

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements , 2012, and ending For the 2012 calendar year, or tax year beginning D Employer Identification Number Check if applicable LOUISIANA WOODMEN OF THE WORLD 72-0832971 Address chance YOUTH CAMP, INC. Telephone number Name change 1035 CAMELLIA BLVD #102 Initial return 337-993-1222 LAFAYETTE, LA 70508 Terminated Amended return G Gross receipts \$ 265,459 H(a) Is this a group return for affiliates F Name and address of principal officer Application pending H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 527 4947(a)(1) or 501(c) ( (insert no) Website: ▶ H(c) Group exemption number N/A Form of organization Corporation Association L Year of Formation M State of legal domicile Part I \_\_ Summary Briefly describe the organization's mission or most significant activities YOUTH & SENIOR CITIZEN CAMP Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 33 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 226,145. 97,925. Revenue Program service revenue (Part VIII, line 2g) 139,924 139,186. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,300. 27,048. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,753 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 403,822. 265,459. Grants and similar amounts paid (Part IX, column (A), lines 1-3) SEP Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 125,505 126,662. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), REDEIVED Fact The Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 176,540 150,353. Total expenses Add lines 13-17 (must equal Part IX column (A), line Revenue less expenses Subtract line 18 per line 15 1 6 2013 302,045 277,015. 19 101,777. -11<u>,55</u>6. **End of Year Beginning of Current Year** Total assets (Part X, line 16) 20 OGDEN. UT 524,219. 537,749. 21 Total liabilities (Part X, line 26) 18,551 16,577. 22 Net assets or fund balances Subtract line 21 from line 20 519,198 507,642. Part II Signature Block 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 pither than official is based on all information of which preparer has any knowledge Date Sign Here Print/Type preparer's name Check KIMBERLY B. GARDNER self-employed P00237088 Paid ARSEMENT REDD & MORELLA Preparer Firm's name Use Only Firm's EIN ► 72-1287807 Firm's address ► 701 ROBLEY DRIVE, SUITE 200 LAFAYETTE, LA 70503 Phone no (337) 984-7010

TEEA0113L 12/18/12

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	Till Statement of Program So		12083291	1 Fage Z
Fai	<u></u>	a response to any question in this Part III		
	Briefly describe the organization's mis			
•	YOUTH & SENIOR CITIZEN (	CAMD		
	1001h & SENIOR CITIZEN	CAPIT		
2	Did the organization undertake any signif	ficant program services during the year which were	not listed on the prior	
	Form 990 or 990-EZ?			Yes X No
	If 'Yes,' describe these new services of	on Schedule O	L	
3	Did the organization cease conducting	g, or make significant changes in how it conduct	s, any program services?	Yes X No
	If 'Yes,' describe these changes on So	chedule O		
4	Describe the organization's program s	service accomplishments for each of its three lar ations and section 4947(a)(1) trusts are required to r	gest program services, as measu	red by expenses
	Section 501(c)(3) and 501(c)(4) organizations the total expenses, and revenue	itions and section 4947(a)(1) trusts are required to r ue, if any, for each program service reported	report the amount of grants and allo	cations to
	others, the total expenses, and reveni	de, if any, for each program service reported		
	a (Code ) (Expenses \$	244,472. including grants of \$	) (Revenue \$	
40		YOUTH AND SENIOR CITIZEN SUMME		INTTV
	THE ORGANIZATION HOSTS	TOOTH WIND SENTOK CITIZEN SOMME	K CAMPS FOR THE COMMO	MITI.
				<del></del>
4 5	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
4 0	c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
	~			
	~			
	~			
	~			
40	d Other program services (Describe in	Schedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4 6	e Total program service expenses ►	244,472.	, , , , , , , , , , , , , , , , , , , ,	
BAA		TEEA0102L 08/08/12		Form <b>990</b> (2012)

#### Part IV Checklist of Required Schedules

_			Yes	No
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or $X$ as applicable.	1		
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		х
1	c 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° <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
ı	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
,	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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	,	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			

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

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

Form 990 (2012) LOUISIANA WOODMEN OF THE WORLD

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		Х
	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
25 a	a Section 501(c)(3) and 501(c)(4) 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		х
ı	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
:	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
		25		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	30 31		X
31		31		- <del>^</del> -
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	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? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	1 <b>990</b>	(2012)

<u> </u>	Check if Schedule O contains a response to any question in this Part V				Π
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 <b>b</b> 0	Ž	-	4
C	: Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	portable gaming	1 c	X	
2 a	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 33			
t	olf at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	36.77		44.
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the yea	7	3 a		<u> X</u>
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	authority over, a nancial account)?	4 a		Х
Ł	olf 'Yes,' enter the name of the foreign country			3 ;	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	ľ	ş. ş.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	1	5 a		X
t	$oldsymbol{\mathfrak{d}}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
(	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		X
i	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).			· 震力	
ŧ	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	<u>7</u> a	* 5	X
i	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w Form 8282?	as required to file	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	4.4	# 'A	* 7 . 'd
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		X
•	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	orm 8899	7 g		
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	10 <b>1000</b> 000	#::A 25 1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.		[\$6' ¢	, ,	
	a Did the organization make any taxable distributions under section 4966?		9 a		<u></u>
- 1	b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		L
	Section 501(c)(7) organizations. Enter	1			·   1
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a		1	:
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь	, , , , , , , , , , , , , , , , , , ,		100
	Section 501(c)(12) organizations. Enter	. 1		·	
	a Gross income from members or shareholders -	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11 b		a zło	32
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a	9 to 30 48	70, N 1894
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	- X ( )	ξ¢,	8.2 "
	Section 501(c)(29) qualified nonprofit health insurance issuers.				`
•	a Is the organization licensed to issue qualified health plans in more than one state?	- 0	13 a		
	Note. See the instructions for additional information the organization must report on Schedul	e 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			
	c Enter the amount of reserves on hand  a Did the organization receive any payments for indoor tanning services during the tax year?	130	14a	<del> </del>	<u> </u>
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in a</i>	Schedule O	14 b		+
AA		Jone da .			(2012)
•	TECAVIOL VOIVOITE				, · <b>-</b> /

Form 990 (2012) LOUISIANA WOODMEN OF THE WORLD Page 6 720832971 Rart VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a X a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule OХ 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No Х 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official X 15<sub>b</sub> **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website

Own website Another's website V Open request Other (explain in scriedule 0)

19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DESI DOISE 217 RUE LOUIS XIV STE 200 LAFAYETTE LA 70508 337-993-1222

•					
Form <b>990</b> (2012)	LOUISIANA	WOODMEN	OF	THE	WORLD

#### Partiville Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

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

(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) (B) (E) (A) Reportable compensation from Estimated amount of other Name and Title Reportable compensation from Average hours per week (list compensation from the organization the organization (W-2/1099-MISC) lated organizations (W-2/1099-MISC) Individual Officer or director any hours for related key employee employee nstitutional righest compensated organiza-tions and related organizations below I trustee dotted I trustee (1) DESI DOISE 0 0. 0 PRESIDENT 0 0 (2) JERRY CHAPMAN 0 0. 0 0 FIELD MEMBER 0. (3) KELLY STRINGER 0 0. **SECRETARY** 0 300 0 (4) GRETCHEN VARNELL 40 0. FRATERNAL COORD 0 40,746 0 (5) LOUIS BORDELON 0 0 0. 0 0. LAY MEMBER 0 (6) LEE JOHN 0 LAY MEMBER 0 0 0. 0 (7) DINA GUILLOT 0 0. **ADVISOR** 0 0 (8) JOHN PERSHING BROUSSARD 0 LAY MEMBER 0 0 0 0. (9) GERALD COLLINS 0 0 0 0 0. LAY MEMBER (10) EVELYN STRINGER 0 0 0 0 0. LAY MEMBER (11) MIKE BROWN 0 0. 0 0 ADVISOR 0 0 (12) STEVE JOHN 0. 0 0 0

0.

0.

0

0.

ADVISOR

ADVISOR

ADVISOR

(13) JOSEPH ROMERO

(14) BRANDON CHANDLER

32,851

0.

40

0

0

0

Part VII Section A. Officers, Directors, Trus	stees, I	Кеу	Em	ıplo	ye	es,	anc	Highest Com	pensated Emp	oyees (cont)
	(B)			(C	•					
(A)	Average	(do	not c	Pos heck	nore more	than	one	(D)	(E)	(F)
Name and title	hours per	offic	, unle: cer an	ss pe id a c	direct	ıs botl or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours	우	Inst	읖	6	em	집	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	Individual to or director	퇉	Officer	em .	oloye	Former			organization and related
	organiza - tions	호 호	<u>a</u>		Key employee	ě com				organizations
	below dotted	ndividual trustee or director	nstitutional trustee		8	pens				
	line)	"	8			Highest compensated employee				
(15) CHADIEC CERTICER	<del>                                     </del>									
(15) CHARLES STRINGER ADVISOR	$\frac{1}{0} - \frac{0}{0}$							0.	0.	0
(16) LISA GRANT	0				<u> </u>			0.	0.	<u> </u>
ADVISOR	$\frac{1-\frac{0}{0}}{1-\frac{0}{0}}$	1						0.	0.	0.
(17) PETE PERKINS	0								<u> </u>	
FIELD MEMBER	7-5-							0.	0.	0.
(18)										
	1						,			
(19)										
		<u> </u>								
(20)	<b> </b>									
	1	<u> </u>			ļ	ļ. <u></u>	<b> </b>			
(21)										
(22)		$\vdash$	$\vdash$				-			<del>-</del>
(22)		1					1			
(23)										
<u> </u>	<del> </del>									
(24)	1									
	]									
(25)	1						ļ			
							Ļ			
1 b Sub-total								73,897.	0.	0.
c Total from continuation sheets to Part VII, Section	n A						<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to	to those I	isted	ahov	<u>, (a)</u>	who	recei	ved	73,897.		0.
from the organization • 0	10 111036 1	isicu	abov	<b>v</b> e)	**110	10001	veu	more than \$100,00	of reportable com	Serisation
										Yes No
3 Did the organization list any former officer, directed	or or true	stee	kev	em	nlov	188 I	or h	inhest compensat	ed employee	
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such			ΝΟ	Citi	נטוקו	,	J, ,,	ignest compensat	ca criipioyee	3 X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ation	and	oth	ner compensation	from	
the organization and related organizations greater such individual	than \$1	50,0	00?	If '	Yes'	com	plet	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue	compor	ac atua	n fr	om.	201	unra	Note	od organization or	individual	27 81 90 25 1
for services rendered to the organization? If 'Yes,	' comple	te S	chea	lule	J fo	or suc	ch p	person	individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compens compensation from the organization Report compens	ated ind	epen	deni	t co dar	ntra	ctors endi	s tha	at received more t	han \$100,000 of ganization's tax yea	r
(A)	41011101		aicii	-	,	0,10	9	(B)		(C)
Name and business addre	ess							Description	of services	Compensation
			,							
	,							<u> </u>		
2 Total number of independent contractors (including bu		ited t	o tha	se l	liste	d abo	ve)	who received more	than	
\$100,000 in compensation from the organization	0								1,26	- ","

<u>, ui</u>	. 711	Check if Schedule O contain	s a resp	onse to any questi	on in this Part VIII			П
**************************************	· · ·				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANT AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contributions) All other contributions, gifts grants, an similar amounts not included above Noncash contributions included in Ins 1		89,875. 8,050.				
	<u>h</u>	Total. Add lines 1a-1f	-	Business Code	97,925.		2.545.14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
PROGRAM SERVICE REVENUE	2 a	MEMBERSHIP DUES & ASSESS	SMENTS		111,634.	111,634.		<u> </u>
SE R	b	CAMP REGISTRATION			27,508.	27,508.		
Š	C	CONCESSIONS	<b>-</b> -		44.	44.		
S	d			-				
GR/	f	All other program service rever						
器		Total. Add lines 2a-2f		<b>•</b>	139,186.	5 <b>98</b> -3645-45	ž 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
	3	Investment income (including other similar amounts) Income from investment of tax		•				
	5	Royalties						
		<u>``</u>	Real 5,410	(II) Personal			The property of the property o	
			5,410			1 1 275		
ŀ	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	<b>•</b>	25,410.	I waxayaya -a x		25,410.
		assets other than inventory  Less cost or other basis	ecurities	(ii) Other 1,300.				
		and sales expenses Gain or (loss)	· · · · · · · · · · · · · · · · · · ·	1,300.		4		
		Net gain or (loss)			1,300.	1,300.	(13% % % % % % % % % % % % % % % % % % %	172 . CTM 4.
OTHER REVENUE		Gross income from fundraising (not including \$	e 1c)					
팀		Less direct expenses  Net income or (loss) from fund	taising e	* <u></u>	463			
		c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19						
		Less direct expenses	_				The state of the s	
		Net income or (loss) from gam	•	ities •			. (2.5) ( . 3) ( . 2) (	
		Gross sales of inventory, less and allowances Less cost of goods sold	returns a I					
		Net income or (loss) from sale	-		227 27	10.7323	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>
ļ		Miscellaneous Revenue		Business Code	Salar Salar 1			
11a MISCELLANEOU		MISCELLANEOUS			1,638.	1,638.		
	b					<u> </u>		
	d All other revenue							
		Total. Add lines 11a-11d	L	<b>•</b>	1,638.	7/2		3
	12	Total revenue. See instructions	3	<b></b>	265,459.	142,124.	0.	25,410.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r				
Do i 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	<del>-</del>	, ,,,,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			+3442-41, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
5	Compensation of current officers, directors, trustees, and key employees	73,897.	73,897.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
_	in section 4958(c)(3)(B)	43,622.	43,622.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,143.	9,143.		
11	Fees for services (non-employees)				
i	Management				
ı	Legal				
•	Accounting	2,608.		2,608.	
(	<b>1</b> Lobbying	<del></del>			
(	Professional fundraising services See Part IV, line 17			\$157.748 6. <b>00</b> 00	
1	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	,			
16	Occupancy	34,768.	29,553.	5,215.	
17	Travel	292.	•	292.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,015.		1,015.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,428.		20,428.	
23	Insurance	16,821.	16,821.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
;	SUPPLIES	36,205.	36,205.	164	A Dispension of the second
	MEALS	12,274.	12,274.		
	GAS	4,985.	4,985.		
	T-SHIRTS	4,030.	4,030.		
	All other expenses	16,927.	13,942.	2,985.	
25	Total functional expenses. Add lines 1 through 24e	277,015.	244,472.	32,543.	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   [In the content of the content				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 2,771. Cash - non-interest-bearing 1,802 1 84,164 2 86,593. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment  $\;$  cost or other basis Complete Part VI of Schedule D 10 a 910,361 10 b 451,783 10 c 434,855 **b** Less accumulated depreciation 475,506 Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 524,219 16 Total assets. Add lines 1 through 15 (must equal line 34) 537,749 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities LIABILITI Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 816. 15,822. 17, Unsecured notes and loans payable to unrelated third parties 24 24 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 25 735 755 26 26 Total liabilities. Add lines 17 through 25 18 551 16.577 Organizations that follow SFAS 117 (ASC 958), check here and complete N E T lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R  $|\mathbf{x}|$ Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 519,198. 32 507,642. 32 Total net assets or fund balances 33 507,642. 33 519,198. Total liabilities and net assets/fund balances 34 524,219. 537,749 34

BAA

Form 990 (2012)

Porn	n 990 (2012) LOUISIANA WOODMEN OF THE WORLD 7	20832971		Paç	ge <b>12</b>
Pai	tXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26	55,4	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	77,0	15.
3	Revenue less expenses Subtract line 2 from line 1	3	-1	11,5	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	19,1	98.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	50	07,6	42.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				П
_	, ,		-	Yes	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 in Schedule O				*
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	iewed on a			* 1
	Separate basis Consolidated basis Both consolidated and separate basis		ant on attached the		Sun philips havened
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	parate			
ı	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	<sub>i</sub> le	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b		

Form **990** (2012)

BAA

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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. ► See separate instructions.

LOUISIANA WOODMEN OF THE WORLD

OMB No 1545-0047 **2012** 

Open to Public

Employer identification number

		YOUTH							l	72083		
Part					(All organizations					See ir	<u>istructi</u>	ons
The o		•			e it is (For lines 1 throu	_		-				
1	Ш	A church, convention	of churc	hes or assoc	ciation of churches desc	ribed in	section	170(b)(	(1)(A)(i).			
2	П	A school described in	section	170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	( )						
3	П	A hospital or a coope	erative ho	spital servic	e organization describe	d in sec	tion 170	)(b)(1)(А	χiii).			
4	П	A medical research of	rganizati	on operated	in conjunction with a hi	ospital c	describe	d in <b>sec</b>	tion 170	)(b)(1)(A	<b>)(iii)</b> En	ter the hospital's
		name, city, and state										
5		An organization operat 170(b)(1)(A)(iv). (Cor	ted for the	benefit of a	college or university owner	ed or ope	erated by	a gover	nmental	unit des	cribed in	section
6	П				overnmental unit describ							
7		An organization that no in section 170(b)(1)(A)	ormally re <b>A)(vi).</b> (C	ceives a subs omplete Par	stantial part of its support t II)	from a	governm	ental uni	t or from	the gen	eral publ	ic described
8	Ш	A community trust de	escribed i	n <b>section 17</b>	<b>'0(b)(1)(A)(vi).</b> (Complet	te Part I	I)					
9	X	related to its exempt for	inctions -	- subject to co	re than 33-1/3% of its suppertain exceptions, and (2) 1 tax) from businesses acqu	no more	e than 33	3-1/3% ი	fits sun	nort from	aross in	vestment income and
10	П	An organization orga	nızed and	d operated e	xclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).		
11		An organization organization supported organization supporting organization	is describe	ed in section	sively for the benefit of, to 509(a)(1) or section 509( s 11e through 11h.	perform (a)(2) Se	the funct ee <b>sectio</b>	ions of, o on <b>509(a)</b>	or carry ( (3). Chec	out the po ck the bo	urposes o x that de	of one or more publicly scribes the type of
	a Type I b Type II c Type III − Functionally integrated d Type III − Non-functionally integrated											
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f			eived a wr	itten determii	nation from the IRS that is	s a Туре	I, Type	II or Typ	e III sup	porting o	rganızatı	on,
g	0 4 147 000 L H L L L L L L L L L L L L L L L L											
_												Yes No
		(i) A person who o	directly or	r indirectly cody of the sui	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)
		, ,	•	-	bed in (i) above?							11 g (ii)
		• • • • • • • • • • • • • • • • • • • •	•		**	h 2						
		` '	-		described in (i) or (ii) a							11 g (iii)
h		<del></del>	,		e supported organizatio	<del>, ` '</del>						(viv) Amount of manatons
		(i) Name of supported organization	(11	i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the tation in	(v) Did yo the organi column (i supp	zation in	organiz colur organize	s the ation in in (i) ed in the S ?	(vii) Amount of monetary support
						Yes	No	Yes	No	Yes	No	
		-										
(A)								<u> </u>				
(B)												
(C)												
(D)				<del></del>								
<u>(E)</u>				w #400.00 har yendanin		1 / 3/4 1° a				/ 0		
Total				S.G.		-9	>	er den		; =i		
BAA	Fo	r Paperwork Reduction	on Act No	tice, see the	Instructions for Form	990 or 9	990-EZ.			Schedule	A (Form	n 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 LOUISIANA WOODMEN OF THE WORLD 720832971

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

1941	(Complete only if you checked organization fails to qualify	I the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify und		,
Sec	tion A. Public Support		<del></del>				
Cale	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization'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						
4	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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support	1					
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
7	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 business is regularly carried on						1
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	vities, etc (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organizatio d <b>stop here</b>	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗌
	tion C. Computation of Pu						
	Public support percentage for 2			ne 11, column (f))	).	14	<u>%</u>
	Public support percentage from					15	%
16 a	a 33-1/3% support test – 2012. It and stop here. The organization	f the organization n qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	and the line 14 is 3	33-1/3% or more, o	check this box
ł	33-1/3% support test – 2011. If and stop here. The organization	the organization on qualifies as a pu	did not check a bo iblicly supported o	ox on line 13 or 16 organization	6a, and line 15 is	33-1/3% or more,	check this box
17 <i>a</i>	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-	and-circumstance	s' test, check this	s box and <b>stop he</b>	re. Explain in Part	15 is 10% IV how the ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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 )

Sect	Section A. Public Support										
Calend	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	<b>(f)</b> Total				
3	Gifts, grants, contributions and membership fees received (Do not include										
	any unusual grants.)	260,320.	233,618.	222,852.	339,313.	209,559.	1,265,662.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48,157.	37,046.	26,986.	26,756.	27,552.	166,497.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,00	,		20,700		0.				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			0.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
6	Total. Add lines 1 through 5	308,477.	270,664.	249,838.	366,069.	237,111.	1,432,159.				
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.				
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.				
	Public support (Subtract line 7c from line 6)		of the second			्रेन्स्। १ प्र	1,432,159.				
Section B. Total Support											
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
-	Amounts from line 6 Gross income from interest,	308,477.	270,664.	249,838.	366,069.	237,111.	1,432,159.				
IVa	dividends, payments received on securities loans, rents, royalties and income from similar sources						0.				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.				
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	30,700.	36,208.	49,177.	37,753.	27,048.	180,886.				
13	Total support. (Add Ins 9, 10c, 11, and 12)	339,177.	306,872.	299,015.	403,822.	264,159.	1,613,045.				
	First five years. If the Form 990 organization, check this box and	is for the organiza			<del></del>						
Sec	tion C. Computation of Pu	blic Support P	ercentage								
15	Public support percentage for 20	012 (line 8, columi	(f) divided by lin	ne 13, column (f))	1	15	88.79 %				
16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	88.08 %				
Sec	tion D. Computation of Inv										
17	Investment income percentage f	or 2012 (line 10c,	column (f) dıvıde	d by line 13, colu	ımn (f))	17	0.00 %				
18	Investment income percentage f					18	0.00 %				
	<b>33-1/3% support tests</b> $-$ <b>2012.</b> It is not more than 33-1/3%, check	this box and <b>sto</b>	<b>o here.</b> The organ	nzation qualifies a	as a publicly supp	orted organization	ı ► <u>X</u>				
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%						3-1/3%, and nization ►				
	Private foundation. If the organi	zation did not che					<u> </u>				
DAA			2004031	00/00/10	C.	hadula A (Farm 00	n 000 E'D 0010				

Schedule A (Form 990 or 990-EZ) 2012 LOUISIANA WOODMEN OF THE WORLD /20832971 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
ADDITIONAL EXPLANATION OF OTHER INCOME
GAIN_ON_THE_SALE_OF_FIXED_ASSETS_NOT_INCLUDED_IN_SCHEDULE_A,_PART_III,_LN_12-GAIN_ON
THE SALE OF MOWER \$1,300

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization LOUISIANA WOODMEN OF THE WORLD YOUTH CAMP, INC 720832971 Part 1 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Partil Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ▶\$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶\$ a Revenues included in Form 990, Part VIII, line 1 **►**\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2012 LOUIS Part III   Organizations Maintain					Treasures, or	720832 r Other Similar Ass		Page <b>2</b>
3 Using the organization's acquisition,								
items (check all that apply)	•		. [ ]			-		
a Public exhibition			<u> </u>		hange programs			
<b>b</b> Scholarly research			e Other					
c Preservation for future genera				<b>c</b>				
4 Provide a description of the organiza Part XIII				•	-	, , .		
5 During the year, did the organizati to be sold to raise funds rather that	ion solicit or an to be maii	receive i ntained i	donations of ar as part of the c	t, histo organiz	orical treasures, c zation's collection	or other similar assets	Yes	No
Part: IV Escrow and Custodial Arra reported an amount on	ngements. C	Complete	e if the organiz	ation a	answered 'Yes' to	o Form 990, Part IV, lin	e 9, or	
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodiai	n, or oth	er intermediary	for co	ontributions or oth	her assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	n Part XIII a	nd comp	lete the follow	ing tab	ole	Γ	Amount	
e Reginning halance						1.0	Amount	
<ul><li>c Beginning balance</li><li>d Additions during the year</li></ul>						1 c		
Additions during the year     Distributions during the year						1 e		
f Ending balance						1f		
2 a Did the organization include an ar	nount on For	m 990 I	Part X June 213	7			Yes	No
<b>b</b> If 'Yes,' explain the arrangement			•		nas been provided	d in Part XIII	□ '°3	⊢''
bit 163, explain the arrangement	iii ai xiii x	JIICCK IIC	ore in the explain	110111	ias been provided	a iii i die Aiii	ı	
Part V : Endowment Funds. Co	mplete if	the ord	anization ar	nswer	red 'Yes' to Fo	rm 990. Part IV. lir	ne 10.	
	(a) Curren		(b) Prior yea		(c) Two years	(d) Three years	(e) Four year	ars
1 a Beginning of year balance.					-			
<b>b</b> Contributions								
c Net investment earnings, gains, and losses				-				
d Grants or scholarships								
Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance						-		
2 Provide the estimated percentage	of the curre	nt vear e	end balance (lir	ne 1a.	column (a)) held	as		
Board designated or quasi-endowme		in your v	%	10 191	00141111 (4)) 11014			
<b>b</b> Permanent endowment ►	-%		<del></del>					
c Temporarily restricted endowmen			%					
The percentages in lines 2a, 2b, a		d equal	_					
3a Are there endowment funds not in thorganization by		•		are hel	d and administere	d for the	Yes	No
(i) unrelated organizations							3a(i)	+
(ii) related organizations							3a(ii)	+
<b>b</b> If 'Yes' to 3a(ii), are the related o	rnanizations	listed as	required on S	chedul	le R?		3b	+
4 Describe in Part XIII the intended	*		•					
Part VI Land, Buildings, and E								
Description of property	<u>-quipinent</u>	(a) Cos	t or other basis	(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land		ζ		<u> </u>	175,133.		175	5,133.
<b>b</b> Buildings				<u> </u>	741,939.	482,217.		722.
c Leasehold improvements		-				,		
<b>d</b> Equipment		-					-	
e Other				<b> </b>	-6,711.	-6,711.		0.
Total. Add lines 1a through 1e (Column	n (d) must ed	qual Fori	m 990, Part X.	colum			434	1,855.
BAA			·				ule <b>D</b> (Form 99	

Part VII		- Other Securities. Se		<u>(, line</u>	
	(a) Description of s (including nar	security or category me of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value
(1) Financ	ial derivatives				
	y-held equity interes	sts		$\Box$	
(3) Other					
$\frac{(A)}{(B)}$ – – –					
(B)					
(C)					
(D)					
(E)			_		
(F)					
(G)			_		
(H)			_		
(l) =				- 8 -	
		990, Part X, column (B) line 12.)	<b>P</b>	83	
Part VIII		- Program Related. Se		<u>, line</u>	
	(a) Description of	f investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market value
(1)				_	
(2)					** *** *******************************
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		990, Part X, column (B) line 13)	<b>&gt;</b>		· 在
Part IX	Other Assets.	See Form 990, Part X	X, line 15. N/ Description	<u>A</u>	(b) Book value
(1)			Description		(b) Book Value
(2)					
(3)					
(4)					10.5.5
(5)	<del></del>				
(6)		······································			
(7)					M. M. C.
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equa	al Form 990, Part X, colum	n (B), line 15 )		<b>&gt;</b>
Part X	Other Liabilitie	es. See Form 990, Par			
		otion of liability	(b) Book valu	lе	
	eral income taxes				
	ROLL TAXES P	PAYABLE		755.	
(3)					
(4)					
(5)					
(6)					
(7)	<del></del> -	<del></del>			
(8) . (9)	<del></del>				
(10)					
(11)					
	mn (h) must equal Form	990, Part X, column (B) line 25 )	-	755.	
TULAL (CUIU)	min (D) must equal FUITITS	et VIII. provide the text of the feets.		, ,,,,	

BAA

Schedule D (Form 990) 2012 LOUISIANA WOODMEN OF THE WORLD	720832971	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u></u>	
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A	
1 Total expenses and losses per audited financial statements	<b>"</b>	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	*	
a Donated services and use of facilities  2 a		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII )  4b		
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.   3	
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 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	e any additional informa	ation
		. <b></b>
ВАА	Schedule <b>D</b> (Form	990) 2012

### \$CHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number LOUISIANA WOODMEN OF THE WORLD YOUTH CAMP, 720832971 INC FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC. KELLY STRINGER AND CHARLES STRINGER ARE MARRIED. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS KELLY STRINGER, SECRETARY, REVIEWS FORM 990 PRIOR TO FILING. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ANNUAL INFORMATION RETURNS FOR THE CURRENT YEAR AND PREVIOUS THREE YEARS ARE AVAILABLE UPON REQUEST.

# FEDERAL SUPPLEMENTAL INFORMATION

-- - - -

PAGE 1

2		FEDERAL SUPPLEIMENTAL INFORMATION							
	LOUISIANA WOO YOUTH	DMEN OF THE WORLD I CAMP, INC.	720832971						
	THE ORGANIZATION PAYS A DEFERRED ANNUITY CONTRACT. THE PAYMENT IS NOT AN EXCESS APPLY TO ANY FIXED PAYMENT MADE TO A PER	BENEFIT PAYMENT. SECTION 495	58 DOES NOT						
	•								
			•						
		u .							

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

LOUISIANA WOODMEN OF THE WORLD YOUTH CAMP, INC.

720832971

### PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2012	 2011	 2010	 2009	 2008
RENTAL INCOME MISCELLANEOUS	\$	25,410. 1,638.	\$ 36,778. 975.	\$ 46,868. 2,309.	\$ 36,175. 33.	\$ 30,458. 242.
TOT	AL Ş	27,048.	\$ 37,753.	\$ 49,177.	\$ 36,208.	\$ 30,700.