

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





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-EZ**

Short Form 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)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Inte	mal Reve	nue Service	► The organization may have to u	ise a copy of this return to sati		equirements.		
Ā	For the	2012 calend	ar year, or tax year beginning	January 1	, 2012, and endi		cember 31	, 20 12
В	Check if a	pplicable	C Name of organization			D Emp	loyer identific	ation number
☑	Address	change	Louisiana Section A&WMA			l l	72129	1068
닏	Name cha	-	Number and street (or P O box, if mail is	not delivered to street address)	Room/su	te E Tele	phone number	
님	Initial retu Terminate		17750 Glen Forest Ave				225-346	ò-7454
님	Amended		City or town, state or country, and ZIP +	4		F Gro	up Exemptio	n
		on pending	Baton Rouge, LA 70817-9585			Nur	mber ▶	
G	Accoun	ting Method	✓ Cash	pecify) ►		H Check	▶ If the	organization is not
I	Websi	te: ▶				require	d to attach S	chedule B
<u>J 1</u>	Tax-exer	npt status (che	eck only one) - 📝 501(c)(3) 🔲 501(c)	c) () ◀ (insert no) ☐ 494	17(a)(1) or 527	(Form 9	990, 990-EZ,	or 990-PF)
_	Check •		e organization is not a section 509(a)(3)					
	not mor	e than \$50,00	00 A Form 990-EZ or Form 990 return	is not required though Form	990-N (e-postcard) may be red	quired (see ir	nstructions) But if
	_		oses to file a return, be sure to file a co	•				
			b, to line 9 to determine gross receipts	- ·	or more, or if total a	ssets (Part II,	Ī	
!	ine 25, c		ow) are \$500,000 or more, file Form 990			•	_▶ \$	
8	art I		ie, Expenses, and Changes ii					
_			the organization used Schedule			artl		<u> </u>
	1	Contribution	ons, gifts, grants, and sımılar amo	unts received			1	5963
	2	Program s	ervice revenue including governm	ent fees and contracts			2	114289
	3	Membersh	nip dues and assessments				3	3194
	4	Investmen	tincome				4	104
	5a	Gross amo	ount from sale of assets other than	n inventory	5a		1 1	
	b		or other basis and sales expense		_5b			
	С		ss) from sale of assets other than	inventory (Subtract line 5	b from line 5a) .		5c	
	6	-	nd fundraising events					
2 5 2013 Revenue	a		ome from gaming (attach Sch	edule G if greater thai	n 6a 			
g 5 201 Revenue	b	Gross inco	ome from fundraising events (not i	ncluding \$	of contribu	ıtıons]	
சூ	1	from fundr	raising events reported on line 1)	(attach Schedule G if the	e			
<u>-</u>		sum of suc	ch gross income and contributions	s exceeds \$15,000)	6b			
NOF	С	Less direc	ct expenses from gaming and fund	draising events	6c]]	
=	d	Net incom	ie or (loss) from gaming and fund	draising events (add lines	s 6a and 6b and	subtract		
		line 6c)					6d	
SCANNED	7a	Gross sale	es of inventory, less returns and all	lowances	7a			
氢	b	Less: cost	of goods sold \		7b			
	С		fit or (loss) from sales of inventory	(Subtract line 7b from line	e 7a)		7c	
	8		nue (describe in Schedule O)				8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7	⁷ c, and 8		<u></u> >	9	123550
	10	Grants and	d similar amounts paid (list(list)Scho	edule O)			10	13689
	11	Benefits pa	aid to of for members				11	
es	12	Salaries, o	ther compensation and employee	e benefits			12	
Expenses	13	Profession	al fees and other payments to ind	ependent contractors .			13	
ă	. 14		y, rent, utilities, and maintenance				14	
Ú	1.0		ublications, postage, and shipping				15	597
	16	Other expe	enses (describe in Schedule 0) .				16	109327
_	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>	<u> </u>	<u> ▶</u>	17	123613
ţ	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)			18	(63)
et Assets	19		s or fund balances at beginning of					
Ą			ar figure reported on prior year's re				19	144696
e	20	Other char	nges in net assets or fund balance	es (explain ın Schedule O)			20	

144663

Form **990-EZ** (2012)

21

Net assets or fund balances at end of year. Combine lines 18 through 20

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		<u>.</u> .	
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			144696	22	144683
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			144696	$\overline{}$	144683
26					26	
27	Net assets or fund balances (line 27 of column			144696	27	144683
Par	Statement of Program Service Accom	•		,		Expenses
	Check if the organization used Schedule		•	Part III 🗸	(Red	quired for section
		Environmental Educ	· · · · · ·			(c)(3) and 501(c)(4) anizations and section
as n	cribe the organization's program service accomplishessured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest e services provide	program services, d, the number of	494	7(a)(1) trusts, optional others)
28	Conferences and meetings for members, environmen					
	10 meetings at Average Meeting Attendance - 50 pers	sons				
	Annual Conference attendance - 325 persons;					
	(Grants \$) If this amount	288	91052			
29						
	2 High School Science Fair Grants; donorschoose ed					
	Adopt a school (2) awards					
	(Grants \$ 13689) If this amount				29 a	13689
30	Strategic Planning - 5 year planning workshop 25 par	ticipants including c	ommittee and board	members		
				•••••		
	(Grants \$) If this amount	includes foreign gra	nto chock horo		20-	4007
31	Other program services (describe in Schedule O)		ints, check here		30a	18275
٥,		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	ints, check here .	<u> </u>	32	
	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISI (if not paid, enter -0-		- [``	Estimated amount of other compensation
	n Brignac					
<u>1555</u>	6 Perkins Rd, Baton Rouge, LA 70810	Chair - 2 hrs				
	Roussel	Past Chair - 1 hr				
	5 Hwy 1 South, Bldg 3502, Plaquemine, LA 70764					
		Vice Chair - 1 hr				
	Main Street, Baton Rouge, LA 70802				_	
	n Midgett					
	0 Glen Forest Ave, Baton Rouge, LA 70817	Treasurer - 2 hrs			_	
	ifer Tullier			1		
	0 Perkins Road, Baton Rouge, LA 70810	Secretary - 1 hr		 	+	
	Johnson	D				
	Poydras Street, Suite 5000, New Orleans, LA 70139	Director - 1 hr				
	Grego	Discount d las			-	
	Highway 55, LaPlace, LA 70068-6908	Director - 1 hr			+	
	y Thompson 0 Perkins Road, Baton Rouge, LA 70810	Disastas 4 hu				
		Director - 1 hr			+	
	≀alermo V. Esplanade, Suite 401, Kenner, LA 70065	Council Box 1h-				
203 1	v. Espianaue, Suite 401, Neillier, LA 70005	Council Rep - 1hr		 	+	
				 · · · · · -	- -	 -
			· · · · · · · · · · · · · · · · · · ·	 	+	
				1		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V .	
22	Did the ergenization engage in any compliance establishment are under the the IDOO K (V/- II / I	_	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		✓
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)			,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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		Ť
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
30	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b 38a	Did the organization file Form 1120-POL for this year?	37b		
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	334		
39	Section 501(c)(7) organizations. Enter.	1		
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
HUA	section 4911 ► ; section 4912 ► ; section 4955 ►			
ь	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		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	102		
	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			
е	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		1
41	List the states with which a copy of this return is filed ▶ Louisiana			_ ·
42a		225-34	6-7454	4
	Located at ► 17750 Glen Forest Ave, Baton Rouge, LA 70817 ZIP + 4 ►	70817		
D	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)?	42h	Yes	
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		 -	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
TTa	completed instead of Form 990-EZ	44a		√
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		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		_ ✓
	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)	ļ		
	Form 990-EZ (see instructions)	45h	ı	./

46	Did the organization engage, directly or ii	ndırectly, in political c	ampaign activities on	behalf of or in	opposition		Yes	No			
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		✓			
Part	All section 501(c)(3) organization 50 and 51	s must answer que			lete the ta	ables fo	or line	_			
	Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI .			· ·	No			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	on in effect dun	ng the tax	47	162	NO ✓			
48 49a b	Tour										
Complete this table for the organization's five highest compensated employees (other than officers, directors, truste employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N								d key			
_	(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 ben contributions to e benefit plans, and compensati	mployee (e) deferred o	Estimate ther com					
None			-								
		-									
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	. None ensated independent one, enter "None."		no each re	ceived	more	than			
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	rice	(c) Cor	npensatio	ก				
None											
							•				
d 52	Total number of other independent contra Did the organization complete Schedule A	•		►	None						
	nonexempt charitable trusts must attach			· · · · · · ·	. ▶[✓ Yes		No			
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than				t of my knowle	edge and	belief,	ıt ıs			
Sign	Signetare of officer	== 1 =		O 5	5/09	<u>//3</u>					
Here	Type or crust name and title	Treasurer		Date (5.5)	10911	3					
Paid Prepa	Print/Type preparer's name	Preparer's signature	Da	10	check if	PTIN	_				
Use (Only Firm's name			Firm's E							
May th	Firm's address ▶ ne IRS discuss this return with the prepare	r shown above? See i	nstructions	Phone n	<u>.</u> . ▶ [☐ Yes					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Insp

	siana Section /									91068		
Pa			arity Status (All orga						instructi	ons		
			dation because it is: (Fo									
1			ches, or association of			ed in sec	ction 170	(b)(1)(A)(i).			
2			n 170(b)(1)(A)(ii). (Atta									
3			ospital service organiz						0/1-1/41/6	···· - ·		
4		name, city, and sta	tion operated in conjun	iction wit	n a nospr	tai descri	ibea in se	ection 17	U(D)(1)(A)(III). Ent	er tne	
5			r the benefit of a colle	ae or un	iversity o	wned or	operated	l by a go	vernmen	tal unit	decerit	
	section 1	70(b)(1)(A)(iv). (Cor	nplete Part II.)				-		Verriinen	itai uriit t	102Ct II	Jeu II
6			ernment or government									
7	☐ An organ described	zation that normall in section 170(b)(y receives a substantia 1)(A)(vi). (Complete Pa	al part of rt II.)	its supp	ort from	a governi	mental u	nit or froi	m the ge	neral :	public
8	A commu	nity trust described	In section 170(b)(1)(A	(Vi). (Co	mplete Pa	art II.)						
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)											
10			nd operated exclusively									
11	purposes 509(a)(3).	of one or more pu	and operated exclusively supported organities and operated organities the type of	nizatıons supportı	describe ng organı	d in sect zation an	tion 509(a	a)(1) or s	ection 50)9(a)(2). \$		
	a □ Ty	•	• • • • • • • • • • • • • • • • • • • •					Type III-I			_	
е			y that the organization									
			gers and other than on	e or mor	e publicly	support	ed organ	izations (described	d in sect	on 509	9(a)(1
f		1 509(a)(2).	a written determinet	on from	the IDC		a Tuna	LTuna	11 au T.			
•		on, check this box	a written determination	on irom	tile ins	matitis	атуре	i, Type	ii, or ry	pe III su	pportii	ng _
g	Since Au	gust 17, 2006, has	the organization acce	pted any	gift or c	ontributio	on from a	ny of the	· ·			· [_]
	following (i) A pers	•	indirectly controls, eit	her alone	e or toget	ther with	persons	describe	d ın (ıı) a	nd	Yes	No
	(iii) be	low, the governing t	body of the supported	organizat	tion? .					11g(i)	
	(ii) A fam	lly member of a per	nember of a person described in (i) above?						11g(iı)			
			f a person described in									
h	Provide th	ne following informa	ition about the support	ed organ	izatıon(s).					_		
(1)	Name of supporte organization	ed (ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	in col (i) listed in your the organi		of your	organiza (i) organ	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of mor support	
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)						_						
			<u> </u>									
(D)							_					
(E)	70 W					_						
Tota	I											

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>. </u>
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")				ļ	<u> </u>	ļ
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				-		-
3	furnished by a governmental unit to the]			ľ	
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a		1	\	1	1	
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	ļ				<u> </u>	
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support		T	T -:		1 - 2 - 2 - 2 - 2	T
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		-	ļ			
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar			}			
	sources					1	
9	Net income from unrelated business				 		†
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets		Ì				
	(Explain in Part IV.)						<u> </u>
11	Total support. Add lines 7 through 10	(<u></u>			<u> </u>	L
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•			12	nn F01(a)(2)
13	organization, check this box and stop he				•	ear as a secu	
Secti	on C. Computation of Public Suppor	rt Percentag	<u> </u>	 .			· _ · · U
14	Public support percentage for 2012 (line			1 column (f)		14	%
15	Public support percentage from 2011 Scl		•	, , , ,		15	%
16a	331/3% support test-2012. If the organi						
	box and stop here. The organization qua	lifies as a publ	licly supported	organization			🕨 📋
b	331/3% support test-2011. If the organ					e 15 is 33½%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		🕨 🗆
17a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			•	•		··
_	organization						· ► □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization may be sufficiently serviced in the service of the serviced in the						
	supported organization						a publicly ► □
18	Private foundation. If the organization di						
- •	instructions			, , ,	_, 5 5, 5.160	u son and	▶ □

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	_					
	received (Do not include any "unusual grants")	7257	7372	6970	11269	9157	42025
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 .	71039	91329	92315	97787	114289	466759
3	Gross receipts from activities that are not an	7.000			0.,	111200	400700
	unrelated trade or business under section 513	اه	o	o	o	0	0
4	Tax revenues levied for the	1		"			
	organization's benefit and either paid						
	to or expended on its behalf	o	o	o	0	0	0
5	The value of services or facilities	-			<u>_</u>		
-	furnished by a governmental unit to the						
	organization without charge	o	o	o	o	0	•
6	Total. Add lines 1 through 5	78306	98701	99285	109056	123446	508784
7a	•	78300	36701	55205	103036	123446	300704
	received from disqualified persons .	o	o	o	٥	0	0
ь	Amounts included on lines 2 and 3	<u> </u>					0
-	received from other than disqualified					i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o	o	o	0	ا	0
С	Add lines 7a and 7b	0	0		0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						508784
Secti	on B. Total Support	<u>.</u> L					300704
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	78306	98701	99285	109056	123446	508784
10a	Gross income from interest, dividends,	.,,,,,,			100000		000,04
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1120	234	103	104	104	1665
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	1120	234	103	104	104	1665
11	Net income from unrelated business					- 15.1	
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on	o	o	o	o	o	0
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part IV)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,				_		
	and 12)	79426	98905	99388	109160	123550	510429
14	First five years. If the Form 990 is for the	e organization					n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage)	-			
15	Public support percentage for 2012 (line 8			3, column (f))		15	99 %
16	Public support percentage from 2011 Sch			<u> </u>		16	99 %
	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2012 (I			/ line 13, colun	nn (f))	17	1 %
18	Investment income percentage from 2011					18	1 %
19a	331/3% support tests - 2012. If the organi						
	17 is not more than 331/3%, check this box					-	
b	331/3% support tests - 2011. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization du	d not check a b	ox on line 14	19a or 19h c	heck this hox :	and see instruc	tions 🕨 🗆

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).	Page 4
	•••••••••••••••••••••••••••••••••••••••	
_		
••••		
	-	-
••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number LA Section A&WMA 721291068 The primary purpose of the Louisiana Section Air and Waste Management Association (A&WMA) is to provide environmental education and awareness to its members, who include environmental professionals in industrial, private and government sectors. The Association also strives to provide environmental awareness to the community at large, in the form of grants to support environmental education activities. In the calendar year 2012, the Association awarded 4 scholarships to college students majoring in environmental studies programs. The Association also issued 2 grants to teachers as part of our "Adopt-A-School" program and also sponsored teacher training activities. The Adopt-A-School grants were awarded to teachers to implement environmental education programs as part of their elementary or middle school classroom science activities. The Association also awarded 2 grants to students who presented environmental case studies at the Louisiana State Science Fair. In addition, the Association provided a donation to Donorschoose org to support a classroom project in the state of Louisiana and sponsored students in an environmental competition at the A&WMA international conference. Other expenses associated with the organization include meeting and conference expenses, travel to attend conferences focused on environmental education, and a strategic planning retreat. The organization is a 501(c)(3) entity and does not generate income from unrelated trade or business activities and is not required to submit IRS Form 990-T