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SCANNED JUN 18 2014

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 private foundations)

2013

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Chart chargeteble Chart repotable Additional charget Chart repotable Chart	A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20									
Name and states Name and states (to P 0 box, if mail is not deterred to street address) Room/Suite E recipriors number F or the provided P P P P P P P P P	_		pplicable C Name of organization	<u>`</u>						
Number and street (or P O box, f mail a not delivered to street address) Room/sulf		Address o	change Louisiana Bower Paparetons	12-085 2195						
Terminated Amended returns City or town, state or province, country, and ZPr or freeign postell code F Group Exemption Available Amended returns Religion Accounting Method: Test Account Other (specify)	<u> </u>	Name cha	Number and street (or P O box, if mail is not delivered to street address)	Room/suite						
Terminated Amended returns City or town, state or province, country, and ZPr or freeign postell code F Group Exemption Available Amended returns Religion Accounting Method: Test Account Other (specify)	7=		8878 FLURIDA BLUD		225-925-5471					
Angelenter personage G Accounting Method: □Cash □ Accrual Other (specify) □ H Check ► ☑ (if the organization is not recovered to statis (check only one) □ 501(c)(3) □ 501(c)(4) □ (insert no) □ 4947(a)(1) or □ 527 Websites ► □ H Check ► ☑ (if the organization is not recovered to statis (check only one) □ 501(c)(3) □ 501(c)(4) □ (insert no) □ 4947(a)(1) or □ 527 Form of organization: □ Corporation □ Trust □ Association □ Other L Add hines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Form of organization is provided in the control of th	~		City or town, state or province, country, and ZIP or foreign postal code	J						
G Accounting Method:	=									
Website: Variable Tax-exempt status (check only one)										
Tax-exempt status (check only one)										
K Form of organization:										
L Add lines 5b, 6c, and 7b, 10 line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets [Part II] column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I										
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 V, 0.2 X, 4.0					assets					
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For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2013)	For		Form 990-EZ (2013)							

Par	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[16723.53	22	21,560.65
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	16723,53	27	21,560.65
Part	III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗗	(Rea	uired for section
What	is the organization's primary exempt purpose?	LOUISIANA'S T	RADE ASSN	For BOWIPL	501(c)(3) and 501(c)(4)
	ribe the organization's program service accompliessured by expenses. In a clear and concise m				4947	nizations and section (a)(1) trusts, optional thers)
perso	ns benefited, and other relevant information for ea	ach program title.				
28	OUR MISSIM IS to INCASAGE	THE Profit.	stiling of ou	u members.		
	WE DISCUSS WAYS to INCASASE					
•	2 meetings of THE year				ļ	
		includes foreign gra	ints, check here .	. ▶ 🗆	28a	
29	OUR members CAN HOST TOUR	NAMONTS THE	IF WE ADN	IPISTER		
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,	Bouling Program. Over 70+ HG			Bann		
^	18 A VARSIN Sport Necosnized				J.	1
•	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ □	30a	1
	Other program services (describe in Schedule O)			<u> </u>		
		includes foreign gra		▶ □	31a	
	Total program service expenses (add lines 28a				32	
Part					_	tions for Part I\A
·	Check if the organization used Schedule		·			
	Official the organization used Schedule		(c) Reportable	(d) Health benefits,	$\dot{ o}$	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation		ther compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v) check if the organization used schedule of to respond to any question in this	Part	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	163	/
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	· - -	/
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		/
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		
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	-	_
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		_
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		
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		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities	1		
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		
С	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			
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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ MARC PATEL Telephone no. ▶ 22	5-9	25-5	547 [
	Located at ▶ 8878 FWEIDA BLUD BATTON Rove LA ZIP+4 ▶ 70	281	<u></u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		42b		_
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	_
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		ا .	► ⊔
			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		
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		7
C	Did the organization receive any payments for indoor tanning services during the year?	44c		_
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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		

								162	NO
46	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," c	idirectly, in political c	ampaign activities of	n behalf of	or in opposi	tion		
Part \		Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,			• 46	LL	_
Part		All section 501(c)(3) organizations		otiona 47 40h and	ا الحصاد		ا ممامامه م		_
			s must answer que	1500015 47-49D and	oz, and c	complete th	e lables i	or line	S
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question in	this Part V	<u>'l</u>	<u></u>		
				504#3				Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) electi			tax 47		
48	Is the	organization a school as described in							
-		ne organization make any transfers to							
		es," was the related organization a se						 	
50		olete this table for the organization's						es and	ke
00		oyees) who each received more than							
	OIII PI	Jess, wile saem reserved more and it		T		Ith benefits,		-	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributio benefit plan	ns to employee as, and deferred bensation	(e) Estimate other con		
			·		 				
									
					 				
						<u>.</u>			
					1				
	T-4-1		\$100 000	L					
		number of other employees paid over							
51		plete this table for the organization's 000 of compensation from the orga			contracto	ors wno eacr	n received	more	tnar
	\$100,	doo of compensation from the organ	mization. If there is no	Tie, enter None.				_	
	(a)	Name and business address of each independ	ent contractor	(b) Type of ser	vice	(c)) Compensati	on	
				<u> </u>		 			
									
									
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	T			(t100,000		470 - 1-5			
		number of other independent contra	•		· •	NONE			
		ne organization complete Schedule A			s and 4947	(a)(1)	.	r	_
		kempt charitable trusts must attach a			• • •	· · · ·	► <u></u> Yes		
		of perjury, I declare that I have examined this rid d complete. Declaration of preparer (other than					nowledge and	l belief, if	IS
	Jos., Mil	Complete Declaration of preparer (or region)		propulet			11/		
Sian		Signature of officer	,			5-10-14 Date			
Sign		A	s.	- J - L-	U	aic			
Here		Type or print name and title	EXECUTIVE	Director,				. –	
			Preparer's signature	l n	ate		PTIN		
Paid		Print/Type preparer's name	. Toparor 3 Signature	ا		Check L	17		
Prepa		<u> </u>	 				,,,,,		
Use C	Only	Firm's name				rm's EIN ▶ hone no			
	- 100	Firm's address ► discuss this return with the preparer	shown shows? Soo	netructions		HORIE HO	▶ ☐ Yes		

SCHEDŬLE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		0	Employer identification number
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