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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)

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

(HTA)

Δ.								
			endar year, or tax year beginning	·	, and e	naing D. Employer	dentification number	
		applicable	C Name of organization ST LANDRY PAR	ISH FARM BUREA	U, INC	D Employer	bentification number	
=	Address	•	Doing Business As		·	72-0501811		
יש	Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone						number	
	nitial ret	urn	P O BOX 95004			(337) 948-82	259	
\square	Terminat	ted	City or town, state or country, and ZIP + 4			1,00,70,00		
\Box	Amende	d return	BATON ROUGE	LA	70895-9	0004 G Gross recei	pts \$	468,487
\equiv				LA	70030-0			
ш′	Application	on pending	F Name and address of principal officer			H(a) Is this a group return	=	Yes X No
						H(b) Are all affiliates incli	_	Yes No
I T	ax-exen	npt status	501(c)(3) X 501(c) (5) ◀ (insert	t no) 4947(a)(1) (or 527	If "No," attach a list	(see instructions)	
JV	Vebsite	e: >				H(c) Group exemption nu	umher Þ	
				7			T	
		rganization	X Corporation Trust Association	Other ►	L Yea	r of formation 1954	M State of legal dom	nicile LA
P	art I	Su	nmary	****				
	1	Briefly d	escribe the organization's mission or mos	t significant activiti	es: FORI	MED FOR THE PROM	OTION AND PROT	ECTION
		OF AGE	ICULTURE	-	• • • • • • • • • • • • • • • • • • • •			
93								
nan								,
Activities & Governance		Chook	is box If the organization discontinued it:	a anarationa ar dianase	ad of mara the	n 250/ of its not seeds		
ŝ	2					1	اما	20
9 5	3		of voting members of the governing body				3	20
ě E	4		of independent voting members of the go	• • •			4	20
≨	5		nber of individuals employed in calendar		line 2a) .	<u> </u>	5	6
₹	6		nber of volunteers (estimate if necessary)				6 .	20
	7a	Total un	elated business revenue from Part VIII, c	olumn (C), line 12			7a	234,302
	b	Net unre	lated business taxable income from Form	990-T, line 34	<u> </u>	· · · <u>· · · · </u>	7b	64,433
≥						Prior Year	Current	Year
II © ZUIZ Revenue	8	Contribu	tions and grants (Part VIII, line 1h)			38,	357	0
₩	9	Program	service revenue (Part VIII, line 2g)			125,	243	173,246
<i>9</i>	10		nt income (Part VIII, column (A), lines 3,			19.	489	-138,837
=1 0≥	11		venue (Part VIII, column (A), lines 5, 6d, 8			201,		264,788
	12		nue—add lines 8 through 11 (must equal Par			384,		299,197
= "-	13		nd similar amounts paid (Part IX, column				0	200,101
A	14		· · · · · · · · · · · · · · · · · · ·	• •		2	078	2,151
	1		paid to or for members (Part IX, column (5 10\			129,230
23	15		other compensation, employee benefits (Part			101,	002	
24	16a		onal fundraising fees (Part IX, column (A),	•		1967 Add 18 v v Mad a	44 10-4 - 2	. 0
99	b		draising expenses (Part IX, column (D), li			まれば、一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一		
7	17	Other ex	penses (Part IX, column (A), lines 11a–11	ld, 11f–24e) . <u></u>		213,		<u>223,973</u>
6 0	18	Total ex	enses. Add lines 13–17 (must equal Part	IX, componda), lip	e ₁ 25)	317,	467	<u>355,354</u>
	19	Revenue	less expenses. Subtract line 18 from line	: 12六 C し C I V E	<u>.u</u> .l		718	-56,157
. e			· · · · · · · · · · · · · · · · · · ·		SO	Beginning of Current Y	ear End of	Year
Net Assets or Fund Baiances	20	Total as	ets (Part X, line 16)	UL 0 5 21	012. Ö	794,	774	1,113,403
4 AB	21	Total lial	ılities (Part X, line 26)	JUL V W E	S	122,	538	492,325
şã	22	Net asse	ts or fund balances. Subtract line 21 from	line.20	<u> </u>	672,		621,078
Pa			nature Block	OGDEN.		· · · · · · · · · · · · · · · · · · ·		
			I declare that I have examined this return, including a		and statemer	ts, and to the best of my k	nowledge	
			t) and complete Declaration of preparer (other than o					
			allos eletala					
Sig			Signature of officer	\cap	. 1	/ Date		
Her	е		CACIOS POJOTZO /A	Ys e	esiden		le-26-201	12
		 	ype or print name and title			•	<u>u </u>	
			· · · · · · · · · · · · · · · · · · ·	er's signature		Date,	PTIN	
Paid	4	' ''''	Type preparer s name		- 44- /		eck if	
		DEB	ORAH BISCHOFF	WWMMWW	IVIK	(V/スム// self	f-employed	
	parer		name ► LOUISIANA FARM BUREAU F	EDERATION INC	' 700 —	Firm's EIN ► 7	2-0491096	
Use	Only							
			address ► P O BOX 95004, BATON ROU			Phone no (2	225) 922-6237	
May	the IR	S discus	this return with the preparer shown above	e? (see instruction	ns)	<u></u> .	<u>X</u> Yes	No
For	aperw	ork Redu	tion Act Notice, see the separate instruction	ns.			Form	990 (2011)

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. Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		. \square
1	Briefly d	escribe the organization's mission		
		MOTE AND PROTECT AGRICULTURE		
		••••••		
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program	_	
	services	?	Yes	X No
_		describe these changes on Schedule O.		
4	expense	the organization's program service accomplishments for each of its three largest program services, s. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		0)
	A MEMB	ERSHIP ORGANIZATION FORMED FOR THE PROMOTION AND PROTECTION OF AGRICULTUR	RE.	
				-
		•		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
		•		
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		0_)
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		0)
			· · · · · · · · · · · · · · · · · · ·	
				• • • • • • • • • • • • • • • • • • • •
4d		ogram services. (Describe in Schedule O.)	٥.	
4-	(Expense	s \$ 0 including grants of \$ 0) (Revenue \$	0)	
48	TOTAL DEC	orain service expenses 💌 U		

			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		Х
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		X
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		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5	x	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "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.		, <i>'</i>	·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
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	11b		<u>X</u>
	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? If "Yes," complete Schedule D, Part VIII	11c		Х
	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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
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	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional.	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	16		X
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	18		^-
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	19 20a		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	2014)
		FORM	33 0 (ZU11)

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Par	t IV Checklist of Required Schedules (continued)					
0.4	2 1111		Yes	No		
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X		
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		×		
24a	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, 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		×		
b	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		-		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>			
25a	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					
b	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				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Х		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
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):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		Х		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28b		X		
С	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	28c		х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	. 29		×		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	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? <i>If "Yes," complete Schedule R, Part I</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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X		
	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			×		
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					
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	. 38	х			

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	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.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	┼—
4a	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)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:		,	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	├ ─-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> 50</u>		 ^
Va	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		l	
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		٠	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7g 7h	 -	\vdash
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ []		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the organization make any taxable distributions under section 4966?	9a	_	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	420		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	.Ja		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	e O. See in	struci	t <u>ion</u> s.
	Check if Schedule O contains a response to any question in this Part VI			<u>LX</u>
Sect	tion A. Governing Body and Management			
	ı	_نئ_ا	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	20		3
	If there are material differences in voting rights among members of the governing body, or			1.00 K
	of the governing body delegated broad authority to an executive committee or similar	51.4		
_	committee, explain in Schedule O.	20		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		100	
3	any other officer, director, trustee, or key employee?	· 2	+	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		x_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	+-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	+-	 ^
6	Did the organization become aware during the year of a significant diversion of the organization sassets:	. 6	T X	 ^
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	· - 3-	+^-	
, u	one or more members of the governing body?	. 7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ''''	 ^`	
_	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Since
_	the year by the following:		1	
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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 O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10</u> a	<u> </u>	X
b	· · · · · · · · · · · · · · · · · · ·			1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b	-	 , _
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1000.000		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	-	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	+	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl.	icts? 12b	'	 ^
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	. 120		x
13	Did the organization have a written whistleblower policy?		 	X
14	Did the organization have a written document retention and destruction policy?		┼	X
15	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	n?		
а	The organization's CEO, Executive Director, or top management official.			Х
b	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			1 3	
	with a taxable entity during the year?	16a		Х
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 take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	. 16b		<u> </u>
Sect	ion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶		 -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website Another's website X Upon request	A		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of in	terest		
20	policy, and financial statements available to the public.	of the		
20	State the name, physical address, and telephone number of the person who possesses the books and records	OI LIIC		

organization. ► SARAH THIBODEAUX

5265 I-49 SOUTH SERVICE ROAD, OPELOUSAS, LA 70570-0772

(337) 948-8259

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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

- 1a 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos eck s pe	rson	an other Highest compensated en sorter employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CARLOS POLOTZOLA						<u> </u>				
PRESIDENT	AS REQUIRED			Х			1	o	o	0
(2) FRED LAVERGNE	NO INEGUINED	<u> </u>		-			<u> </u>			
VICE PRESIDENT	AS REQUIRED			х		İ		l o	О	0
(3) LEO FRANCHEBOIS	1									
SECRETARY	AS REQUIRED	<u> </u>		Х		<u> </u>	L	0	0	0
(4) CECIL CORBELLO										
TREASURER	AS REQUIRED		L	Х		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	0	0	0
(5) JOEY OLIVIER										
BOARD MEMBER	AS REQUIRED				<u> </u>		—	0	0	0
(6) CHARLES CANNATELLA							'] _		
BOARD MEMBER	AS REQUIRED				\vdash	 	<u> </u>	0	0	0
(7) LARRY LAFLEUR										0
BOARD MEMBER (8) DALE BERTRAND	AS REQUIRED		-		-		├	0	0	0
	AC DEOLUDED					İ		0	o	0
(9) DANIEL LYONS	AS REQUIRED	\vdash				-	\vdash		<u>-</u>	
	AS REQUIRED							0	0	0
(10) KEITH NORMAND	AO NEGOINED									<u>~</u>
	AS REQUIRED				ŀ]	o	o	_0
(11) WINN PLATTSMIER	33									
BOARD MEMBER	AS REQUIRED							0	0	0
(12) IKE BOUDREAUX										
BOARD MEMBER	AS REQUIRED							0	0	0
(13) RONALD BURLEIGH										
BOARD MEMBER	AS REQUIRED						Ш	0	0	0
(14) MARK REINERS										
BOARD MEMBER	AS REQUIRED			Ш				0	0	0

72-0501811 Page	8
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Section A. Officers, Directors, Ti	ustees, Key Er	nplo	yees	s, a	nd	High	<u>est</u>	Compensated	Employees (co	ntinued)
(A) Name and title	(B) Average hours per	box, office	unles er and	Pos eck s pe	rson	e than is bot or/trus	h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) TOM RABALAIS BOARD MEMBER	AS REQUIRED							0	0	
(16) BARRETT LYONS	AS REGUIRED						_			
	AS REQUIRED				_	<u> </u>	_	0	0	
(17) JOE HIDALGO BOARD MEMBER	AS REQUIRED							o	o	
(18) KYLE DOUCET	NO REGUNED									<u></u>
BOARD MEMBER	AS REQUIRED				_			0	0	
(19) MIKE WARTELL BOARD MEMBER	AS REQUIRED							o	o	
(20) STEPHEN QUEBEDEAUX	AOTILGOINLD									
BOARD MEMBER	AS REQUIRED							0	0	(
(21)										1
(22)										
(23)										
(24)										
(25)										
								0	0	
c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)							. >	0	0	
Total number of individuals (including but not reportable compensation from the organization)	ımited to those		i ab				ceiv			
Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche	ector, or trustee		em	plo						Yes No
For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co	ompe	nsa	tion	an	d oth	er c	compensation from	om	4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "									ndividual	5 X
Section B. Independent Contractors		30,700							<u></u>	<u> </u>
 Complete this table for your five highest comp compensation from the organization. Report of year. 										n's tax
(A) Name and business addr	ess							(B) Description of ser	vices ((C) Compensation
										0
										<u>C</u>
										0
Total number of independent contractors (included)	iding but not lin	nito d	to +L	100	ما د	tod a	bar	(a) who recourse	1 83 85 KH	O CONTRACTOR OF THE PARTY OF TH
Total number of independent contractors (inclumore than \$100,000 of compensation from the		iitea `	io if	iUS(ا ت ا	ted a	VOU	will received		

Par	t VIII	Statement of Revenue					
				(A) 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, Grants and Other Similar Amounts		Federated campaigns	b 0 c 0 d 0				
Contributions, Gif and Other Similar	9	All other contributions, gifts, grants, and similar amounts not included above	0	0			
	 "	Touri Add into 10 11	Business Code				
Program Service Revenue	2a b	MEMBERSHIP DUES EXP REIMB & SEASONAL SPECIALTIES	110000 110000	170,110 3,136			
<u>vi</u> ce	С	••••		0			
Ser	d			0			
ra E	е			0			
rog	f	All other program service revenue		0			
	<u>g</u>	Total. Add lines 2a-2f		173,246			
	3	Investment income (including dividends, intereduction other similar amounts) Income from investment of tax-exempt bond p	>	3,920 0			3,920
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses	<u> </u>				
	С	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 0				
	d	Net rental income or (loss)		0			
	7a		(II) Other				
	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	0 100				j
			0 142,857 0 -142,757				
	C			440.757	·		
e	d	Net gain or (loss)	•	-142,757			
Other Revenue		Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18 a	56,919	-			-
ŎŦ.		Less: direct expenses b				·- <u>-</u>	
		Net income or (loss) from fundraising events .	<u> </u>	30,486			
		Gross income from gaming activities. See Part IV, line 19				-	
		Less: direct expenses b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0			
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory .		0			
		Miscellaneous Revenue	Business Code	_			
ł	11a	INSURANCE SERVICE FEES	524298	234,302		234,302	
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		234,302			
	12	Total revenue. See instructions	<u>.</u> ▶∫	299,197	173,246	234,302	3,920

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any	question in this Pa	rt IX		_ ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
_	United States. See Part IV, line 22	0		L	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_			
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	2,151			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
5	Compensation of current officers, directors,				
c	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ا			
7	persons described in section 4958(c)(3)(B)	0 118,231	 		
8	Other salaries and wages	110,231			
J	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	213			
10	Payroll taxes	10,786			
11	Fees for services (non-employees):	10,700	-	-	
a	Management	o			
b	Legal	0	····		
С	Accounting	1,140			
d	Lobbying	0			
ę	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	186			
12	Advertising and promotion	8,506			
13	Office expenses	19,433			
14	Information technology	0			
15	Royalties	0	****		
16	Occupancy	16,747			
17	Travel	176		 -	
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	67,345		<u> </u>	
20	Interest	75,600		-	
21	Payments to affiliates			0	0
22 23	Depreciation, depletion, and amortization	10,709 116	0	<u> </u>	<u> </u>
24		110			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		19 1/2 1/2 1/2 1/2		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
а	MAINTENANCE	12,157			<u></u>
b	TAXES	11,858	······································	·	
c		0			<u> </u>
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	355,354	0	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 ▶ if				
	following SOP 98-2 (ASC 958-720)				5 000 //
					Form 990 (2011)

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			293,266	_1_	207,453
,	2	Savings and temporary cash investments	239,170	2_	243,090		
	3	Pledges and grants receivable, net .			0	3	0
ı	4	Accounts receivable, net			5,452	4	5,154
1	5	Receivables from current and former officers,	director	s, trustees, key			, .
		employees, and highest compensated employ Schedule L	ees. Co	mplete Part II of		5	
	6	Receivables from other disqualified persons (a					
		4958(f)(1)), persons described in section 4958		l.			
		employers and sponsoring organizations of se		-			
छ		employees' beneficiary organizations (see inst				6	
Assets	7	Notes and loans receivable, net			0	7	0
Ϋ́	8					8	<u> </u>
	9	Prepaid expenses and deferred charges		- H-	54,756		50,280
	10a	Land, buildings, and equipment: cost or	i i				
- 1		other basis. Complete Part VI of Schedule D	10a	674,145			
	b	Less: accumulated depreciation	10b	66,719	202,130	10c	607,426
	11	·	$\overline{}$		0	11	0
	12	Investments—other securities. See Part IV, lin	e 11 .		0	12	0
	13	Investments—program-related. See Part IV, lir			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must eq			794,774	16	1,113,403
	17	Accounts payable and accrued expenses			858	17	806
1	18	Grants payable		[18	
	19	Deferred revenue			121,680	19	109,360
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete	Part I	of Schedule D		21	
es	22	Payables to current and former officers, direct	ors, trus	tees, key		·	
Liabilities		employees, highest compensated employees,		-	,		
ap		persons. Complete Part II of Schedule L		_		22	
	23	Secured mortgages and notes payable to unre			0	_23_	382,159
- 1	24	Unsecured notes and loans payable to unrelat		•	0	24_	0
- 1	25	Other liabilities (including federal income tax, p	ayable	s to related third			
- 1		parties, and other liabilities not included on line					
					0		0
\rightarrow	26	Total liabilities. Add lines 17 through 25.			122,538	26	492,325
Ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33			•*		
Ę l	27	·				27	
ga	28	Temporarily restricted net assets				28	
9	29	Permanently restricted net assets		F		29	
틸							
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	cneck	nere PI	*		
ets	30	Capital stock or trust principal, or current funds	3	<i>.</i>		30	
SS		Paid-in or capital surplus, or land, building, or o				31	
¥	32	Retained earnings, endowment, accumulated			672,236		621,078
ž	33	Total net assets or fund balances			672,236		621,078
	34	Total liabilities and net assets/fund balances .			794,774	34	1,113,403

Form 9	990 (2011) ST LANDRY PARISH FARM BUREAU, INC	72-	0501811	Pag	ge TZ
Pari					
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	X
		. 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,197
2.	Total expenses (must equal Part IX, column (A), line 25)	2			,354
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,157</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,236
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5	,000
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		621	,079
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	. [
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.		1	7	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		100 4 5
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			**	
	issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

_		is that have med total 5700 (election and		· · · · · · · · · · · · · · · · · · ·	*
		ns that have NOT filed Form 5768 (election			
	· ·	res" to Form 990, Part IV, line 5 (Proxy	lax) or Form 990-	EZ, Part V, line 35c (Proxy I	ax), then
	ection 501(c)(4), (5), or (6) o e of organization	organizations: Complete Part III		Employe	r identification number
	_ANDRY PARISH FARM	RUREAU INC		Linploye	72-0501811
		the organization is exempt und	er section 501(c) or is a section 527 of	
1		the organization's direct and indirect			
2	•				
3	Volunteer hours				
Pai	rt I-B Complete if t	the organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	ion under section	4955 ▶ \$	
2		excise tax incurred by organization			
3	_	ed a section 4955 tax, did it file Forn	-		
4a	•	·	•		. Yes No
	If "Yes," describe in Part				
	t I-C Complete if t	he organization is exempt und	er section 501(c), except section 5010	c)(3).
		y expended by the filing organization			-Δ-μ
	-	· · · · · · · · · · · · · · · · · · ·		•	
2		filing organization's funds contribute			
		unction activities	•		
3	Total exempt function ex	penditures. Add lines 1 and 2. Enter	here and on Forr	n 1120-POL,	
					C
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
		sses and employer identification num			
	organization made paym	ents. For each organization listed, e	nter the amount p	oaid from the filing organiza	ation's funds Also enter
		ontributions received that were prom			
	as a separate segregate	d fund or a political action committee	e (PAC) If additio	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				luitus ii florie, effici -o-	delivered to a separate
					political organization If
					none, enter -0-
(1)					,
				0	
(2)	_			0	c
(3)	· · · · · · · · · · · · · · · · · · ·				
				0	0
(4)		 			_
				0	0
(5)				_	0
				0	0
(6)					

Schedule C (Form 990 or 990-EZ) 2011

P	art II-A Complete if the organization under section 501(h)).	n is exempt	under section (501(c)(3) and file	d Form 5768 (elec	tion
	Check ▶ if the filing organization be	longs to an a	ffiliated group (a	and list in Part IV	each affiliated group	member's
	name, address, EIN, expe					
В	Check ▶ ☐ If the filing organization ch					
	Limits on Lob				(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence p	ublic opinion (g	rass roots lobbyir	ng)		0
b	Total lobbying expenditures to influence a	legislative body	y (direct lobbying))		0
C	Total lobbying expenditures (add lines 1a	and 1b)			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add li				0	0
f	Lobbying nontaxable amount. Enter the ar	nount from the	following table in	both	}	_
ı	columns.				0	0
	If the amount on line 1e, column (a) or (b) is:		g nontaxable amo	unt is:	.	
	Not over \$500,000		mount on line 1e.	0500.000		
	Over \$500,000 but not over \$1,000,000		is 15% of the exces			
	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		us 10% of the excessus 5% of the excess			
	Over \$17,000,000	\$1,000,000	is 5% of the excess	5 OVEL \$1,500,000		
	Grassroots nontaxable amount (enter 25%				0	0
g h	Subtract line 1g from line 1a. If zero or les	•			0	0
'' i	Subtract line 15 from line 1c. If zero or less				0	0
i	If there is an amount other than zero on ei					
			_		·	Yes No
	(Some organizations that m	ade a section		ection 501(h) do not have to con 2a through 2f on p		
	Lobbyin	g Expenditure	s During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount		P		0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
_c	Total lobbying expenditures		<u> </u>		0	0
d	Grassroots nontaxable amount				0	0
					التناسية والمناسية والمناس	
е 	Grassroots ceiling amount (150% of line 2d, column (e))					0
e f 					0	0 0 n 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011

Pai	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768	
For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	
	e lobbying activity.	Yes	No	Amou	ınt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c d e f g	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Other activities?				0
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or se	ection	
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	c)(5),	or se		X
1 2	Dues, assessments and similar amounts from members		1		1
a b c	Current year		2a 2b 2c		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3		<u>-</u>
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0
Part	V Supplemental Information				
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I complete this part for any additional information.				, line 1.
·					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization ST LANDRY PARISH FARM BUREAU, INC. 72-0501811 Part I 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 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . 4 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 are the organization's property, subject to the organization's exclusive legal control? . . . 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 impermissible private benefit?. Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Total number of conservation easements . . . 2a đ Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 9 In Part XIV, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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 XIV, the text of the footnote to its financial statements that describes these items.

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

Assets included in Form 990, Part X. . .

(ii) Assets included in Form 990, Part X.

of public service, provide the following amounts relating to these items:

	ST LANDRY PARISH Jule D (Form 990) 2011				72-0501811		Page 2
Par	t III Organizations Maintaining						ued)
3	Using the organization's acquisition,		er records, check	any of the follo	owing that are a signifi	icant	
	use of its collection items (check all t	hat apply).	. — .				
а	Public exhibition		d Loa	n or exchange	programs		
b	Scholarly research		e Oth	er			
С	Preservation for future generat	ions					
4	Provide a description of the organizate Part XIV.	tion's collections an	d explain how the	ey further the o	organization's exempt	purpose ir	1
5	During the year, did the organization assets to be sold to raise funds rathe					Ye	s No
Par	t IV Escrow and Custodial Arra IV, line 9, or reported an am				wered "Yes" to Form	990, Pai	t
1a	Is the organization an agent, trustee,	custodian or other	intermediary for	contributions o	r other assets not		
	included on Form 990, Part X?					Ye	s No
b	If "Yes," explain the arrangement in F	Part XIV and comple	te the following t	table	r		
					<u> </u>	Amount	
C	Beginning balance				1c		
d	Additions during the year						
e	Distributions during the year						
ī	Ending balance						
2a	Did the organization include an amou		ırt X, line 21?			Ye	s X No
b	If "Yes," explain the arrangement in F						
Part	V Endowment Funds. Compl						
		l (a) Current vear l					
	D: () ((a) Current year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b	Contributions	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
	Contributions	(a) Guilent year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b c	Contributions	(a) Guilent year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b c d	Contributions	(a) Guilent year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b c	Contributions	(a) Outlett year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b c d	Contributions	(a) Guilent year	(b) Prior year	(c) Two years	back (d) Three years ba		ur years back
b c d e	Contributions		(b) Prior year				
b c d e f g	Contributions	0		0	0		ur years back
b c d e f g 2	Contributions	0 the current year end	d balance (line 1	0	0		
b c d e f g 2 a	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowme.	0) the current year end		0	0		
b c d e f g 2 a b	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowme Permanent endowment	0 the current year end	d balance (line 1	0	0		
b c d e f g 2 a	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment	othe current year end	d balance (line 10	0	0		
b c d e f g 2 a b c	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowme Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and	the current year end nt	d balance (line 19	0 g, column (a))	0 held as:		
b c d e f g 2 a b	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the	the current year end nt	d balance (line 19	0 g, column (a))	0 held as:		
b c d e f g 2 a b c	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the organization by:	the current year end on the current year end on the the the the the the the the the the	d balance (line 19 % 0%. organization that	0 g, column (a))	0 held as:	0	
b c d e f g 2 a b c	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations.	the current year end nt % % 2c should equal 10 e possession of the	d balance (line 19	0 g, column (a))	0 held as:	0 3a(i)	
b c d e f g 2 a b c 3a	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations.	the current year end nt % 2c should equal 10 e possession of the	d balance (line 10 %). 0%. organization that	g, column (a))	0 held as:	3a(i) 3a(ii)	
b c d e f g 2 a b c	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. If "Yes" to 3a(ii), are the related organizations.	the current year end nt % 2c should equal 10 e possession of the current year end nt inizations listed as re	d balance (line 19 %) 0%. organization that	g, column (a))	0 held as:	0 3a(i)	
b c d e f g 2 a b c 3a	Contributions. Net investment earnings, gains, and losses. Grants or scholarships. Other expenditures for facilities and programs. Administrative expenses. End of year balance. Provide the estimated percentage of Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations. (ii) related organizations. If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended use	the current year end on the current year end on the current year end on the current year end on the current year end on the current year end of the current year end of the current year.	d balance (line 19%) 0%. organization that	g, column (a))	0 held as:	3a(i) 3a(ii)	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	9,250	THE STATE OF THE S	9,250
b	Buildings	0	0	0	0
С	Leasehold improvements	0	6,682	0	6,682
d	Equipment	0	83,577	57,652	25,925
е	Other	0	574,636	9,067	565,569
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	(, column (B), line 10	(c).)	607,426

Part VII	Investments—Other Securiti	es. See Form 990, Part X,	, line 12.
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives	0	
	eld equity interests	0	
(3) Other		0	
(A)		0	
(B)		0	
(Ĉ)		0	
(D)		0	
(Ē)		0	
(G)		0	
(ط) (H)		0	
^{31,1} 2		0	
	must equal Form 990, Part X, col (B) line 12)	ŏ	
Part VIII	Investments—Program Relat	ed. See Form 990. Part X	Line 13.
	a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		0	
(2)		0	
(3)		0	
(4)		0	
(5)		0	
(6)		0	<u> </u>
	<u> </u>	0	
(8)		0	
(9) (10)		0	
	must equal Form 990, Part X, col (B) line 13)	0	
Part IX	Other Assets. See Form 990,	<u>_</u>	<u> </u>
		a) Description	(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·	0
(2)			0
(3)			0
(4)			0
(5)	· · · · · · · · · · · · · · · · · · ·		0
(6)		<u></u>	0
(7)			0
(8)			0
(9)			0
(10)	nn (b) must equal Form 990, Part X,	not (P) line 15)	
Part X	Other Liabilities. See Form 99		· · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value	
	income taxes	(2) 2001. 10.00	
(2)	moonio taxoo_	0	
(3)		0	
(4)		. 0	
(5)		0	
(6)		0	
(7)	-	0	
(8)		0	
(9)		0	
(10)		0	
(11)	must equal Form 990. Part X. col (B) line 25)	0	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	dule D (Form 990) 2011	_			Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Financial	Stateme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	0
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	0
3	Excess or (deficit) for the year. Subtract line 2 from line 1.			3	0
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and	9	10	0
Pai	Reconciliation of Revenue per Audited Financial Statemen			per Retu	ırn
1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				s
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	<u>-</u>		r. *-
С	Recoveries of prior year grants	2c			8
d	Other (Describe in Part XIV.)			1,0	
е	Add lines 2a through 2d			2e	-\ o
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l i			il
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		263.00	
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			. 4c	o
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				0
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme				eturn
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				ù l
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			\$\$ \$4.
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d		W	
е				2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			400	4
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С		• •		. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	3.) .	<u>.</u> .	5	0
Par	t XIV Supplemental Information				
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Parpart to provide any additional information.	rt XIII, I	ines 2d and 4t	o. Also co	omplete

SCHEDULE 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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
ST LANDRY PARISH FARM BUREAU, INC

Employer identification number

72-0501811

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS AND IS A NON PROFIT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A. THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BOARD.

FORM 990, PART VI, SECTION A, LINE 7B. HOWEVER, THE ACTIONS OF THE GOVERNING BOARD ARE APPROVED BY THE

MEMBERS ON A YEARLY BASIS WHEN ELECTIONS TAKE PLACE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AT THE NEXT REGULARLY SCHEDULED BOARD.

MEETING.

FORM 990, PART VI, SECTION C, LINE 19: INSPECTION OF THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS.

CURRENTLY IN PLACE ARE AVAILABLE UPON REQUEST AT AN OFFICE OF THE ORGANIZATION.

FORM 990, PART XI, LINE 5. TO CORRECT AND BALANCE ACCUMULATED DEPRECIATION ACCOUNTS

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, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory
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of Assets Other than
from Sale
oss fro
art VIII, Line 7 (990) - Gain/Loss
(066) 2
, Line
Part VIII, Line

					t			of of	ģ																				
								Description of	Basis Method	88,736 STRAIGHT LINE																			
									Depreciation	88,736																			
other	basis and expenses	0	0	142,857	Expense	of sale and	cost of	-evordmi	ments																				
Cost, other	basis and					Cost or other basis	field only)	Donated	value																				
SS	es	0	0	100		Cost or ot	(Enter one field only)		Cost	231,593																			
Gross	sales							Gross sales	buce	100							·												
Totals		Public Securities	ic Secunties	Other sales				Date	sold	11/23/2011																			
		Pub	Non-Pub					Acquisition	method									0											
								Date	acquired	1/1/1984																			
									Purchaser																				
						Check if	purchaser	S a	pusiness													-							
					Check if	gain/loss is	from sale of	non public	secunties																				
					Check if	gain/loss is	from sale	of public	secuntres																				
									CUSIP#																				
									Description	DEMOLITION OF BLDG 7 SALE OF \$																			
									ğ	-	7	3	4	r.	ဖ	7	8	6	2	F	12	13	4	15	16	17	8	13	ន

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	1 10,709			
2 Depletion	2 0	·		· · · · · · · · · · · · · · · · · · ·
3 Amortization	3 0			
4 Total	4 10,709		0	

Part X, Line 4 (990) - Accounts Receivable

		Accounts re	ceivable	Allowance for dou	btful accounts
	ſ	Beginning	End	Beginning	End
1 ACCOUNTS RECEIVABLE	1	5,452	5,154		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9					
10	10				
11 Total accounts receivable	11 T	5,452	5,154	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									674,145	149,747	66,719	0	202,130	607,426
ļ 				Leasehold			Check if	Check If		Beginning	Ending			
								Asset	<u>_</u>	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
-	LAND	×							9,250	0			9,250	-9,250
7	BUILDINGS		×						0	89,231	0		142,361	0
က	OFFICE FURNITURE & EQUIPMENT				×				83,577		57,652		16,641	
4	CONSTRUCTION IN PROCESS					X			543,444		0		10,000	543,444
ß	OTHER FIXED ASSETS		×						31,192	2,000	6,067		23,878	
9				×					6,682	0	0		0	6,682
7									0	0			0	0
∞									0	0			o	0
6									0	0			0	0
10									0	O			0	0
7									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

			0	382,159
		Check If	Balance due beginning	Balance due
	Lender's name	Unsecured	of year	end of year
1	TECHE FEDERAL BANK		0	382,159
2				
က				
4				
2				
9				
7				
8				
6				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
l	C. COLOR COMPANY MANAGEMENT AND AND AND AND AND AND AND AND AND AND			

Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extens are filing for an Additional (Not Automatic) omplete Part II unless you have already be	3-Month I	Extension, complete only Part II(on page 2 o	of this	form).	► <u>X</u> n 8868.
a corpora 8868 to re Return for	c filing (e-file). You can electronically file Fition required to file Form 990-T), or an additequest an extension of time to file any of the Transfers Associated With Certain Personans). For more details on the electronic filing and	ional (not a forms liste al Benefit C	automatic) 3-month extension of timed in Part I or Part II with the except Contracts, which must be sent to the	e. You can ion of Form lRS in pap	electr 8870 er fori	ronically , Inform mat (se	y file Form nation ee
Part I	Automatic 3-Month Extension of	Time. Onl	y submit original (no copies nee	ded).			
A corpora	tion required to file Form 990-T and request				comp	lete	
							▶ [
All other	corporations (including 1120-C filers), partne	erships, RE	MICs, and trusts must use Form 70	04 to reque	st an	extensi	ion of
time to file	e income tax returns.	•		•			
			Ente	r filer's identif	ying nı	umber, se	ee instruction
Type or	Name of exempt organization or other filer, se	e instruction	ns.	Employe	r identif	ication nu	ımber (EIN) or
print	ST LANDRY PARISH FARM BUREAU, I			X 72-05	50181	1	
File by the	Number, street, and room or suite no. If a P C), box, see i	nstructions.	Social s	ecunty	y numbe	r (SSN)
due date for filing your	P O BOX 95004			<u> </u>			
return. See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions.				
instructions	BATON ROUGE			<u>LA</u>	70	895-90	04
Enter the	Return code for the return that this applicati	on is for (fi	le a separate application for each re	eturn)			01
Applicat	ion	Return	Application				Return
Is For		Code	ls For				Code
Form 990)	01	Form 990-T (corporation)				07
Form 990)-BL	02	Form 1041-A				08
Form 990)-EZ	01	Form 4720				09
Form 990)-PF	04	Form 5227				10
	9-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990	I-T (trust other than above)	06	Form 8870				12
Teleph If the o If this i for the wh list with th I rec unti	or the organization's return for: X calendar year 2011 or	of busines s four digit If it is for p sion is for. corporatio exempt or	e Group Exemption Number (GEN) operat of the group, check this box on required to file Form 990-T) extending ganization return for the organization	sion of time	▶	If t	▶ ☐ this is ad attach a tension
	tax year beginning e tax year entered in line 1 is for less than 1			Final	retun	 n	- ·
	Change in accounting period						
	is application is for Form 990-BL, 990-PF, 9 refundable credits. See instructions.	90-T, 4720), or 6069, enter the tentative tax, le	ss any	3a	\$	
	is application is for Form 990-PF, 990-T, 47	20, or 6069	9, enter any refundable credits and				
	mated tax payments made. Include any prio		· ·		3b	\$	
	ance due. Subtract line 3b from line 3a. Incl			y using			
	PS (Electronic Federal Tax Payment System		· ·	- v	3c	\$	0
	you are going to make an electronic fund withdra			rm 8879-FO	for pay	vment in	structions