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Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	349,723	22	360,177
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	349,723	25	360,177
26	Total liabilities (describe in Schedule O)	8,730	26	19,575
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	340,993	27	340,602

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?
Education and representation of Funeral Directors

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

28

Advocating on behalf of members and their companies in the legislative, regulatory, legal and public arenas (Grants \$ 24,000) If this amount includes foreign grants, check here ☐

28a

29

Our newsletter and website update members on the accomplishments of the organization and gives them insight to help in their business (Grants \$ 3,659) If this amount includes foreign grants, check here ☐

29a

30

To provide educational and related materials, and promote the common interest of funeral homes in Louisiana (Grants \$ 50,226) If this amount includes foreign grants, check here ☐

30a

31

Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐

31a

32

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

32

77,885

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ The Tatman Group Telephone no ▶ (225) 767-7640 4707 Bluebonnet Blvd Suite B Located at ▶ Baton Rouge, LA ZIP + 4 ▶ 70809		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☐ Yes ☐ No

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

Sign Here	***** Signature of officer	2012-05-11 Date			
	RT Delhomme Treasurer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Robert B McNabb CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	TWRU CPAs & Financial Advisors 527 East Airport Avenue Baton Rouge, LA 708066515			EIN
					Phone no (225) 926-1050
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
Louisiana Funeral Home Directors
Association**Employer identification number**

72-0691777

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$8730 Deferred Revenue - Ending \$19575
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$-25652
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	License & Permits \$7
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Telephone \$10
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	District Chapter Expense \$13
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Laws & Legislative Committee \$392
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Bank Charges \$410
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Investment Expenses \$3189
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$36888
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$64
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$1050

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 72-0691777

Name: Louisiana Funeral Home Directors Association

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
William Wimberly 1301 West Laurel Ave Eunice, LA 70535	SW Governor 1 00	0		
RT Delhomme 330 St Landry St Lafayette, LA 70506	Treasurer 1 00	0		
Edward J Fielding III 2260 W 21st Avenue Covington, LA 70433	President 1 00	0		
Peter Butch G Mulhearn 2308 Sterling Road Monroe, LA 71203	Past President 1 00	0		
J Nelson Guidry 2806 W Airline Highway LaPlace, LA 70068	Sergeant-at-Arms 1 00	0		
Nicole C Wilcher P O Box 287 Clinton, LA 70722	Vice President 1 00	0		
Reginald Fielding 803 South Vermont St Covington, LA 70433	S Governor 1 00	0		
Joel Swisher 4051 Bayou Rapides Apt 613 Alexandria, LA 71301	Secretary 1 00	0		
W Patrick Mack 12552 Airline Hwy Gonzales, LA 70737	SE Governor 1 00	0		
Matthew Miller PO Box 845 Winnfield, LA 71483	N Governor 1 00	0		