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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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 For the 2014 calendar year, or tax year beginning and ending C Name of organization Check if applicable ST LANDRY PARISH FARM BUREAU, INC D Employer identification number Doing business as Address change Number and street (or P O box if mail is not delivered to street address) 72-0501811 Name change O BOX 95004 E Telephone number Initial return City or town ZIP code (337) 948-8259 BATON ROUGE 70895-9004 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 472.078 G Gross receipts \$ Application pending F Name and address of principal officer Yes X No H(a) Is this a group return for subordinates? CARLOS POLOTZOLA 5265 I-49 SOUTH SERVICE ROAD, OPELOUSAS, LA 70570-0772 H(b) Are all subordinates included? 501(c)(3) X 501(c) If "No," attach a list (see instructions) Tax-exempt status 4947(a)(1) or ◄ (insert no) Website: ▶ H(c) Group exemption number ▶ X Corporation K Form of organization Association Other > L Year of formation M State of legal domicile 1954 Part I **Summary** Briefly describe the organization's mission or most significant activities **AGRICULTURE** if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ 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 Total number of individuals employed in calendar year 2014 (Part-V_i, Inne, 2a) 5 Total number of volunteers (estimate if necessary) S OH 6 19 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 247.006 b Net unrelated business taxable income from Form 990-T, line 34 50.765 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 164,918 166,342 9 Program service revenue (Part VIII, line 2g) 5.718 7,328 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 908 1,339 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 281,523 279,067 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 454,491 452,652 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 43,377 Benefits paid to or for members (Part IX, column (A), line 4) 14 2,024 2,055 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 154,736 159,143 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . 252,833 188,827 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 409,593 393,402 19 Revenue less expenses. Subtract line 18 from line 12. 44,898 59,250 **Beginning of Current Year** 20 Total assets (Part X, line 16) 984,720 980,123 Total liabilities (Part X, line 26) 21 286,499 222,652 Net assets or fund balances. Subtract line 21 from line 20 698.221 757,471 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Dept ition of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ignature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid JENNIFER FOURROUX 9/16/2015 self-employed **Preparer** ► LOUISIANA FARM BUREAU FEDER Firm's EIN ► 72-0491096 **Use Only** Firm's address P O BOX 95004, BATON ROUGE, LA 70895-9004 (225) 922-6312 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

orm s	90 (2014)	ST_LANDRY PARISH FARM BUREAU, INC	72-0501811	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	describe the organization's mission		
	TO PR	OMOTE AND PROTECT AGRICULTURE		
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		or Form 990 or 990-EZ?		X No
	If "Yes	," describe these new services on Schedule O		لميما
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service		∐ Yes	X No
		" describe these changes on Schedule O		
4	expens	be the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$)
		BERSHIP ORGANIZATION FORMED FOR THE PROMOTION AND PROTECTION OF AGRICUL		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
		,		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie\$)
			. 	
			- -	
	Other	orogram canucas (Describe in Schedula ())		
4d		program services. (Describe in Schedule O) uses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4-		rogram service expenses		

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Pan	IV Checklist of Required Schedules		T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		
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, Part III	5	×	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	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.	bt . 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pai	rt X 11e	ļ	Х
٠	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," compact Schedule D, Parts XI and XII.			X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Y and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
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.	445		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	. 16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization apposed and apposed beginning of the provided facilities 2 If "Yes," apposed to the provi	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a . 20b	<u> </u>	Х
		. 200		1

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Par	t IV Checklist of Required Schedules (continued)			
04	Diddha amarinahan ara da an da		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	. 21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			~
23		22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24a . 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	. 240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	it 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	. 200		
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	,		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	606-900-65-6C	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	. 28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 23		
•	conservation contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	. 33		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	. 34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a control entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	lled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate			ĺ
·	organization? If "Yes," complete Schedule R, Part V, line 2	36		ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			ĺ
	VI	37	1	x

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

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Dár	t V Statements Regarding Other IRS Filings and Tax Compliance	1011		age J
ı aı	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	2. Teak in Salicadic & contains a response of note to any line in this Fart V		Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		res	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0	^	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	İ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	<u> </u>	X
b	If "Yes," enter the name of the foreign country:		ļ	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
E	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		^-
va	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	Ua		 ^
~	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8	-	-
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	90		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter:	30	 	
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	1		
1	Section 501(c)(12) organizations. Enter.	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them)			
2a	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	1		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
,	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			
_	the organization is licensed to issue qualified health plans	-		
C Ma	Enter the amount of reserves on hand	44-	-	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X

Form 990 (2014)

Part VI

		9
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 Schedu	ıle O. See instru	ictions.
Check if Schedule O contains a response or note to any line in this Part VI		X

<u>Sect</u>	ion A. Governing Body and Management	·				
_		I		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19	1		1	
	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				1	
	committee, explain in Schedule O		. 1		1	
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 19			,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	onship with	-			
_	any other officer, director, trustee, or key employee?		2	X		
3	Did the organization delegate control over management duties customarily performed by or unc			ļ		
	supervision of officers, directors, or trustees, or key employees to a management company or of		3		_X_	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		_X_	
6	Did the organization have members or stockholders?		6	Χ		
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint				
	one or more members of the governing body?		7a	Χ		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,				
	stockholders, or persons other than the governing body?		7b		<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertain	aken during			1	
	the year by the following:				ļ	
а	The governing body?		8a	Χ		
b	Each committee with authority to act on behalf of the governing body?		8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	oe reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		_X_	
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue Co	ode)			
				Yes	No	
	Did the organization have local chapters, branches, or affiliates?	•	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of su					
	affiliates, and branches to ensure their operations are consistent with the organization's exemp	- ·	10b		L	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bel	fore filing the form?	11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				زــــ ــا	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		ļ	
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		X	
13	Did the organization have a written whistleblower policy?	•	13		X	
14	Did the organization have a written document retention and destruction policy?		14		X	
15	Did the process for determining compensation of the following persons include a review and ap					
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?	İ		_	
	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 arr	angement			ا ا	
	with a taxable entity during the year?		16a		X	
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to en				;	
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	afeguard	-		1	
	the organization's exempt status with respect to such arrangements?		16b			
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(d	:)(3)s	only)	ł	
	available for public inspection Indicate how you made these available Check all that apply					
Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of interest	policy	, and	ı	
20	financial statements available to the public during the tax year	da baadaa a da ee da	_			
20	State the name, address, and telephone number of the person who possesses the organization					
	SARAH THIBODEAUX 5265 I-49 SOUTH SERVICE ROAD, OPELOUSAS, LA 70570	(337) 948-8259				
	3203 1-43 300 I FI SERVICE RUAD, UPELUUSAS, LA 70570					

Form 990 (2014)	ST LANDRY PARISH FARM BUREAU, INC	72-0501811	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	
	Employees, and Independent Contractors	•	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

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

	··· , · · · · · · · · · · · · · · · · ·									
(A) Name and Title	Name and Title Average box, unless person is both a officer and a director/trustee		ı an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) CARLOS POLOTZOLA PRESIDENT	12 00			х				0	0	0
(2) FRED LAVERGNE	8 00	 		<u> </u>					· · · · · ·	<u> </u>
VICE PRESIDENT				Х				0	0	0
(3) LEO FRANCHEBOIS	8.00									
SECRETARY				<u>X</u>				0	0	0
(4) CECIL CORBELLO	8 00									
TREASURER				X		ļ		0	0	0
(5) JOEY OLIVIER	2 00						ļ	_		
BOARD MEMBER		-				<u> </u>		0	0	0
(6) CHARLES CANNATELLA	6.00									
BOARD MEMBER (7) LARRY LAFLEUR	0.00		_		-			0	0	0
BOARD MEMBER	6 00	1						0		0
(8) DALE BERTRAND	2.00		\vdash		-	-			0	0
BOARD MEMBER	2.00	1						0	o	0
(9) DANIEL LYONS	6 00									
BOARD MEMBER		1						o	О	0
(10) KEITH NORMAND	6 00									
BOARD MEMBER		<u> </u>						0	. 0	0
(11) IKE BOUDREAUX	4.00									
BOARD MEMBER			<u> </u>					0	0	0
(12) MARK REINERS	2 00									
BOARD MEMBER			_		<u> </u>			0	0	0
(13) TOM RABALAIS	2 00	1						_		
BOARD MEMBER	1.55		_	_	<u> </u>			0	0	0
(14) BARRETT LYONS	4.00	1						_		_
BOARD MEMBER				Щ.		L		0	0	0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Form 990 (2014) ST LANDRY PARISH FARM BUREAU, INC 72-0501811 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (B) (C) (D) (A) Related or Unrelated Revenue Total revenue exempt business excluded from function revenue tax under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues 164,918 1c c Fundraising events. d Related organizations 1d e Government grants (contributions) . . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 164,918 Business Code Program Service Revenue 2a EXP REIMB & SEASONAL SPECIALTIES 110000 7,328 7,328 0 ol 0 0 f All other program service revenue 0 Total. Add lines 2a-2f. 7,328 Investment income (including dividends, interest, and other similar amounts) 1,339 1,339 Income from investment of tax-exempt bond proceeds 0 0 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses c Rental income or (loss) ol 0 d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 0 0 b Less: cost or other basis and sales expenses c Gain or (loss) 0 d Net gain or (loss). 0 Other Revenue 8a Gross income from fundraising events (not including \$ _____0 of contributions reported on line 1c) See Part IV. line 18 37,957 **b** Less direct expenses . . 14,772 23,185 23,185 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . 13,530 **b** Less direct expenses . . . 4,654 c Net income or (loss) from gaming activities 8,876 8,876 10a Gross sales of inventory, less returns and allowances а **b** Less. cost of goods sold . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 247,006 524298 247,006 11a INSURANCE SERVICE FEES 0 0 0 All other revenue. Total. Add lines 11a-11d 247,006

452,652

7,328

Total revenue. See instructions

33,400

247,006

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
_	domestic governments See Part IV, line 21	43,377						
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22	0		······································				
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
4	individuals. See Part IV, lines 15 and 16	0						
4 5	Benefits paid to or for members	2,055						
3								
6	trustees, and key employees Compensation not included above, to disqualified	0			, '			
٠	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	o						
7	Other salaries and wages	146,213						
8	Pension plan accruals and contributions (include	140,213	·					
Ū	section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	576						
10	Payroll taxes	12,354						
11	Fees for services (non-employees)	12,007						
a	Management	o						
b	Legal	0						
c	Accounting	1,140	······································					
d	Lobbying	0						
е	Professional fundraising services. See Part IV, line 17	0						
f	Investment management fees	O						
g	Other (If line 11g amount exceeds 10% of line 25, column				-			
	(A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	5,420						
13	Office expenses	21,708						
14	Information technology	0						
15	Royalties	0	,					
16		25,486						
17	Travel	600						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	25,655						
20	Interest	0						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	22,858	0	0	0			
23 24	Insurance	116						
24	Other expenses Itemize 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)							
а	MAINTENANCE	14,254						
b	UNRELATED BUSINESS INCOME TAXES	-1,706						
c	DUES AND SUBSCRIPTIONS	73,296			<u> </u>			
d	DOES AND SUBSCRIPTIONS	0						
e	All other expenses	0			· · · · · · · · · · · · · · · · · · ·			
25	Total functional expenses. Add lines 1 through 24e	393,402	0	0	0			
26	Joint costs. Complete this line only if the	333, .02			<u> </u>			
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720) .							

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash--non-interest-bearing. 191.427 211,016 2 Savings and temporary cash investments 2 163,456 164,765 3 Pledges and grants receivable, net . . 0 3 4 Accounts receivable, net . 81 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . 48,048 9 45,492 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 638.279 Less accumulated depreciation 581,708 10b 79,429 10c 558.850 11 Investments—publicly traded securities . . 11 0 12 0 Investments—other securities See Part IV, line 11. ol 12 13 13 0 Investments—program-related. See Part IV, line 11 0 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11 15 Ol 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 984,720 16 980,123 17 17 Accounts payable and accrued expenses . . . 719 719 18 Grants payable. 18 19 Deferred revenue 103,160 19 121,960 20 Tax-exempt bond liabilities . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 182.620 23 99.973 24 Unsecured notes and loans payable to unrelated third parties. 24 ol 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . 25 Total liabilities. Add lines 17 through 25... 286.499 26 Organizations that follow SFAS 117 (ASC 958), check here▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 698.221 32 757,471 33 698,221 33 757,471

980,123

984,720

34

ronn:	990 (2014) ST LANDRY PARISH FARM BUREAU, INC	72-05	01811	Pag	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		452	2,652
2	Total expenses (must equal Part IX, column (A), line 25)	2	_		3,402
3	Revenue less expenses Subtract line 2 from line 1	3			,250
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		_	3,221
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		757	⁷ ,471
Part					_
	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		1 1		İ
	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.				1
	Separate basis Doth 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 Doth consolidated and separate basis		1 1		!
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	-	¹
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		
	Schedule O.	ļ			
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 the	•	Ja		<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2014)
					()

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Employer identification number

72-0501811

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Pa	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 527 o	organization.
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 t	he organization is exempt und	er section 501(c)(3)	
1		excise tax incurred by the organizat		10.55	
2	<u>-</u>	excise tax incurred by organization			
3		ed a section 4955 tax, did it file Forn	_	•	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV.			
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(c), except section 501(c)(3).
1		y expended by the filing organization	for section 527 e	xempt function	
	activities			· · · · · > \$	
2		filing organization's funds contribute	d to other organız	ations	
•	for section 527 exempt for		·	▶\$	
3	line 17b	penditures Add lines 1 and 2 Enter	here and on Forr	n 1120-POL,	0
4		n file Form 1120-POL for this year?			Ves □ No
5		ses and employer identification num		otion 527 political organiz	
·		ents. For each organization listed, e			
	the amount of political co	ontributions received that were prom	ptly and directly d	elivered to a separate poli	tical organization, such
	as a separate segregate	d fund or a political action committee	e (PAC). If additio	nal space is needed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and
				iulius il florie, eriter -o-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					none, enter -o-
(1)					
<u> </u>					
(2)					
(3)					
				<u>-</u>	
(4)					
(5) 					
(6)					

	ST LANDRY PARISH FARM BUREAU, INC edule C (Form 990 or 990-EZ) 2014	72-0501811	Page 2
Р	art II-A Complete if the organization is exempt under section 501(c)(3) and file under section 501(h)).	d Form 5768 (elec	
A B	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV en name, address, EIN, expenses, and share of excess lobbying expenditure.) Check ▶ if the filing organization checked box A and "limited control" provisions approximately approxi	es).	p member's
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying)		<u></u>
c d	Total lobbying expenditures (add lines 1a and 1b) . Other exempt purpose expenditures	0	0
e		0	0
•	columns.	0	

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e Not over \$500,000 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f). . 0 o h Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-이

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Vac	Г	No
Yes		NO

0

0

0

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lo	bbying Expenditure	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				o	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					0

Schedule C (Form 990 or 990-EZ) 2014

Par	Complete if the organization (election under section 50	on is exempt under section 501 I(h)).	(c)(3) and has NOT	filed	Forr	n 5768		
For e	each "Yes," response to lines 1a throu	nh 1i helow, provide in Part IV a d	letailed description	(a)		(b)	
	he lobbying activity	gri in bolow, provide in r art iv a d	etalieu description	Yes	No	A	mount	
1	During the year, did the filing organizatio legislation, including any attempt to influe referendum, through the use of:							
а								ł
b		ensation in evaposes reported on line	es 1c through 1:\2					
c		ensulan in expenses reported on an	es to imough in.	-				
d	Mailings to members, legislators, or the p	ublic?	•					
e			• •					
f	f Grants to other organizations for lobbying						-	
g	Direct contact with legislators, their staffs	• • •	e body?					
h			-					
i	i Other activities?							
j	j Total Add lines 1c through 1ı .							0
2a	-	nization to be not described in sectio	n 501(c)(3)?	-				
b			, , , ,				-	
	If "Yes," enter the amount of any tax incu		r section 4912					
d	If the filing organization incurred a section	n 4912 tax, did it file Form 4720 for th	his year?					
Par	rt III-A Complete if the organization 501(c)(6).	on is exempt under section 501	(c)(4), section 501(c)(5),	or s	ection		
	001(0)(0):						Yes	No
1	Were substantially all (90% or more) due	s received nandeductible by membe	re?			1	X	.,,,
2	Did the organization make only in-house			•		2	X	
3	Did the organization agree to carry over				•	3		X
	501(c)(6) and if either (a) B answered "Yes."	on is exempt under section 501 OTH Part III-A, lines 1 and 2, are						3, is
1	Dues, assessments and similar amounts		•		1_			
2	Section 162(e) nondeductible lobbying a political expenses for which the section		lude amounts of					
a		• • •	•		2a			
b		• • • •			2b			
C	 Total		, .		2c			0
3 4	If notices were sent and the amount on li excess does the organization agree to ca	ne 2c exceeds the amount on line 3,	what portion of the		3			
	lobbying and political expenditure next ye		n nondeductible		4			
5	Taxable amount of lobbying and political		• •	•	5			
	rt IV Supplemental Information	expenditures (see instructions).	• •					
Provi	vide the descriptions required for Part I-A, li ee instructions), and Part II-B, line 1 Also,			oup lis	it), Pa	rt II-A, I	ines 1	and
 -								
							·	

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

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer identification number
ST L	ANDRY PARISH FARM BUREAU, INC	72-0501811
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor, o	r for any other
	purpose conferring impermissible private benefit?	Yes No
Par	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		f a historically important land area
		f a certified historic structure
		a certified filstoric structure
_	Preservation of open space	and the first transfer to the second
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
_	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 easements .	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	2d
3	historic structure listed in the National Register	
3	during the tax year	Tilliated by the organization
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	handling of
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
	•	outerments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ments during the year
•	► \$	micros canning the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section
-	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ancial statements that describes
	the organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educat	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
~	works of art, historical treasures, or other similar assets held for public exhibition, educat	
	of public service, provide the following amounts relating to these items	
		▶ \$
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets	ets for financial dain, provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these i	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	· · · > \$

Sched	ule D (Form 990) 2014 ST LANDRY PARISH I	FARM BURFALL I	NC			72-05	N1811		Page 2
Pari				rical Trea	sures. or C				rage Z
3	Using the organization's acquisition, acce	ssion, and other r						<u>,</u>	
	use of its collection items (check all that a	apply)	. —	1 .					
а	Public exhibition	•	d	Loand	or exchange	programs			
b	Scholarly research	•	e [Other			 .		
С	Preservation for future generations								
4	Provide a description of the organization's Part XIII.	s collections and e	explain	how they	further the o	rganization's exempt	purpose ı	n	
5	During the year, did the organization solid assets to be sold to raise funds rather that						Y	es 🗌	No
Part	IV Escrow and Custodial Arrange	ements.						· · · · · ·	
	Complete if the organization ans 990, Part X, line 21	swered "Yes" to	Form	990, Part	IV, line 9, d	or reported an amou	int on Fo	rm	
1a	Is the organization an agent, trustee, cust	todian or other into	di	any for cou	atributions of	r other accets not			
ıa	included on Form 990, Part X?			ialy ioi coi	ונווטטנוטווא טו	other assets not	\Box v	es 🗀	No
b	If "Yes," explain the arrangement in Part 2			lowing tah	 le		·	C3	110
	and an analogometric and	and complete		iowing tab			Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f					•	1f		··	0
2a	Did the organization include an amount o	n Form 990. Part	X. line	21, for es	crow or custo	odial account liability?		es X	No
b	If "Yes," explain the arrangement in Part 2					=	ш.		
Part		All Check here ii	ine ex	piariation	nas been pro		•		
Fart			r	000 0-4	. D. /				
	Complete if the organization ans			T T					
4-	h	a) Current year	(b) Pri	or year	(c) Two years	back (d) Three years ba	ck (e) F	our years	back
1a	Beginning of year balance						+		
b	Contributions						+		
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities	1							
_	and programs .								
f	Administrative expenses .			-					
g	End of year balance	O		0		0	0		0
2	Provide the estimated percentage of the c	current year end b		e (line 1g,	column (a)) I	neld as:			
a	Board designated or quasi-endowment	0/	<u>%</u>						
b	Permanent endowment	<u></u> %							
С	Temporarily restricted endowment	<u>%</u>							
2-	The percentages in lines 2a, 2b, and 2c s			4 4b . 4					
3a	Are there endowment funds not in the pos	ssession of the or	ganiza	tion that a	re neid and a	administered for the		Vaa	l Na
	organization by						2-(1)	Yes	No
	(i) unrelated organizations			•	•		3a(i)		
L	(ii) related organizations			C	- 00	•	3a(ii)	-	<u> </u>
b	If "Yes" to 3a(II), are the related organizat	•				•	3b	L	<u> </u>
4	Describe in Part XIII the intended uses of		endo	wment fun	as.				
Part			_	=					
	Complete if the organization ans	swered "Yes" to	Form	_		a See Form 990, Pa	art X, line	2 10	
	Description of property	(a) Cost or other			st or other	(c) Accumulated	(d) B	ook valu	e
	 	(investment)		basis	s (other)	depreciation	ļ	_	
1a	Land				9,250		†		9,250
b	Buildings		0		543,444	32,514			0,930
C	Leasehold improvements		0	l	17,529	5,258		1	2,271

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

36,864

31,192

d

Equipment

Other .

9,875

16,524

558,850

26,989

14,668

		nswered "Yes" to Form 990, P	art IV, line 11b See Form	990, Part X, line 12
(a) I	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
1) Financial o	derivatives	0		
	ld equity interests	0		
-10)		+		
.(E)		-		
(F)				
(G)				·
(H)				
	nust equal Form 990, Part X, col. (B) line 12)	0		
Part VIII	Investments—Program Rela			
	Complete if the organization a	nswered "Yes" to Form 990, P		
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)			Oost or end-or-year me	arket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u> </u>		
				
(8) (9)	nust equal Form 000 Part Y col (R) line 13			
(9) otal (Column (b) n	nust equal Form 990, Part X, col (B) line 13)	0		
(9)	Other Assets.		art IV. line 11d. See Form	990. Part X. line 15
(9) stal (Column (b) n	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	990, Part X, line 15
(9) stal (Column (b) n Part IX	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) Part IX (1)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) tal (Column (b) n Part IX (1) (2)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) ctal (Column (b) n Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	nswered "Yes" to Form 990, P	art IV, line 11d. See Form	
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	inswered "Yes" to Form 990, P (a) Description	art IV, line 11d. See Form	
(9) contact (Column (b) n contact (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) n contact (1) n con	Other Assets. Complete if the organization a	inswered "Yes" to Form 990, P (a) Description		
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	col (B) line 15.).		(b) Book value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	inswered "Yes" to Form 990, P (a) Description		(b) Book value
(9) cal (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a	col (B) line 15.).		(b) Book value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a line 25	inswered "Yes" to Form 990, P (a) Description col (B) line 15.).		(b) Book value
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a line 25 (a) Description of liability	inswered "Yes" to Form 990, P (a) Description col (B) line 15.).		(b) Book value
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal I (2) (3)	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a line 25 (a) Description of liability	inswered "Yes" to Form 990, P (a) Description col (B) line 15.).		(b) Book value
(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4)	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a line 25 (a) Description of liability	inswered "Yes" to Form 990, P (a) Description col (B) line 15.).		(b) Book value
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(9) tal (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a on (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization a line 25 (a) Description of liability	inswered "Yes" to Form 990, P (a) Description col (B) line 15.).		(b) Book value

Par	Reconciliation of Revenue per Audited Financial Stat	ements					
	Complete if the organization answered "Yes" to Form 990	0, Part I	V, lır	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements	3.			[1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) on investments	:	2a				
b	Donated services and use of facilities		2b				
С	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)		2d				
е	Add lines 2a through 2d	. —		•		2e	0
3	Subtract line 2e from line 1				[3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				Ī		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	4a				
b	Other (Describe in Part XIII)	4	4b				
С	Add lines 4a and 4b					4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12).			Ī	5	0
Part	Reconciliation of Expenses per Audited Financial Sta				ses pe	r Retu	rn.
	Complete if the organization answered "Yes" to Form 990				,		
1	Total expenses and losses per audited financial statements	<u>, , </u>	v,	10 120	T	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			ŀ		
a	Donated services and use of facilities	1 :	2a				
b	Prior year adjustments		2b				
c	Other losses		2c	 -			
d	Other (Describe in Part XIII.)	_	2d				
e	And Disco On Absorb Od	• 🗀	Zu			2e	0
3	Subtract line 2e from line 1	•	•	•	·	3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1	·i	- 1		ŀ	-	
	Amounts included on Form 990, Fart IX, line 20, but not on line 1	ĺ	l i				
4	Investment expenses not included on Form 990. Part VIII. line 7h		4-		!	1	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b		4a				
4 a b	Other (Describe in Part XIII)		4a 4b				0
4 a b c	Other (Describe in Part XIII)		4b .			4c	0
4 a b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, I		4b .			4c 5	0
4 a b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	 line 18)	4b .			5	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0
4 a b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	 line 18) and 4, Pa	4b .			5 Part V, I	0

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.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2014
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

s.gov/form990. Inspection
Employer identification number

ST L/	NDRY PARISH FARM BUREAU, IN					72-050			
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 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									
а	a Mail solicitations e Solicitation of non-government grants								
b									
С									
d	. -								
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No									
b 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									
	to be compensated at least 40,000	by the organiza	ation						
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundr custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1					0	0	0		
2									
3					0	0	0		
4					0	0	0		
	· · · · · · · · · · · · · · · · · · ·				o	0	0		
5					o	0	0		
6					0	0	0		
7									
8					0	0	0		
9					0	0	0		
10					0	0	<u> </u>		
					О0	0	0		
Total	,			•	o	0	0		
3	List all states in which the organiza	tion is registere	d or license	d to solic	it contributions or h	as been notified it	is exempt from		
	registration or licensing								
		· · · · · · · · · · · · · · · · · · ·							
		•••••							
					· • • • • • • • • • • • • • • • • • • •				
- 									
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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 37,957 37,957 Less: Contributions . Gross income (line 1 minus line 2). 37,957 Cash prizes . 0 Noncash prizes . . . 4.860 4,860 **Direct Expenses** Rent/facility costs . . 4,728 4,728 Food and beverages 2,138 2,138 Entertainment . . 0 Other direct expenses. 3.046 3,046 Direct expense summary Add lines 4 through 9 in column (d) 14,772) Net income summary. Subtract line 10 from line 3, column (d) 23,185 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses Cash prizes . 0 Noncash prizes 0 Rent/facility costs . . Other direct expenses Yes % Yes % Yes % Volunteer labor 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 conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? . . . b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes **b** If "Yes," explain:

Julieut	ale 3 (4 m) 330 01 330-E2) 2014 ST LANDRY PARISH FARM BUREAU, INC	72-0501811 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	Yes No
	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	
_	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i	
	(see instructions)	
-		

SCHEDULEI (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB NO 1545-0047	2014	
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Open to Public Inspection

Employer identification number

72-0501811

General Information on Grants and Assistance ST LANDRY PARISH FARM BUREAU, INC. Part I

☐ Yes X No Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

1	Part IV, line 21, for	any recipient th	nat received more	than \$5,000 Part II	can be duplicated i	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	pepear	
_	1 (a) Name and address of organization or covernment	(a) EIN	(c) IRC section	(d) Amount of cash orant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
E 8	(1) LOUISIANA FOUNDATION FOR A	72 1410786	504 (0) 3	27 77		other)		TO PROVIDE
2 e 2	(2) LOUISIANA FARM BUREAU FOU PO BOX 95004 BATON ROUGE 1 A 7		501 (C) 3	14 456				TO PROVIDE GENERAL
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(12)								
7	Enter total number of section 501(c)(3) and government organi	า 501(c)(3) and เ	government organi	zations listed in the line 1 table.	e 1 table.			2
ဗ	Enter total number of other organizations listed in the line 1 table.	organizations list	ted in the line 1 tab				•	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Page 2

Part II Line 2 NAME OF ORGANIZATION OR GOVERNMENT LOUISIANA FARM BUREAU FOUNDATION, PURPOSE OF GRANT OR ASSISTANCE TO PROVIDE GENERAL (f) Description of non-cash assistance Part II Line 1 NAME OF ORGANIZATION OR GOVERNMENT LOUISIANA FOUNDATION FOR AGRICULTURE IN THE CLASSROOM; PURPOSE OF GRANT OR Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ASSISTANCE TO PROVIDE GENERAL SUPPORT FOR THE LOUISIANA FOUNDATION FOR AGRICULTURE IN THE CLASSROOM (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of SUPPORT FOR THE LOUISIANA FARM BUREAU FOUNDATION. recipients (a) Type of grant or assistance Part III Part IV ~ က 4 S 9

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

ST LANDRY PARISH FARM BUREAU, INC	72-0501811
FROM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS DANIEL LY	ONS AND BARRETT LYONS HAVE A FAMILY
RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 6 THE ORGANIZATION HAS ME	MBERS AND IS A NON PROFIT ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A. THE MEMBERS OF THE OR	GANIZATION ELECT THE GOVERNING BOARD
FORM 990, PART VI, SECTION A, LINE 7B HOWEVER, THE ACTIONS OF T	HE 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 REVIEWE	D AT THE NEXT REGULARLY SCHEDULED BOARD
MEETING	
FORM 990, PART VI, SECTION C, LINE 19 INSPECTION OF THE FINANCIA	L STATEMENTS AND GOVERNING DOCUMENTS
CURRENTLY IN PLACE ARE AVAILABLE UPON REQUEST AT AN OF	FICE OF THE ORGANIZATION
•••••••••••••••••••••••••••••••••••••••	