line 10; See         (iiii) Securities         (iiii) Securities           9 a Gross income from gaming activities         (iii) De         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Groses income from gaming activities         (iiiii)	ce	2 8	i					
g Total. Add lines 2a:21           a threatment income (including dividends, interest, and other similar amounts)         income from investment of tax exempt bond proceeds           4 income from investment of tax exempt bond proceeds         income from investment of tax exempt bond proceeds           5 Royalties         (i) Real         (i) Personal           6 a Gross rents         6a         (i) Real         (ii) Personal           6 a Gross rents         6a         (ii) Personal         (iii) Personal           7 a Gross amount from sales of assets other than inventory         (iii) Securities         (iii) Other           7 a Gross income from fundraising events         (iii) Securities         (iii) Other           a Gross income from fundraising events         7c         (iii) Securities         (iiii) Other           8 a Gross income from fundraising events         of contributions reported on line 10; See         (iiii) Securities         (iiii) Securities           9 a Gross income from gaming activities         (iii) De         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Groses income from gaming activities         (iiiii)	ervi	k	)					
g Total. Add lines 2a:21           a threatment income (including dividends, interest, and other similar amounts)         income from investment of tax exempt bond proceeds           4 income from investment of tax exempt bond proceeds         income from investment of tax exempt bond proceeds           5 Royalties         (i) Real         (i) Personal           6 a Gross rents         6a         (i) Real         (ii) Personal           6 a Gross rents         6a         (ii) Personal         (iii) Personal           7 a Gross amount from sales of assets other than inventory         (iii) Securities         (iii) Other           7 a Gross income from fundraising events         (iii) Securities         (iii) Other           a Gross income from fundraising events         7c         (iii) Securities         (iiii) Other           8 a Gross income from fundraising events         of contributions reported on line 10; See         (iiii) Securities         (iiii) Securities           9 a Gross income from gaming activities         (iii) De         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Groses income from gaming activities         (iiiii)	n S /eni	C						
g Total. Add lines 2a:21           a threatment income (including dividends, interest, and other similar amounts)         income from investment of tax exempt bond proceeds           4 income from investment of tax exempt bond proceeds         income from investment of tax exempt bond proceeds           5 Royalties         (i) Real         (i) Personal           6 a Gross rents         6a         (i) Real         (ii) Personal           6 a Gross rents         6a         (ii) Personal         (iii) Personal           7 a Gross amount from sales of assets other than inventory         (iii) Securities         (iii) Other           7 a Gross income from fundraising events         (iii) Securities         (iii) Other           a Gross income from fundraising events         7c         (iii) Securities         (iiii) Other           8 a Gross income from fundraising events         of contributions reported on line 10; See         (iiii) Securities         (iiii) Securities           9 a Gross income from gaming activities         (iii) De         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Groses income from gaming activities         (iiiii)	grar Rev	c						
g Total. Add lines 2a:21           a threatment income (including dividends, interest, and other similar amounts)         income from investment of tax exempt bond proceeds           4 income from investment of tax exempt bond proceeds         income from investment of tax exempt bond proceeds           5 Royalties         (i) Real         (i) Personal           6 a Gross rents         6a         (i) Real         (ii) Personal           6 a Gross rents         6a         (ii) Personal         (iii) Personal           7 a Gross amount from sales of assets other than inventory         (iii) Securities         (iii) Other           7 a Gross income from fundraising events         (iii) Securities         (iii) Other           a Gross income from fundraising events         7c         (iii) Securities         (iiii) Other           8 a Gross income from fundraising events         of contributions reported on line 10; See         (iiii) Securities         (iiii) Securities           9 a Gross income from gaming activities         (iii) De         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Gross income from gaming activities         (iii) Securities         (iii) Securities         (iii) Securities           9 a Groses income from gaming activities         (iiiii)	roç	e						
3         Investment income (including dividends, interest, and other similar amounts)	ш.							
other similar amounts)								
4       Income from investment of tax-exempt bond proceeds         5       Royalties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         7       a Gross anount from sales of         0       Recurrities         1       Recurrities         2       Recurrities         2       Recurrities         3       Recores inform fundralising ev		5						
5         Royalties         (i) Real         (ii) Personal           6 a         Gross rents         6 a         6 a         (ii) Personal           6 a         Gross rents         6 a         0 b         0 c           c         Rental income or (loss)         6 c         0 c         0 c           7 a         Gross amount from sales of assess other than inventory         7 a         0 c         0 c           assests other than inventory         7 a         0 c         0 c         0 c         0 c           assests other than inventory         7 a         0 c         0 c         0 c         0 c           b         Less: cost or other basis and sales expenses         7 b         0 c         0 c         0 c           c         Gain or (loss)         7 c         0 c         0 c         0 c         0 c           8 a         Gross income from fundraising events         0 c         0 c         0 c         0 c         0 c           9 a         Goss income from gaming activities. See         9 c         0 c         0 c         0 c         0 c           9 a         Cross sales of inventory, less returns and allowances         9 c         0 c         0 c         0 c           9 b		4	,					
G a         Gross rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Gb				F				
b       Less: rental expenses       6b		_	(i) Real					
b       Less: rental expenses       6b		6 a	a Gross rents 6a					
c       Rental income or (loss)       Sc		k						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses         (i) Securities         (ii) Other           7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses         7a         7a         7a           a Gross income from fundraising events including \$								
assets other than inventory       Ta       Ta         b Less: cost or other basis and sales expenses       Tb       Tc         c Gain or (loss)       Tc       Tc         d Net gain or (loss)       Tc       Tc         8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Ba         b Less: direct expenses       Bb       Bb         c Net income or (loss) from fundraising events       9         g Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       9         l0 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       9         g Gross sales of inventory, less returns and allowances       10a         t l1 a		c	Net rental income or (loss)					
B       Less: cost or other basis and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         d       Second training events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       Image: Construction or (loss) from gaming activities         g       a Gross income from gaming activities       Image: Construction or (loss) from gaming activities         10       a Gross sales of inventory, less returns and allowances       Image: Construction or (loss) from sales or inventory         b       Less: cost of goods sold       Image: Construction or (loss) from sales or inventory       Image: Construction or (loss) from sales or inventory         c       Image: Construction or (loss) from sales or inventory       Image: Construction or (loss) from sales or inventory       Image: Construltion or (loss) from sales or inventory <td></td> <td>7 a</td> <td>a Gross amount from sales of (i) Securities</td> <td>(ii) Other</td> <td></td> <td></td> <td></td> <td></td>		7 a	a Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses       7b       7c         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c         d       Net gain or (loss)       7c       7c         d       Net gain or (loss)       6c       6c         a       Gross income from fundraising events (not including \$\$			assets other than inventory <b>7a</b>					
orgen       c       Gain or (loss)       Tc       C         d       Net gain or (loss)		k						
a       Net gain or (loss)	anı							
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events								
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events	, Re			<del></del>				
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events	the	8 8	<b>3</b>					
Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       9         g a Gross income from gaming activities. See Part IV, line 19       9         b Less: direct expenses       9         c Net income or (loss) from gaming activities       9         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         c Net income or (loss) from sales of inventory       0         c All other revenue       0         c Total. Add lines 11a-11d       0         12       Total revenue. See instructions       351, 814.       0.       0.	Ò							
b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9         9       a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b       9b         c       Net income or (loss) from gaming activities       9b       9b         c       Net income or (loss) from gaming activities       9b       9b         10 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       10b       10b         c       Net income or (loss) from sales of inventory       Business Code       10a         b			. , ,					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   s Business Code     11 a   b   c   d   All other revenue   e   Total revenue. See instructions     351, 814.								
9 a Gross income from gaming activities. See Part IV, line 19       9a         9 b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         g g g g g g g g g g g g g g g g g g g								
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   to b Less: cost of goods sold   c Net income or (loss) from sales of inventory   solution Business Code     11 a   b   c   d   d   d   d   12   Total revenue. See instructions     351, 814.		0-		<u> </u>				
b       Less: direct expenses       9b       Image: set of the		50						
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Business Code   b C   c All other revenue   e Total revenue. See instructions     12 Total revenue. See instructions		ŀ		1				
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         so a b c c d d lines 11a-11d       0         e Total. Add lines 11a-11d       351,814.         12 Total revenue. See instructions       351,814.		6						
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         11 a       Business Code         b       Business Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions		10 a						
b Less: cost of goods sold 10b 10b 10b 11 a Business Code 11 a Business Code 11 a 12				a				
c Net income or (loss) from sales of inventory         Business Code       Business Code         b		k						
Business Code     Image: Code       11 a     b       b     c       c     c       d All other revenue     c       e     Total. Add lines 11a-11d       12     Total revenue. See instructions								
e Total. Add lines 11a-11d         351,814.         0.         0.         0.	s			Business Code				
e Total. Add lines 11a-11d         351,814.         0.         0.         0.	sou:	11 a	a					
e Total. Add lines 11a-11d         351,814.         0.         0.         0.	lane enu	k						
e Total. Add lines 11a-11d         351,814.         0.         0.         0.	Sev	C						
e Total. Add lines 11a-11d         351,814.         0.         0.         0.	Mis	C						
					351 011	0	0	0
	0000-			<u></u>	JJI,014.	. 0.		Form <b>990</b> (2022)

,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	000 605	000 005		
-	and domestic governments. See Part IV, line 21	280,625.	280,625.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	2,138.	2,138.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	683.	683.		
20	Interest				ļ
21	Payments to affiliates				ļ
22	Depreciation, depletion, and amortization				ļ
23	Insurance	1,261.	1,261.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EVENT COST	33,727.	33,727.		
b	FOOD SUPPLIES	30,545.	30,545.		
с	CONTRACT LABOR	3,000.	3,000.		
d	STORAGE RENTAL	1,200.	1,200.		
е	All other expenses	733.	733.		
25	Total functional expenses. Add lines 1 through 24e	353,912.	353,912.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
232010	) 12-13-22				Form <b>990</b> (2022)
		11			

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

FLEUR DE QUE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

(A) Total expenses

Check if Schedule O contains a response or note to any line in this Part IX

**(D)** Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	6,567.	1	6,606.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,606.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or $35\%$			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	2,138.
	26	Total liabilities. Add lines 17 through 25		26	2,138.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.	6 5 6 5		1 1 6 0
Ilan	27	Net assets without donor restrictions		27	4,468.
l Ba	28	Net assets with donor restrictions		28	
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ls o	29	Capital stock or trust principal, or current funds		29	
SSe.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31			31	4 4 6 0
Ne	32	Total net assets or fund balances			4,468.
	33	Total liabilities and net assets/fund balances		33	6,606.

Form 990 (2022)

08150508 751851 03198.TX001

Form 990 (2022)
Part X Balance Sheet

FLEUR DE QUE

	<sub>e</sub> 12						
1Total revenue (must equal Part VIII, column (A), line 12)1351,812Total expenses (must equal Part IX, column (A), line 25)2353,913Revenue less expenses. Subtract line 2 from line 13-2,094Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))46,5655660nated services and use of facilities67Investment expenses78Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9							
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       4         6       5         7       6         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)							
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         5       4         6       5         7       6         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)							
3       Revenue less expenses. Subtract line 2 from line 1       3       -2,09         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       6,56         5       5       6       6         6       7       6       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9							
4       6,56         5       5         6       5         7       6         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)							
5       Net unrealized gains (losses) on investments       5         6       6         7       6         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9							
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9	7.						
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9							
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9							
9 Other changes in net assets or fund balances (explain on Schedule O)							
	0.						
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
column (B))							
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII							
	No						
1 Accounting method used to prepare the Form 990: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
	X						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
separate basis, consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis							
	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	X						
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

	Intract of the Treasury nal Revenue ServiceAttach to Form 990 or Form 990-EZ.Open to Public InspectionGo to www.irs.gov/Form990 for instructions and the latest information.Inspection									
Nan	ne of t	the organizati		Ŭ					Employer	identification number
			FLEU	R DE QUE					4	6-2142054
Pa	rt I	Reason			(All organizations must o	omplete th	nis part.) S	ee instruction	IS.	
The	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	Ŭ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3							(b)(1)(A)(ii	i).		
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	ion that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8				.,	(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(					
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	<b>T7</b>	university:								
10	X	-		•	than 33 1/3% of its supp				-	•
					t to certain exceptions; a					
					(less section 511 tax) fro	om busines	ses acquii	red by the org	janization a	πer June 30, 1975.
11				mplete Part III.)	ively to test for public on	fatu Saa	nantian E(	O(a)(A)		
12	$\square$	-	-	-	ively to test for public satisfies the benefit of t	•			rny out the	nurnoses of one or
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
					f supporting organization					Heck the box off
а		7			supervised, or controlled					nivina
				-	gularly appoint or elect a	• • •	-			
				complete Part IV, Se		indjointy c				pporting
b		¬ -		-	l or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ina
				-	anization vested in the sa			•		-
			-	t complete Part IV,		•			5 11	
с		¬ -		-	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	I an attentiv	reness
		requiremen	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
g		vide the follow (i) Name of supp		about the supporte	ed organization(s). (iii) Type of organization	(iv) is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	,	organization			(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)
		3	-		above (see instructions))	Yes	No		,	
	-									
Tota	al									

<b>O</b> - I	( <b>F</b>	000	000
Schedule A	(⊢orm	990	2022

46	5-2	14	20	54	Page 2
----	-----	----	----	----	--------

Schedule A	(Form 990) 2022	FLEUR	DE QUI	Е 46-2142054 Ра
Part II	Support Schedule	for Organiz	zations D	Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7	7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the	tests listed be	low, please	ecomplete Part III.)
Section A	A. Public Support			

Je	Stion A. Fublic Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4. ction B. Total Support							
_		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(0) Takal	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
•	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	l ons)			12		
	First 5 years. If the Form 990 is for th			fourth or fifth tax		· · · · ·		
	organization, check this box and <b>sto</b>	0						
Se	ction C. Computation of Publi							
14	Public support percentage for 2022 (I	ine 6, column (f), c	divided by line 11, o	column (f))		14	%	
						15	%	
	<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
k	<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly :	supported organiza	ation				
17a	10% -facts-and-circumstances test	: - 2022. If the orc	ganization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization			
k	10% -facts-and-circumstances test	- 2021. If the orc	ganization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a			
						Schedule A	(Form 990) 2022	

232022 12-09-22

### Schedule A (Form 990) 2022

FLEUR DE QUE

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

000								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	440,120.	328,756.	311,531.	328,917.	336,064.	1745388.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	440,120.	328,756.	311,531.	328,917.	336,064.	1745388.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
с	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						1745388.	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	440,120.	328,756.	311,531.	328,917.	336,064.	1745388.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	440,120.	328,756.	311,531.	328,917.	336,064.	1745388.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	n,	
	check this box and stop here							
Sec	tion C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))			<u>100.00 %</u>	
	Public support percentage from 2021					16	<u>100.00 %</u>	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 00 %							
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%	
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	ies as a publicly s	upported organizat	tion	X	
b	33 1/3% support tests - 2021. If the	-					nd	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions		
23202	3 12-09-22					Schedule A	(Form 990) 2022	

<sup>16</sup> 2022.05090 FLEUR DE QUE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Yes No

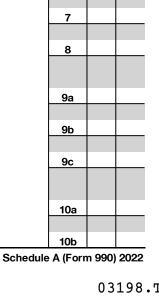
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



	(Form 990) 2022		DE QUE
Part IV	Supporting C	<b>Drganizations</b> (co	ontinued)

			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
1	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?	11a				
I	A family member of a person described on line 11a above?	11b				
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail in Part VI.	11c				
Section B. Type I Supporting Organizations						
			Yes	No		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you	ou supported a governmental entity (see instruction <u>s).</u>
---	--	---	-----------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "*Yes*" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_ Schedule A (Form 990) 2022

Yes No

232025 12-09-22

### 18 2022.05090 FLEUR DE QUE

Sche	dule A (Form 990) 2022 FLEUR DE QUE	46-2142054 Page 6					
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
1							
	All other Type III non-functionally integrated supporting organizations must						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting or	ganization (see			

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

**Current Year** 

1

2

3 4

5

6

7

8

-

### Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

3

7

8

FLEUR DE QUE

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

Schedule A	(Form 990) 2022	FLEUR	DE	QUE	46-2142054 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4 , lines 2 and 3	b, 4c, 3; Part	the explanations required by Part II, line 10; Part II, line 17 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa ion E, lines 2, 5, and 6. Also complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
	(See instructions.)				
232028 12-09-2	2				Schedule A (Form 990) 2022
				21	

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

·				
FLEUR DE QUE	46-2142054			
Organization type (check one):				

Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

### Schedule B (Form 990) (2022)

Name of organization

FLEUR DE QUE

Employer identification number

46-2142054

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BARBARA GREEN 7717 CRESWELL RD LOT 36 SHREVEPORT, LA 71106	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	BOES IRON WORKS, INC 1001 MCDERMOTT ROAD METAIRIE, LA 70001	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	SHELL BEACH FUND C/O GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVENUE NEW ORLEANS, LA 70119	\$10,000.	Person     X       Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	TURNING POINT FOUNDATION 1065 E. MAIN STREET VENTURA, CA 93001	\$14,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	QBE INTERNATIONAL MARKETS 601 POYDRAS STREET SUITE 2215 NEW ORLEANS, LA 70130	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>6</u> 223452 11-15	FIRST NON-PROFIT FOUNDATION 59 MAIDEN LANE 43RD FLOOR NEW YORK, NY 10038	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)		

#### Name of organization FLEUR DE QUE 46-2142054 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 GOTTSEGEN ORTHODONTICS X Person Payroll 3424 COLISEUM STREET 6,000. Noncash \$ (Complete Part II for NEW ORLEANS, LA 70115 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 JOHN WEBER X Person Payroll 18401 LITTLE POPLAR AVENUE 20,000. Noncash (Complete Part II for BATON ROUGE, LA 70817 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 MAINTENANCE DREDGING X Person Payroll **10567 AIRLINE HIGHWAY** 12,200. Noncash \$ (Complete Part II for ST ROSE, LA 70087 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 IMTT X Person Payroll 400 POYDRA ST. SUITE 3000 5,000. Noncash \$ (Complete Part II for NEW ORLEANS, LA 70130 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 COUGHLIN SAUNDERS FOUNDATION X Person Payroll COMMERCIAL BUILDING 201 JOHNSTON ST. 10,000. Noncash (Complete Part II for ALEXANDRIA, LA 71301 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 HARTWIG MOSS INSURANCE AGENCY X Person Payroll 6,000. 2626 CANAL STREET SUITE 3 \$ Noncash (Complete Part II for NEW ORLEANS, LA 70119 noncash contributions.) Schedule B (Form 990) (2022)

223452 11-15-22

08150508 751851 03198.TX001

Schedule B (Form 990) (2022)

Employer identification number

#### Schedule B (Form 990) (2022)

Name of organization

FLEUR DE QUE

Employer identification number

Page 2

46-2142054

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 SAGESURE INSURANCE MANAGERS X Person Payroll PO BOX 13206 5,000. Noncash \$ (Complete Part II for TALAHASSEE, FL 32317 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 ARABELLA FUND X Person Payroll 919 ST. CHARLES AVENUE 5,000. Noncash \$ (Complete Part II for NEW ORLEANS, LA 70130 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 LATTER & BLUM X Person Payroll 430 NOTRE DAME ST. 5,000. Noncash \$ (Complete Part II for NEW ORLEANS, LA 70130 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 16 WOOD RESOURCES X Person Payroll 5821 RIVER ROAD 5,000. Noncash \$ (Complete Part II for AVONDALE , LA 70094 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 MINOR PIPES X Person Payroll 1527 JEFFERSON AVE. 6,000. Noncash (Complete Part II for NEW ORLEANS, LA 70115 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

223452 11-15-22

25 2022.05090 FLEUR DE QUE

	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
FLEUR	DE QUE		46-2142054
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

08150508 751851 03198.TX001

Name of o	organization		Employer identification number		
LEUR	DE QUE		46-2142054		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line en charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from	Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift		(d) Description of how gift is held		
Part I					
-		(e) Transfer of g	 gift		
-	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	gift		
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
23454 11-15	5-22	1	Schedule B (Form 990) (202		

27 2022.05090 FLEUR DE QUE

SCHEDULE [	)
------------	---

Department of the Treasury

Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

46-21420	54	
----------	----	--

	FLEUR DE QUE		46-2142054		
Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	96.			
		(a) Donor advised funds (i	b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fund	ls		
	are the organization's property, subject to the organization's e	-			
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or				
Par		anization answered "Yes" on Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizatio				
	Preservation of land for public use (for example, recreat		prically important land area		
	Protection of natural habitat	Preservation of a certif	• •		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a cor	servation easement on the last		
-	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
			2b		
c	Number of conservation easements on a certified historic stru		2c		
	Number of conservation easements included in (c) acquired at				
ŭ	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele				
U	year				
4	Number of states where property subject to conservation easi	amont is located			
5	Does the organization have a written policy regarding the peri				
3	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
U	otali and volunteer nours devoted to monitoring, inspecting, r		in casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation eas	sements during the year		
'	Amount of expenses incurred in monitoring, inspecting, narioi		sements during the year		
8	Does each conservation easement reported on line 2(d) above	x satisfy the requirements of section $170(h)(4)(P)(x)$	(i)		
0	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservatio				
9		•			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Other Si	imilar Assets.		
	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under FASB ASC 958		unce sheet works		
Ia	of art, historical treasures, or other similar assets held for publ				
	service, provide in Part XIII the text of the footnote to its finan-				
h	If the organization elected, as permitted under FASB ASC 958		shoot works of		
U		-			
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:		of public service,		
			¢		
	(i) Revenue included on Form 990, Part VIII, line 1		•		
0		ourse, or other similar aposts for financial asin, n			
2	If the organization received or held works of art, historical treat the following emplete required to be reported under FASE AS		DIOVIDE		
_	the following amounts required to be reported under FASB AS	-	¢		
a h	Revenue included on Form 990, Part VIII, line 1		<u> </u>		
		for Form 000			
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2022		
232051	09-01-22				

28 2022.05090 FLEUR DE QUE

Part IV       Escrow and Custodial Arrangements. reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount	No
collection items (check all that apply):       a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	
<ul> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li> </ul>	
<ul> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Yes Yes</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li> </ul>	
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li></ul>	
<ul> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes I</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li></ul>	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes I Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes I b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	
Part IV       Escrow and Custodial Arrangements. reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:	
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount	No 
on Form 990, Part X?	No 
on Form 990, Part X?	No 
b If "Yes," explain the arrangement in Part XIII and complete the following table:     Amount	
c Beginning balance	
d Additions during the year 1d	
e Distributions during the year	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba	ck
1a   Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment%	
b Permanent endowment%	
c Term endowment%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
	lo
(i) Unrelated organizations	
(ii) Related organizations 3a(ii)	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         3b       3b	—
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation	
1a         Land           b         Buildings	
b         Buildings	
d Equipment	
e Other	
Schedule D (Form 990) 20	).

232052 09-01-22

	mplete if the organization answered "Yes"			d of your market yelve
	of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market value
(1) Financial de				
	l equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
Part VIII Inv	ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related.			
	mplete if the organization answered "Yes"			
(;	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.			
	mplete if the organization answered "Yes"		The See Form 990, Part X, line 15.	
(	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Out out)		45)		
Part X Ot	(b) must equal Form 990, Part X, col. (B) line ther Liabilities.			
	mplete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	116 01 111. See FOITH 990, Part A, IINE 25	. (b) Book value
<b>1.</b> (1) Eastered				
				<u> </u>
	IT CARD PAYABLE			2,138.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
				1
(9)	(b) must equal Form 990, Part X, col. (B) line			2,138

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII
....

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 FLEUR DE QUE		46-2142054 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Reven	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.	<u>.</u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

08150508 751851 03198.TX001

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury Attach to Form 990.													
Name of the organization Employer													
Part I General Informa	ation on Grants a	nd Assistance											
<ol> <li>Does the organization criteria used to award</li> <li>Describe in Part IV the</li> </ol>	the grants or assis organization's pro	tance? cedures for monito	oring the use of grant	funds in the United	l States.			X Yes No					
			ations and Domestic be duplicated if additi			anization answered "Y	es" on Form 990, Part	IV, line 21, for any					
1 (a) Name and address or governme	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
HOGS FOR THE CAUSE P.O. BOX 792300 NEW ORLEANS, LA 70179		32-0273586	501(C)(3)	280,625.	0.			CONTRIBUTION TO HOGS FOR THE CAUSE 501(C)(3). HOGS FOR THE CAUSE SUPPORTS FAMILIES					
2 Enter total number of s	section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				1.					

3 Enter total number of other organizations listed in the line 1 table ....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

FLEUR DE QUE

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOGS FOR THE CAUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO HOGS FOR THE CAUSE

501(C)(3). HOGS FOR THE CAUSE SUPPORTS FAMILIES FIGHTING PEDIATRIC BRAIN

CANCER.

Schedule I (Form 990) 2022

Part III

SCHEDULE	0
(Form 990)	

Department of the Treasury

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 46 - 2142054

## FORM 990, PART VI, SECTION A, LINE 6:

FLEUR DE QUE

THE ORGANIZATIONS MEMBERS INCLUDE DREW HERRINGTON, G. BRADLEY GOTTSEGEN,

CRAIG BREWER, MINOR PIPES, RICHARD CURRENCE, RODNEY LACOSTE, AND ROBBY

MOSS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTED BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS EMAILED TO ALL MEMBERS AND COMMENTS WERE SOLICITED BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

WE DISCUSS ALL ISSUES AT THE ANNUAL MEETING AND BAORD MEETINGS AND ASK FOR

CONFIRMATION OF A LACK OF CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS,

THAT MEMBER ABSTAINS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE FILED WITH THE LOUISIANA

SECRETARY OF STATE AND ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022