



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



<b>A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012</b>										
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C Name of organization</b> Livingston Fire Protection District 2</td> <td><b>D Employer identification number</b> 72-1174820</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) PO Box 427</td> <td>Room/suite</td> <td><b>E Telephone number</b> (225) 294-5651</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Springfield, LA 70462</td> <td><b>F Group Exemption Number</b> ▶</td> </tr> </table>	<b>C Name of organization</b> Livingston Fire Protection District 2		<b>D Employer identification number</b> 72-1174820	Number and street (or P O box, if mail is not delivered to street address) PO Box 427	Room/suite	<b>E Telephone number</b> (225) 294-5651	City or town, state or country, and ZIP + 4 Springfield, LA 70462		<b>F Group Exemption Number</b> ▶
<b>C Name of organization</b> Livingston Fire Protection District 2		<b>D Employer identification number</b> 72-1174820								
Number and street (or P O box, if mail is not delivered to street address) PO Box 427	Room/suite	<b>E Telephone number</b> (225) 294-5651								
City or town, state or country, and ZIP + 4 Springfield, LA 70462		<b>F Group Exemption Number</b> ▶								
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____										
<b>I Website:</b> ▶ N/A										
<b>J Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>H</b> Check ▶ <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)										

**K** Check ☒ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 42,383

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	21,240		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3			
	4	Investment income		4	39		
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less cost or other basis and sales expenses	5b	0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Gaming and fundraising events					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b	21,104
	c	Less direct expenses from gaming and fundraising events	6c			11,410	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	9,694		
	7a	Gross sales of inventory, less returns and allowances	7a				
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
8	Other revenue (describe in Schedule O)		8				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	30,973			
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10			
	11	Benefits paid to or for members		11			
	12	Salaries, other compensation, and employee benefits		12			
	13	Professional fees and other payments to independent contractors		13	2,406		
	14	Occupancy, rent, utilities, and maintenance		14	1,000		
	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe in Schedule O)		16	31,996		
	17	Total expenses. Add lines 10 through 16		17	35,402		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,429		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	110,686		
	20	Other changes in net assets or fund balances (explain in Schedule O)		20			
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	106,257		

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	70,895	22	82,773
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	39,791	24	23,484
25 Total assets	110,686	25	106,257
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,686	27	106,257

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
The Livingston Fire Protection District No 2 Volunteer Fire Department was formed primarily for providing fire protection service in the unincorporated rural areas comprising Fire Protection District No 2 in Livingston Parish The past, present, and future activities include providing fire protection and emergency rescue services to the residents of Livingston Parish Fire Protection District No 2

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

28The Livingston Fire Protection District No 2 Volunteer Fire Department was formed primarily for providing fire protection service in the unincorporated rural areas comprising Fire Protection District No 2 in Livingston Parish The past, present and future activities include providing fire protection and emergency rescue services to the residents of Livingston Parish Fire Protection District No 2  
(Grants \$ 35,402) If this amount includes foreign grants, check here

29  
(Grants \$ ) If this amount includes foreign grants, check here

30  
(Grants \$ ) If this amount includes foreign grants, check here

31Other program services (describe in Schedule O )  
(Grants \$ ) If this amount includes foreign grants, check here

32Total program service expenses (add lines 28a through 31a)

Expenses  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Part IV

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Albert Starkey President	0	0		
Mary Bennett Treasurer	0	0		

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

		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
35a	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	No
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 Mary Bennett Telephone no (225) 294-2864 Located at PO Box 427 Springfield, LA ZIP + 4 70462		
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 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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		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 as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	<div>*****</div> <div>Signature of officer</div>			<div>2013-06-04</div> <div>Date</div>	
	<div>Albert Starkey President</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature Paul M Riggs Jr CPA	Date	Check <input type="checkbox"/> if self-employed PTIN P00025595
	Firm's name <input checked="" type="checkbox"/> Durnin & James CPAs PC				Firm's EIN <input checked="" type="checkbox"/>
	Firm's address <input checked="" type="checkbox"/> PO Box 369 Hammond, LA 704040369				Phone no (985) 345-6262
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Poker Run</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	21,104		21,104
	2	Less Contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	21,104		21,104
Direct Expenses	4	Cash prizes . . . .	2,349		2,349
	5	Noncash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	9,061		9,061
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					(11,410)
					9,694

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
Direct Expenses	6	Volunteer labor . . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  .....

Address  .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name  .....

Address  .....

16 Gaming manager information

Name  .....

Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------



**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

**2012**

**Open to Public  
Inspection**

Name of the organization Livingston Fire Protection District 2	<b>Employer identification number</b>  72-1174820
---	---

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$39791 Machinery and Equipment - Ending \$23484
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Dues & Subscriptions \$330
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Training \$1145
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Communications \$1650
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Miscellaneous Expense \$12474
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$16307
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$90