

# 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



# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service and ending For the 2013 calendar year, or tax year beginning C Name of organization D Employer identification number ST LANDRY PARISH FARM BUREAU, INC Check if applicable Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) 72-0501811 Name change Telephone number O BOX 95004 Initial return City or town ZIP code (337) 948-8259 70895-9004 BATON ROUGE IΑ Terminated Foreign postal code Foreign country name Foreign province/state/county 480.264 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? CARLOS POLOTZOLA 5265 I-49 SOUTH SERVICE ROAD, OPELOUSAS, LA 70570 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) 4947(a)(1) or ) (insert no ) Tax-exempt status Website ▶ H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation 1954 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 19 5 10 Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 19 7a Total unrelated business revenue from Part-VIII, column (C), line-12 7a 249,321 Net unrelated business taxable income from Form 990-12-ine 340 7b 11,396 Prior Year **Current Year** RS-OSC Contributions and grants (Part VIII, line 1h) 49,923 166,342 8 AUG 2 6 2014 Program service revenue (Part VIII, line 20) 171,781 5,718 9 10 Investment income (Part VIII, column (A), Ines\_3,\_4,\_and\_Zd)\_ 833 908 230.710 281,523 11 Other revenue (Part VIII, column (A), lines 5, 6d(8c.90 40c) and 11e) Total revenue—add lines 8 through 11 (must equal Part-VIII, column (A), line 12 453,247 454,491 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 2.088 2.024 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 142,343 154,736 15 Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,671 252,833 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 421,102 409,593 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,145 44.898 Revenue less expenses Subtract line 18 from line 12 19 End of Year **Beginning of Current Year** 962,033 984,720 20 Total assets (Part X, line 16) 308.710 286,499 21 Total liabilities (Part X, line 26) 653,323 698,221 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of periony I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, uva axanala Sign Signature pf officer Here Arlos Type or print name and title Print/Type preparer's name Check Paid JENNIFER COOK 8/4/2014 self-employed **Preparer** Firm's name ► LOUISIANA FARM BUREAU FEDER Firm's EIN ► 72-0491096 **Use Only** Firm's address ► P O BOX 95004, BATON ROVGE, LA Phone no (225) 922-6312 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

(Code	) (Expenses \$	ıncluding g	rants of \$	) (Revenue \$	
					<b></b>
•••••••					
					<b></b>
Other program	m services (Describe in Schedul	e O )			
(Expenses \$	0 including of	rants of \$	0) (Revenue \$	0)	
Total program	service expenses	0			

#### Form 990 (2013) ST LANDRY PARISH FARM BUREAU, INC. 72-0501811 Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

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 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

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

Х

17

18 Х

19

20a 20b Part IV ST LANDRY PARISH FARM BUREAU, INC

Checklist of Required Schedules (continued)

	19? Note. All Form 990 filers are required to complete Schedule O	38	X	10015
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Ţ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
55	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	-	<del> </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35b		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X_
J- <b>7</b>	III, or IV, and Part V, line 1.	34	<u> </u>	X
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
-	If "Yes," complete Schedule N, Part II	32	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	"		<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
	conservation contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive more than \$25,000 in nonecast contributions of art, historical treasures, or other similar assets, or qualified	_ <u></u>		
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Y
	Schedule L, Part IV	28b	<u> </u>	<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28a	په ۱۹۰۶	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		31 . T . T . T . T . T . T . T . T . T .	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	disqualified persons? If so, complete Schedule L, Part II .  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
Ø	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	to defease any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		<u>X</u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	,		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	-		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			res	NO_

	90 (2013) ST LANDRY PARISH FARM BUREAU, INC 72-050	1811	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	H		İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>ı</u>		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			•
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	İ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	1	}	
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?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u></u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			i
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
_	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			1
	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>]</b>		
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c	-	<del></del>
d	· · · · · · · · · · · · · · · · · · ·			ŀ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h	-	
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>- ' ' ' '</del>	<del> </del> -	<del> </del>
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	
a	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 .			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7	ļ	l
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans .	4	1	
	Enter the amount of reserves on hand	1	1	1

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

72-0501811

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management								
	g = c , c = c = c = c = c = c = c = c = c	· · · · · · · · · · · · · · · · · · ·	_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 19							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with							
	any other officer, director, trustee, or key employee?		2	Х					
3	Did the organization delegate control over management duties customarily performed by or und								
	supervision of officers, directors, or trustees, or key employees to a management company or of	•	3_		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5 6	X	Х				
6	9								
7a	g								
	one or more members of the governing body?		7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,			Х				
_	stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during							
	the year by the following								
a	The governing body?		8a	X					
ь	Each committee with authority to act on behalf of the governing body?		8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the assessment addresses in School less than a second addresses and the second addresses in School less than a second addresses and the second addresses in the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses and the second addresses				· ·				
Saat	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (ion B. Policies (This Section B requests information about policies not required by the li		9		X				
Seci	on B. Policies (This Section B requests information about policies not required by the h	nemai Revenue Ci	oue )	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such	ch chanters	100						
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	and the contract of the contra								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"							
	describe in Schedule O how this was done		12c		Х				
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and applications of the following persons include a review and a review an	oroval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?							
	The organization's CEO, Executive Director, or top management official		15a		_X_				
b	Other officers or key employees of the organization		15b	_					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement							
	with a taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev								
	participation in joint venture arrangements under applicable federal tax law, and take steps to set the organization's exempt status with respect to such arrangements?	areguard	466	-					
Sact	ion C. Disclosure		16b						
<u> 17</u>	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(	:)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply		-,,,,,,,,,	Jy)					
		plaın ın Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing document		policy	, and					
	financial statements available to the public during the tax year		,	· · · <del>-</del>					
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	;						
	organization SARAH THIBODEAUX	(337) 948-82		<b></b> -					
	5265 I-49 SOUTH SERVICE ROAD, OPELOUSAS, LA 70570								

-		-
	n	-
	Page	- 1

Form 990 (2013)

CT		DVDICH		BURFAU	INIC
	IANUIA	PARIOR	FARIVI	DUREAU	11/4/

72-0501811 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

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 (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or do not check more than one box, unless person is both an officer and a director/trustee) or do not not not not not not not not not no						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CARLOS POLOTZOLA	6 00									
PRESIDENT				Х						
(2) FRED LAVERGNE VICE PRESIDENT	4 00	ì		X						
(3) LEO FRANCHEBOIS	4 00									
SECRETARY		1	ŀ	Х		l				
(4) CECIL CORBELLO	4 00				_					-
TREASURER		<u> </u>		Х	ŀ					
(5) JOEY OLIVIER	2 00									
BOARD MEMBER				<u> </u>						
(6) CHARLES CANNATELLA	2 00				1					
BOARD MEMBER			<u> </u>							
(7) LARRY LAFLEUR	2 00	ł								
BOARD MEMBER			_	-	<u> </u>					
(8) DALE BERTRAND	2 00	1								•
BOARD MEMBER				<u> </u>					<u>-</u> -	
(9) DANIEL LYONS	2 00	ł	1							
BOARD MEMBER	2.00	<u> </u>		-						
(10) KEITH NORMAND	2 00	ł							]	
BOARD MEMBER	2 00		-	<del> </del>	┢					· · · · · · · · · · · · · · · · · · ·
(11) WINN PLATTSMIER BOARD MEMBER	200	1								
(12) IKE BOUDREAUX	2 00									
BOARD MEMBER		1								
(13) MARK REINERS	2 00									
BOARD MEMBER			ŀ		L					
(14) TOM RABALAIS	2 00									
BOARD MEMBER	<u> </u>	<u> </u>								

Compensation   Comp	Par	Section A. Officers, Directors, Tr		nploy	yees	s, a	nd	High	est	Compensated	Employees (co	ntınu	ed)	
(15) BARRETTLYONS  2 00  BOARD MEMBER  (17) KTLE DOUGET  BOARD MEMBER  (19) SEPHEND USEDEAUX  BOARD MEMBER  (19) SEPHEND U						((	C)							
Compensation   Part		· (A)	(B)	(do n	ot ch			e than	one	(D)	(E)			
New York at any hours for presentations of the part VII   Section A   Description											1 7	ì		
15) BARRETT LYONS   2.00   BOARD MEMBER   15) JOE HOUSE   2.00   BOARD MEMBER   17) KYLE DOUCET   2.00   BOARD MEMBER   18) MIRE WARTELL   2.00   BOARD MEMBER   19) STEPHEN QUEBEDEAUX   2.00   BOARD MEMBER   2.00   BO				$\overline{}$	$\overline{}$	$\overline{}$	×	o I	7	'	from related	"		
15) BARRETT LYONS   2.00   BOARD MEMBER   15) JOE HOUSE   2.00   BOARD MEMBER   17) KYLE DOUCET   2.00   BOARD MEMBER   18) MIRE WARTELL   2.00   BOARD MEMBER   19) STEPHEN QUEBEDEAUX   2.00   BOARD MEMBER   2.00   BO				rdir	stitu	ffice	ey e	를	Ĭ					
15) BARRETT LYONS   2.00   BOARD MEMBER   15) JOE HOUSE   2.00   BOARD MEMBER   17) KYLE DOUCET   2.00   BOARD MEMBER   18) MIRE WARTELL   2.00   BOARD MEMBER   19) STEPHEN QUEBEDEAUX   2.00   BOARD MEMBER   2.00   BO			organizations	dual ecto	ti o	1 4	륗	st co	*		(***251000 111100)	org	janizatio	n
15) BARRETT LYONS   2.00   BOARD MEMBER   15) JOE HOUSE   2.00   BOARD MEMBER   17) KYLE DOUCET   2.00   BOARD MEMBER   18) MIRE WARTELL   2.00   BOARD MEMBER   19) STEPHEN QUEBEDEAUX   2.00   BOARD MEMBER   2.00   BO				trus	al tr		) yee	ğ						
15) BARRETT LYONS   2.00   BOARD MEMBER   15) JOE HOUSE   2.00   BOARD MEMBER   17) KYLE DOUCET   2.00   BOARD MEMBER   18) MIRE WARTELL   2.00   BOARD MEMBER   19) STEPHEN QUEBEDEAUX   2.00   BOARD MEMBER   2.00   BO			,	ee	ıstee			nsa						
BOARD MEMBER					"			e d						
BOARD MEMBER	(15) E	BARRETT LYONS	2 00											
BOARD MEMBER (17) KYLE DOUCET (18) MIKE WARTEL (19) STEPHEN QUEBDEAUX (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	BOAR	O MEMBER					_	ļ						
(17) KYLE DOUCET 2.00 BOARD MEMBER (18) MIKE WARTELL 2.00 BOARD MEMBER (19) STEPHEN QUEBEDEAUX 2.00 BOARD MEMBER (29) BOARD MEMBER (20) B	(16)	OE HIDALGO	2 00											
EOARD MEMBER  (18) MINE WARTELL  2.00 BOARD MEMBER  (19) STEPHEN QUEBEDEAUX  2.00  [21)  [22)  [23)  [24)  [25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total [add lines 1b and 1c]  2 Total number of independent contractors  (A)  1 Completes the stable for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  1 Complete this table for your five highest compensation from the organization and related organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization and related organization or individual  6 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person  1 Compelies the table for your five highest compensation from the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Compensation or individual business address  (C)  Compensation or services  (C)  Compensation or individual business address  2 Total number of independent contractors (including but not limited to those listed above) who received					$\vdash$			-	_		<u> </u>	ļ		
(39) STEPHEN QUEBEDEAUX 2.00   (29)			2 00					ļ						
SOARD MEMBER   (19) STEPHEN QUEBEDEAUX   2.00			0.00	<u> </u>	H			├			ļ			
STEPHEN QUEBEDEAUX   2.00			2 00	-										
Compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in Section B. Independent Contractors    Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the organization or individual in Compensation from the Organization or individual in Compensation from the Organization or individual individual in Compensation from the Organization or individual ind			3.00				<del> </del>		-	<u></u>		<del> </del>		
(21)   (22)   (23)   (24)   (25)		DMCMDED	2.00	1		i								
(22)   (23)   (24)   (25)   (25)   (25)   (25)   (25)   (25)   (26)   (27)			-	<del></del>	$\vdash$				$\vdash$			<u> </u>		
(23)   (24)   (25)	3597		<b></b>											
(23)   (24)   (25)	(21)													
(23)   (24)   (25)								ļ				<u> </u>		
(24)	(22)		ļ					l						
(24)						_	<del> </del>	<u> </u>	<u> </u>		-	-		
1b Sub-total	(23)		<b></b>	ł			ļ		1					
1b Sub-total	(24)		-			$\vdash$		+	├			<u> </u>		
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received	(24)		}									İ		
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received	(25)					-			i -					
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received								l	L			<u> </u>		
Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	1b :	Sub-total							▶	0		+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  (A)  (B)  (C)  Compensation  (C)  Compensation  (D)  (D)  (D)  (D)  (D)  (D)  (D)  (D			Section A						•					
reportable compensation from the organization  O  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received									_	<del>-</del>	1	)		(
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  (C)  Compensation  (C)  Compensation  (D)  (C)  Compensation  (D)  (D)  (D)  (D)  (D)  (D)  (D)  (D		, , , , , , , , , , , , , , , , , , ,		listed	d ab		e) w	ho re	cer	ved more than \$	100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received		eportable compensation from the organization	<u>on P</u>			U							Vas	No
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  (C)  (Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	3 1	Old the organization list any former officer, di	rector or truste	e ke	v en	nnlo	vee	or l	hiat	nest compensate	he		1.00	-110
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation							,,	J, U,	9.	icat componedt	<b>.</b>	3		Х
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received							n ar	nd oth	er.	compensation fr	·om			
Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received	-	he organization and related organizations are	eater than \$150.	.0007	) If "	Yes	s." c	comp	lete	Schedule J for	such			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  Description of services  Compensation  (Description of services)  (Description of services)  (Description of services)  (Description of services)  (Description of services)				,			,	,				4	1 1	Х
for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received			crue compensat	tion fi	rom	anv	v ur	relat	ed (	organization or i	ndıvıdual			
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services  Compensation  (Description of services  (Description of servi	1	or services rendered to the organization? If "	Yes," complete	Sche	dule	e J	for s	such	per	son		5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services. Compensation.  (Description of s	Secti	on B. Independent Contractors												
year  (A) Name and business address  (B) Description of services  Compensation  (C) Compensation  (C) Compensation	1 '	Complete this table for your five highest comp	pensated indepe	ender	nt co	ontr	acto	ors th	at r	eceived more th	an \$100,000 of			
(A) Name and business address  Description of services  Compensation  (C) Compensation		compensation from the organization. Report of	compensation fo	or the	cal	end	lar y	year e	end	ing with or withir	n the organization	on's ta	X	
Name and business address  Description of services  Compensation  Compensation  Compensation  Compensation		· · · · · · · · · · · · · · · · · · ·							1		· · · · · · · · · · · · · · · · · · ·			—
2 Total number of independent contractors (including but not limited to those listed above) who received			fress								rvices		-	
		Traine and basiness ass							+					_
									$t^{-}$		<del></del>			
									T					
									T					
									L					
					to t	thos	se li	sted	abo	ve) who receive	ed			

Form 990 (2013) ST LANDRY PARISH FARM BUREAU, INC

Part VIII Statement of Revenue

النكيم	v III	Check if Schedule O contains a response	or note to any line	in this Part VIII.			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	· 5	<b>1a</b> 0				
iran	b	` <u> </u>	1b 166,342		ł		
ts, C Am	С	F	1c 0				
Program Service Revenue and Other Similar Amounts	d	, , , , , , , , , , , , , , , , , , ,	1d 0 1e 0				
ons	e f		Te U	1			
buti	'	similar amounts not included above	1f 0		ľ		
ontri d O	g	Noncash contributions included in lines 1a-1f.	\$ 0				
ပိုင်္ခ	_	Total. Add lines 1a–1f	, •	166,342	1		
			Business Code				
vent	2a	EXP REIMB & SEASONAL SPECIALTIES	110000	5,718	5,718		
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	b			0			
VICE	С			0			
Ser	d			0		<del></del>	
ram	е			0			
rog	1	All other program service revenue	<b></b>	0		<del></del>	
	g	Total. Add lines 2a–2f Investment income (including dividends, inte		5,718		<del></del>	
	3	other similar amounts)	rest, and	908	İ		908
	4	Income from investment of tax-exempt bond	proceeds >	0			
	5	Royalties	<b>▶</b>	0			
	_	(i) Real	(II) Personal				-
	6a	Gross rents					
	b	Less rental expenses .					
	С	Rental income or (loss)	0 0				
	d	Net rental income or (loss)	<u>▶</u>	0			
	7a	Gross amount from sales of (i) Securities					
	١.	assets other than inventory	0 0				
	b	Less cost or other basis					
		and sales expenses .  Gain or (loss)	0 0	ĺ			
	c d	Net gain or (loss)	<u> </u>	0			-
	ď	rect gain or (ioss)					
er Revenue		Gross income from fundraising events (not including \$0 of contributions reported on line 1c) See Part IV, line 18	a 48,134				
Ě		Less direct expenses	b 21,148				
O	1	Net income or (loss) from fundraising events	<b>_</b> _	26,986			26,986
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19	a 9,841				
		Less direct expenses	b 4,625	5 316			. 5.16
		Net income or (loss) from gaming activities Gross sales of inventory, less		5,216		·	5,216
	104	returns and allowances	a 0				
	h	Less cost of goods sold	<b>b</b> 0				
	ı	Net income or (loss) from sales of inventory	<b>•</b>	ol			
	_ <u> </u>	Miscellaneous Revenue	Business Code				
	11a	INSURANCE SERVICE FEES	524298	249,321		249,321	
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a-11d .		249,321			
	12	Total revenue. See instructions	▶	454,491	5,718	249,321	33,110

72-0501811

Form 990 (2013)

Par	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns All othe	r organizations mu	st complete column	(A)
	Check if Schedule O contains a response or not	e to any line in this	Part IX		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
3	United States See Part IV, line 22	0			
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	2,024			
5	Compensation of current officers, directors,	2,024			
•	trustees, and key employees	l ol			
6	Compensation not included above, to disqualified				*
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	142,195			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	926			
10	Payroll taxes -	11,615			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	1,140			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
T -	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O ) Advertising and promotion	16,638	<u></u>		
13	Office expenses	25,368			
14	Information technology	20,300			
15	Royalties	0			
16	Occupancy	30,114			
17	Travel	135			
18	Payments of travel or entertainment expenses		<u> </u>	-	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	64,692		<u> </u>	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,858		0	(
23	Insurance	269	· · · · · · · · · · · · · · · · · · ·		
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
_	DUES/SUBSCRIPTIONS	74,088			
a b	MAINTENANCE	12,229			· · · · · · · · · · · · · · · · · · ·
C	UNRELATED BUSINESS INCOME TAXES	5,302			
d	S. W.E.B. W.E.B. BOOM LEGO INCOME TAKEO	3,302		-	
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	409,593		0	(
26	Joint costs. Complete this line only if the	350,000			
	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)				

Part X Balance Sheet

		Check if Schedule O contains a response of	r note	to any line in this Part >	<				
			-		(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			145,941	1	191,427		
	2	Savings and temporary cash investments			162,560	2	163,456		
	3	Pledges and grants receivable, net		<u> </u>	0	3	0		
	4	Accounts receivable, net			72	4	81		
	5	Loans and other receivables from current and	former	officers, directors,					
		trustees, key employees, and highest compen Complete Part II of Schedule L	sated (	employees		5			
	6	Loans and other receivables from other disqualified personant 4958(f)(1), persons described in section 4958(c)(3)(B), a	•						
ŧ		sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Sche		es' beneficiary		6			
Assets	7	Notes and loans receivable, net	0	7	0				
Ą	8	Inventories for sale or use		-		8	<u> </u>		
	9	Prepaid expenses and deferred charges		-	48,894	9	48,048		
	10a		l		10,001		10,010		
		other basis Complete Part VI of Schedule D	10a	638,279			1		
	b	Less accumulated depreciation	10b	56,571	604,566	10c	581,708		
	11	Investments—publicly traded securities	100	00,071	0	· • • • • • • • • • • • • • • • • • • •			
	12	Investments—other securities See Part IV, lin	e 11	-	0	12	0		
	13	Investments—program-related See Part IV, III		-	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	ıual lını	e 34)	962,033	16	984,720		
	17	Accounts payable and accrued expenses	.,	3,302		719			
	18	Grants payable		18					
	19	Deferred revenue			106,000	19	103,160		
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability Complete	Part I	V of Schedule D		21			
S	22	Loans and other payables to current and former		_					
Liabilities		trustees, key employees, highest compensate		· · · · · · · · · · · · · · · · · · ·					
ğ		disqualified persons Complete Part II of Sche-		, ·		22			
Ë	23	Secured mortgages and notes payable to unre	lated t	hird parties	199,408	23	182,620		
	24	Unsecured notes and loans payable to unrelat		· –	0	24	0		
	25	Other liabilities (including federal income tax, p	oayablo	es to related third					
		parties, and other liabilities not included on line	es 17-2	24) Complete					
Lia		Part X of Schedule D			0	25	0		
	26	Total liabilities. Add lines 17 through 25			308,710	26	286,499		
ses		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	•						
au	27	Unrestricted net assets				27			
Bal	28	Temporarily restricted net assets				28			
٦	29	Permanently restricted net assets				29			
or Fur		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check	here ► X and					
ets	30	Capital stock or trust principal, or current funds	S			30			
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or		nent fund		31			
	32	Retained earnings, endowment, accumulated			653,323		698,221		
Š	33	Total net assets or fund balances			653,323		698,221		
	34	Total liabilities and net assets/fund balances			962,033		984,720		

Form	990 (2013) ST LANDRY PARISH FARM BUREAU, INC	72	2-0501811	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total reverue (must equal Part VIII, column (A), line 12)	1		454	1,491
2	Total expenses (must equal Part IX, column (A), line 25)	2		409	9,593
3	Revenue less expenses Subtract line 2 from line 1	3		44	1,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		653	3,323
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		698	3,221
Part	Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line 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				
	Schedule O				'
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				'
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				!
	separate basis, consolidated basis, or both				!
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	nt of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			
	Schedule O				
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	е			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	š	3b		

Form **990** (2013)

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

# **Political Campaign and Lobbying Activities**

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

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

20**13** 

Employer identification number

72-0501811

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

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

ST LANDRY PARISH FARM BUREAU, INC

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Pa	rt I-A Complete if	the organization is exempt und	er section 501(	c) or is a section 527 c	rganization.
1	•	the organization's direct and indirect	political campaig	n activities in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	rt I-B Complete if	the organization is exempt und	er section 501(	c)(3)	
1		excise tax incurred by the organizati			
2	•	excise tax incurred by organization r		section 4955 S	
3		red a section 4955 tax, did it file Form	-	ar?	Yes No
4a	Was a correction made?		,		Yes No
b	If "Yes," describe in Part	t IV			
Pa	rt I-C Complete if	the organization is exempt und	er section 501(	c), except section 501	c)(3).
1	Enter the amount directl	ly expended by the filing organization	for section 527 e	xempt function	
	activities				
2		filing organization's funds contributed	d to other organiz		
_	for section 527 exempt f			▶ \$	•
3	line 17b	kpenditures. Add lines 1 and 2 Enter	nere and on Forr	n 1120-POL, ▶ €	0 Yes No
4		on file Form 1120-POL for this year?		•	☐ Yes ☐ No
5		sses and employer identification num	ber (EIN) of all se	ection 527 political organiz	ations to which the filing
	organization made payn	nents For each organization listed, e	nter the amount p	paid from the filing organization	ation's funds. Also enter
	the amount of political c	ontributions received that were promp	ptly and directly d	elivered to a separate poli	tical organization, such
	as a separate segregate	ed fund or a political action committee	e (PAC) If addition	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
					delivered to a separate
		_	c .		political organization If none, enter -0-
(1)					
(2)					
<del></del> -	<del></del>			<del></del>	
(3)					
				<del></del>	
(4)					
(5)					<u></u>
		<del></del>			
(6)		<u> </u>			
		<del></del>			<u> </u>

f Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2013					Page 2	
P	art II-A Complete if the organization	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (elect		
	under section 501(h)).						
A	Check ▶ If the filing organization be	elongs to an	affiliated group (a	nd list in Part IV	each affiliated group	member's	
	name, address, EIN, expe	_					
В	Check ▶ if the filing organization cl				-		
	Limits on Lob	bying Expend	itures		(a) Filing	(b) Affiliated	
	(The term "expenditures" m			i.)	organization's totals	group totals	
1a	Total lobbying expenditures to influence p			<del></del>		0	
b	Total lobbying expenditures to influence a		-	<i>.</i>		0	
С		otal lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures	•				0	
е	Total exempt purpose expenditures (add I	nes 1c and 1c	l)		0	0	
f	Lobbying nontaxable amount Enter the ar	nount from the	following table in	both		· · · · · · · · · · · · · · · · · · ·	
	columns				0	0	
	If the amount on line 1e, column (a) or (b) is:	The lobby	ng nontaxable amou	unt is:			
	Not over \$500,000		amount on line 1e			ŧ	
	Over \$500,000 but not over \$1,000,000	7	lus 15% of the excess				
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess			}	
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess	over \$1,500,000			
	Over \$17,000,000	\$1,000,000			<del>       </del>		
9	Grassroots nontaxable amount (enter 25%	•	0	0			
h :	Subtract line 1g from line 1a If zero or les	•			0	0	
	Subtract line 1f from line 1c If zero or less	•	lima 4. alial Alaa aiii.		1720	0	
J	If there is an amount other than zero on election 4911 tax for this year?	ther line in or	line 11, ala the orga	anization file Form	4720 reporting	Yes No	
	Section 4311 tax for this year?				L	Yes No	
			g Period Under Se				
	(Some organizations that m						
	columns below	. See the inst	ructions for lines	2a through 2f on p	page 4.)		
	Labbii	- Evenendia	on During 4 Voor	Assessation Desired			
	Lobbyir	g Expenditur	es During 4-Year	Averaging Period			
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
	beginning in)						
						<del></del>	
2a	Lobbying nontaxable amount					0	
h	Lobbying ceiling amount			<del>                                     </del>	0	0	
٠	(150% of line 2a, column(e))					0	
С	Total lobbying expenditures				o	0	
d	Grassroots nontaxable amount				0	0	
е	Grassroots ceiling amount			<del> </del>	1	<u> </u>	
-	(150% of line 2d, column (e))			1		0	

Schedule C (Form 990 or 990-EZ) 2013

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768		
For e	each-"Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	1)		(b)	
	e lobbying activity	Yes	No	An	nount	
1	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					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				-	
d	Mailings to members, legislators, or the public?				_	
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į.	Other activities?					
33	Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ŀ			0
	If "Yes," enter the amount of any tax incurred under section 4912			-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5).	OF SE	ction		
	501(c)(6).	-/(-/,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Χ
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				ine 3	B, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	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?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro II-B, line 1 Also, complete this part for any additional information	up lis	t), Par	t II-A, Iir	ne 2,	and
	•••••••••••••••••••••••••••••••••••••••					
	••••••					
		- 3		· <del>-</del>		
		<b>.</b> . <b></b> .				
	••••••	·				
<b></b>	<del></del> :					

### **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. ▶ Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

ST L	ANDRY PARISH FARM BUREAU, INC		72-0501811				
Par		or Advised Funds or Other Similar F					
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6					
	<del></del>	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year .	<u> </u>					
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)	<u> </u>					
4	Aggregate value at end of year .		Id in depart admost				
5	Did the organization inform all donors and of funds are the organization's property, subje	<del></del>					
6	Did the organization inform all grantees, do						
U	used only for charitable purposes and not for						
	purpose conferring impermissible private be		Yes No				
Par	· · · · · · · · · · · · · · · · · · ·						
Fall		ared "Ves" to Form 990, Bort IV, line 7					
1	Purpose(s) of conservation easements held	ered "Yes" to Form 990, Part IV, line 7					
J	Preservation of land for public use (e.g., reci		n of an historically important land area				
	_						
	Protection of natural habitat	Preservation	n of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contribu					
	easement on the last day of the tax year		Held at the End of the Tax Year				
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ea		2b				
C C	Number of conservation easements on a ce	• • • • • • • • • • • • • • • • • • • •	2c				
d	Number of conservation easements include historic structure listed in the National Regis		a   2d				
3	Number of conservation easements modifie						
3	during the tax year	u, transierreu, reieaseu, extinguistieu, or t	erminated by the organization				
4	Number of states where property subject to	conservation easement is located					
5	Does the organization have a written policy	- ·	on handling of				
•	violations, and enforcement of the conserva		Yes No				
6	Staff and volunteer hours devoted to monitor						
	<b>&gt;</b>	3,	,				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year				
	▶ \$		- ,				
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	ts of section				
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No				
9	In Part XIII, describe how the organization r	eports conservation easements in its revei	nue and expense statement, and				
	balance sheet, and include, if applicable, th		financial statements that describes				
	the organization's accounting for conservati						
Pari		ections of Art, Historical Treasures,					
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8					
1a	If the organization elected, as permitted und						
	works of art, historical treasures, or other si						
	of public service, provide, in Part XIII, the te						
b	If the organization elected, as permitted und						
	works of art, historical treasures, or other si	· · · · · · · · · · · · · · · · · · ·	cation, or research in furtherance				
of public service, provide the following amounts relating to these items							
	(i) Revenues included in Form 990, Part VI	ii, line T	► \$ ► \$				
2	(ii) Assets included in Form 990, Part X	art historical transuras as ather similar a	easts for financial ages, provide the				
2	If the organization received or held works of following amounts required to be reported u						
9	Revenues included in Form 990, Part VIII, li	, ,	► ¢				
a b	Assets included in Form 990, Part X		► \$				
		·	- <del>-</del> - <del>-</del>				

	ule D (Form 990) 2013 ST LANDRY PARI	SH FARM BUREA	U, INC				72-05018	Page 4		
Par	Organizations Maintaining	Collections of A	rt, Histor	ical Tre	asures, or C	ther Si	milar Assets (	continued)		
3	Using the organization's acquisition, a	accession, and other	er records	check a	ny of the follo	wing tha	t are a significai	nt		
	use of its collection items (check all the	nat apply):						-		
а	Public exhibition		d 📙	Loan	or exchange	programs	5			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generati	ons								
4	Provide a description of the organizat Part XIII		nd explain	how they	further the o	rganızatı	on's exempt pur	pose in		
5	During the year, did the organization sassets to be sold to raise funds rather							Yes No		
Pari	Escrow and Custodial Arra Complete if the organization		to Form 9	990. Par	t IV. line 9. d	or report	ed an amount	on Form		
	990, Part X, line 21									
1a	Is the organization an agent, trustee, included on Form 990, Part X?					other as	sets not	Yes No		
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follo	owing tab	ole					
	_						Ar	mount		
C	Beginning balance	•			•	1c	<u> </u>			
d	Additions during the year	•	•			1d				
e	Distributions during the year	•	•			1e				
Ť	Ending balance .					1f		0		
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line :	21? .				Yes X No		
b	If "Yes," explain the arrangement in P	art XIII Check her	e if the exp	lanation	has been pro	ovided in	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	to Form 9	90, Par	t IV, line 10					
		(a) Current year	(b) Pric	r year	(c) Two years	back (d	) Three years back	(e) Four years back		
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses .			<u>.</u>						
d	Grants or scholarships									
е	Other expenditures for facilities				1					
	and programs .									
f	Administrative expenses .									
g	End of year balance	0		0		0	0	C		
2	Provide the estimated percentage of t	he current year en	d balance	(line 1g,	column (a)) h	neld as				
а	Board designated or quasi-endowmer		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	▶ %								
	The percentages in lines 2a, 2b, and	2c should equal 10	00%							
3a	Are there endowment funds not in the	possession of the	organizat	ion that a	are held and a	administe	red for the			
	organization by							Yes No		
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organ	nizations listed as r	equired or	schedu	ıle R? .		•	3b		
4	Describe in Part XIII the intended use	s of the organization	on's endov	vment fu	nds.					
Part	VI Land, Buildings, and Equi	pment.								
	Complete if the organization	answered "Yes"	to Form 9	90 <sub>_</sub> Par	t IV, line 11a	See F	orm 990, Part	X, line 10		
	Description of property	(a) Cost or o (investr			ost or other is (other)		ccumulated reciation	(d) Book value		
1a	Land .		0		9,250			9,250		
b	Buildings		0		543,444		18,579	524,865		
С	Leasehold improvements		0		17,529		3,506	14,023		
d	Equipment .		0		36,864		21,685	15,179		
e_	Other		0		31,192		12,801	18,391		
Tota	I. Add lines 1a through 1e (Column (d)	must equal Form	990, Part	X, colum	n (B), line 10	(c) )	<b>•</b>	581,708		
							-	L I- D (F 000) 0040		

581,708

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12 (4) between of securiny (including name of securiny) (including name of securing name	Part VII	Investments—Other Secur		90 Part IV line 11h Se	se Form 990 Part X line 12
(i) Financial derivatives 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(a)				
(2) Closely-held equity interests   0   0   0   0   0   0   0   0   0			(b) Book value		
(3) Other	(1) Financial	derivatives		0	
(5)   (6)   (7)   (7)   (8)   (9)				0	
(F)	(3) Other				
(S)   (P)   (F)					····
Fig.					
(F) .					
(1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		• • • • • • • • • • • • • • • • • • • •			
(a) Description (b) must equal Form 990, Part X, col (b) line 12)	3-4			· · · · · · · · · · · · · · · · · · ·	
Investments   Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Total (Column (b)	must equal Form 990, Part X, col (B) line 12)	<b>•</b>	0	
(a) Description of investment (b) Book value Cost or end-of-year market value  (1)	Part VIII				
Cost of end-of-year market value		Complete if the organization	answered "Yes" to Form 9	90, Part IV, line 11c Se	e Form 990, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, cot (B) line 13) (9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) Total (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Liability for uncertain tax positions in Part XIII, provide the text of the foolnote to the organization's financial statements that reports the		(a) Description of investment	(b) Book value	, , , , , , , , , , , , , , , , , , , ,	
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (8) ine 13) ▶ 0  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (10) Federal income taxes (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (10) Federal income taxes (10) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (10) Federal income taxes (11) Federal income taxes (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (10) Federal income taxes (10) Federal income taxes (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (11) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal income taxes (10) Federal inco				Cost or end	d-of-year market value
(3) (4) (5) (6) (7) (8) (9)  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value  (1) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal uncome taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Fold (Zolumn (b) must equal Form 990, Part X, col (B) line 25) ▶ 0 (2) Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9)  Cother Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) (3) (4) Federal income taxes (4) Form 990, Part X, col (B) Ine 25) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (8) line 13) (9) Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (b) Book value					
(7) (8) (9) Total (Column (b)) must equal Form 990, Part X, col (B) line 13) ▶ 0  Part IX  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) Found (Column (b) must equal Form 990, Part X, col (B) line 25) (b) Book value  (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) Federal income taxes  (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) Financial statements that reports the					
(9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) Full (Column (b) must equal Form 990, Part X, col (B) line 25) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Form 990, Part X, col (B) line 25) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Form 990, Part X, col (B) line 25) (b) Book value (c) Form 990, Part X, col (B) line 25) (c) Form 990,					
Total (Column (b) must equal Form 990, Part X, col (B) line 13)   Description   Other Assets.	(8)				
Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25	(9)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Description of liability (b) Book value (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Description of liability (b) Book value (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (9) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			<b>&gt;</b>	0	
(a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (9) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part IX				
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  O  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Complete if the organization		90, Part IV, line 11d Se	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)			(a) Description	<del></del>	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  O  2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 0  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			· · · · · · · · · · · · · · · · · · ·		
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Description of liability (b) Book value				· · · · · · ·	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Dotal (Column (b) must equal Form 990, Part X, col (B) line 25)  Dotal (Column (b) must equal Form 990, Part X, col (B) line 25)  Dotal (Column (b) must equal Form 990, Part X, col (B) line 25)  Dotal (Column (b) must equal Form 990, Part X, col (B) line 25)	-			<del> </del>	
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Do  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Do  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<del></del>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			X, col (B) line 15)		<u> </u>
Ine 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X		1111/111/11	00 D 10/1 14	146 0 5 000 5 49
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			answered "Yes" to Form 9	90, Part IV, line 11e or	111 See Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1		(b) Book value	<u> T</u>	<del></del>
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<del></del>	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		medine taxes		-	
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)  ■ 0  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
Total (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				_	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				_	
			<u> </u>	0	44-41-4

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection

Department of the Treasury Internal Revenue Service organization entered more than \$15,000 on Form 990-E∠, line 6a

► Attach to Form 990 or Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number ST LANDRY PARISH FARM BUREAU, INC 72-0501811 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants С Phone solicitations g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) (II) Activity custody or control of or entity (fundraiser) from activity fundraiser listed in contributions? organization col (I) Yes No 1 0 2 0 0 0 3 0 0 0 4 0 0 5 0 0 6 0 0 0 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 0 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Skeet Shoot NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 48,134 48,134 Less Contributions Gross income (line 1 minus line 2) 48,134 48,134 Cash prizes Noncash prizes. 4,838 4,838 Direct Expenses Rent/facility costs 9,927 9,927 Food and beverages 2,360 2,360 Entertainment 4,023 4,023 Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) 21,148) Net income summary Subtract line 10 from line 3, column (d) 26,986 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 0 Gross revenue. Direct Expenses Cash prizes 0 0 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % % Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 0) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2013 ST LANDRY PARISH FARM BUREAU, INC	72-	050181	1	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	<u> </u>	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	s 🗀	No
13	Indicate the percentage of gaming activity operated in		İ		
а	The organization's facility	13a			<u>%</u>
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5			
	Name ▶	<del>-</del> -			
	Address ▶			. <b></b> .	<b>.</b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	Yes	; <u> </u>	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address •				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ► \$0				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	¬ <sub>v</sub>		NI -
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	L	Yes	, Ш	NO
	or spent in the organization's own exempt activities during the tax year > \$				0
<u>Part</u>	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to pradditional information (see instructions)			and	
- <b></b> -		<del>-</del> -			. <b></b>
	•••••••••••••••••••••••••••••••••••••••				
		<del>-</del>			
	•••••••••••••••••••••••••••••••••••••••				

#### **SCHEDULE 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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 72-0501811 ST LANDRY PARISH FARM BUREAU, INC FROM 990, PART VI, SECTION A, LINE 2 BOARD MEMBERS DANIEL LYONS AND BARRETT LYONS ARE FATHER AND SON RESPECTIVELY 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