

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 7/1/2014 6/30/2015 For the 2014 calendar year, or tax year beginning and ending Employer identification number Check if applicable C Name of organization TERREBONNE PARISH FARM BUREAU, INC. Doing business as Address change Number and street (or P O box if mail is not delivered to street address) 72-0679896 Name change E Telephone number O BOX 95004 Initial return City or town ZIP code (985) 876-2876 70895-9004 BATON ROUGE 1 A Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 411,844 G Gross receipts \$ Amended return Yes X No F Name and address of principal officer H(a) Is this a group return for subordinates? Application pending TOM ELLENDER 282 CORPORATE DR, HOUMA, LA 70360 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) ◄ (insert no) Tax-exempt status J Website. H(c) Group exemption number ▶ X Corporation Trust Association L Year of formation M State of legal domicile K Form of organization 1953 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) 8 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary) 8 Total unrelated business revenue from Part VIII, column (C), line 12. 211,563 14,221 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 175,739 173,100 Contributions and grants (Part VIII, line 1h) 8 Revenue 5,319 5,473 Program service revenue (Part VIII, line 2g) 1.418 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,623 10 257.214 227.289 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 439,895 407,280 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 Benefits paid to or for members (Part IX, column (A), line 4) 2.538 2.426 14 150,718 Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10) 150.834 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, Column (D); line 25). ▶ 226,813 187,018 Other expenses (Part IX, column_(A), lines_11a=11d, 11f-24e) 17 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 380,185 340,162 59,710 Revenue less expenses Subtract-line 18 from line 12 67,118 19 Beginning of Current Year End of Year 990,986 1,057,824 20 Total assets (Part X, line 16) 1,303 21 Total liabilities (Part X, line 26) 1,023 Net assets or fund balances Subtract line 21 from line 20 989,683 1,056,801 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 complete Decaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature ှာ Paid 12/7/2015 self-employed P01624744 ALISON M LACROIX Preparer Firm's name ► LOUISIANA FARM BUREAU FEDERATION Firm's EIN ▶ 72-0491096 ปีse Only Firm's address ► PO BOX 95004, BATON ROUGE, LA 70895-9004 (225) 922-6237 X Yes May the IRS discuss this return with the preparer shown above? (see instructions).

Form 990 (2014)

orm 99	90 (2014) TERREBONNE PARISH FARM BUREAU, INC	72-0679896	Page 2
	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		
•	FORMED FOR THE PROMOTION AND PROTECTION OF AGRICULTURE		
2	Did the organization undertake any significant program services during the year which were not lister		
	the prior Form 990 or 990-EZ?	· · L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	١	
	services?	. Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured	l hv
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	and allocations to oth	ners
	the total expenses, and revenue, if any, for each program service reported	and anotations to ou	1013,
	the lotal expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Rev	venue \$)
	A MEMBERSHIP ORGANIZATION FORMED FOR THE PROMOTIO AND PROTECTION OF AGRIC	CULTURE	
	•••••		
	(O. I	wonue ¢	· · · · · ·
4b	(Code) (Expenses \$ including grants of \$) (Re		
			·
		,	
4c	(Code) (Expenses \$ including grants of \$) (Re	venue \$)
	(Oodo		′
			·
		· · · · · · · · · · · · · · · · · · ·	·
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
	Tatal are super control of the	<u>~</u> /	

W. V			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	163	×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	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,	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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,"	ا ہا		.,
	complete Schedule D, Part III	8		Х
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	9		X
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	Х	
ь	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 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII .	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	ا .مرا		,,
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
16	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		x
17	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		X
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	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ۱		,,
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	

Form 990 (2014) TERREBONNE PARISH FARM BUREAU, INC Checklist of Required Schedules (continued)

			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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	-	
240	\$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	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 111		
_	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		
	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.	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	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		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	12700-1874	X
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)	20-	42A	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	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 more than \$25,000 in horizont contributions? In res, complete deficition in the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-	
30	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>			
•	Part I	31		х
32				
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
_	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36				
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	37		v
20	VI	31		_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	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O	_	990	(2014)
		I OUIT	~~~	12U14

Pa	Ot the sect Described District Office of DO Fillians and Tay Compliance			
	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 .	<u>5</u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	4		<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	<u> </u>
	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	X	—
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ļ <u> </u>	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		ŀ	
	(FBAR)		ļ	
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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ga	 	 ^
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			\vdash
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
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		Ь.
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?.	7 <u>g</u>		↓
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	<u> </u>	ļ	<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	╁	┼
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	╁—	┼
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	\dashv		
b	Cross recorpted, included on the first term of the particular term o	\dashv	ļ	1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources	_		1
b	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	1	1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<u> </u>	†	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
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

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

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

Enter the amount of reserves on hand

14a

14b

13b 13c Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	8	1	
	If there are material differences in voting rights among members of the governing body, or			1
	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 .	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee? .	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	. [X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .	10:	a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 101	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11:	3	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		. 12		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	ts? 121	니	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	120		<u> </u>
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 approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15:		X
b	Other officers or key employees of the organization	. 151	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a			-	- ,
	with a taxable entity during the year?	16:	3	X
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	461	_	-
Cool	the organization's exempt status with respect to such arrangements?	161	וכ	<u> </u>
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	M1/a\/2\	e only	 -
10	available for public inspection. Indicate how you made these available. Check all that apply	,	o uniy	,
	Own website Another's website X Upon request Other (explain in Schedul	e ())		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte		cv and	Н
	financial statements available to the public during the tax year	. Joe poin	., am	_
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords [.]	•	
	CHRIS HARVELL (985) 876-2			

•
Form 990 (2014) TERREBONNE PARISH FARM BUREAU, INC 72-0679896 Page
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
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 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
(C)
(A) (B) (do not check more than one (D) (E) (F)
Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation amount of
week (list any hours for related organizations below dotted line) week (list any hours for related organizations from the organizations below dotted line) Week (list any hours for related organizations organization with the organization (W-2/1099-MISC) Week (list any hours for related organizations (W-2/1099-MISC) Week (list any hours for related organizations organizations)
week (list any hours for hours for related hours for related line week (list any hours for hours for direction for
week (list any hours for related organizations below dotted line) week (list any hours for related organizations below dotted line) week (list any hours for related organizations organizations below dotted line) week (list any hours for related organizations organizations organizations organizations) week (list any hours for related organizations organizations) week (list any hours for related organizations)
line) List Te Te Te organizations

				(0	C)					
(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per							compensation	compensation	amount of
	week (list any	0 5	_	_				from	from related	other
	hours for related	d v	stat	Officer	eye	함	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dua	븅	4	ij	st c	9	(W-2/1099-MISC)	(44-2/1099-14830)	organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(and related
	line)	ste	sun		ď	pen				organizations
		0	tee			sate			;	
						ă				
(1) TOM ELLENDER	2 00			ŀ	1			ſ		
PRESIDENT				X				150		
(2) BRIAN ELLENDER	2 00									
VICE PRESIDENT				Х				150		
(3) BARTON JOFFRION	1 00									
SECRETARY/TREASURER				X				150		
(4) LLOYD TRICHE	0 23	-								
BOARD MEMBER		1		1				100		
(5) JOHN WALTHER	0 23	<u> </u>		\vdash	╁			,,,,,,		
BOARD MEMBER	× <u>-</u>		1					150		
(6) CLAUDE TRICHE	0 23			├	 			150		
BOARD MEMBER	} <u>8-29</u>	1						150		
	0 23	\vdash	\vdash	┝	-	-	-	130		
(7) RONNIE TRICHE	J U 23	-		1	ļ					
BOARD MEMBER	0.00	├──	-	├┈	 -			0		
(8) RICKY BOUDREAUX	0 23	ł		1						
BOARD MEMBER		ļ	-	├—	-			0		
(9) HL HAWTHORNE	0 23									
BOARD MEMBER				<u> </u>	├			100		
(10)										
				<u> </u>	╙					
(11)					1					
				L_	ļ	ļ				
(12)										
				<u>L</u>	<u> </u>					
(13)										
		L								
(14)						1				
×					1	:		İ	ļ.	

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	nd	High	est	Compensated	Employees	(con	tinue	ed)	
	(A) Name and title	(B) Average			Pos eck		than		(D) Reportable	(E) Reportable		Es	(F) stimate	d
		hours per week (list any hours for related organizations below dotted line)		er and		irecto	Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	5	com fr org and	nount of other pensation the anization de an	ion : on ed
(15)														
(16)														
(17)			-											
(18)											1			
(19)			 						-		\top			
(20)			-								\top			_
(21)													-	
(22)											7			
(23)			-						-			_		
(24)														
(25)			1											
1b c	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	Section A		<u>1 -</u>				> > >	950 0 950		0			0
2	Total number of individuals (including but not reportable compensation from the organization		liste	d ab	ove 0	e) w	ho re	cen	ved more than \$	100,000 of				
3	Did the organization list any former officer, d employee on line 1a? If "Yes," complete Sche	rector, or truste				уе	e, or i	high	nest compensate	ed		î, ă	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations grandividual	n of reportable c eater than \$150	ompe ,000?	ensa ? <i>If '</i>	atioi 'Ye:	n ar s," c	nd oth comp	ner (lete	compensation fr Schedule J for	om s <i>uch</i>		4	2000	X
5	Did any person listed on line 1a receive or action services rendered to the organization? If '									ndıvidual	-	5		X
Sec	tion B. Independent Contractors	, 00, 00, 1, p. 1, 10												
1	Complete this table for your five highest componentation from the organization Report year											ı's ta	×	
	(A) Name and business ad	dress							(B) Description of se	rvices	C	(C omper) isation	
														0
							_	┼-						0
			_					╁╌						0 0
								\perp						0
2	Total number of independent contractors (ind				thos	se li	sted		ve) who receive	d ;				

	90 (201		ARM BUREAU	J, INC			72-06798	96 Page 9
Par	t VIII				u: 5		· -	
		Check if Schedule O contain	s a response o	r note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns	1a 1b 1c	173,100 0				
ns, Gıf Sımılar	d e	Government grants (contribution	ns) <u>1e</u>					
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, gra similar amounts not included ab Noncash contributions included in I	ove . 1f	0				
ة ت 	h	Total. Add lines 1a-1f	·_	>	173,100			
Program Service Revenue	2a b	EXP REIMB & SEASONAL SPE		Business Code 110000	5,473	5,473		
ice F	C				0			
Serv	d				0			
ш	е				0			
rogr	f	All other program service reven	ue	L	0			
	_ g	Total. Add lines 2a–2f		ot and	5,473			 -
	3	Investment income (including di other similar amounts) Income from investment of tax-e	•	. •	1,418 0			1,418
	5	Royalties		• • • • • • • • • • • • • • • • • • •	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses	ļ					
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	0			
		assets other than inventory Less cost or other basis		0 0				
		and sales expenses		0 0				
		Gain or (loss) Net gain or (loss)		0]	₀			
a.		- ' '	•					
Other Revenue	Ва	Gross income from fundraising events (not including \$ of contributions reported on line						
ЭĒ		See Part IV, line 18	a		1			
₹		Less direct expenses. Net income or (loss) from fundr		4,564	15,726			15,726
		Gross income from gaming acti			15,720	· · · · · · · · · · · · · · · · · · ·	· <u>-</u> · · · · · · · · · · · · · · · · · ·	13,720
		See Part IV, line 19	. а					
	1	Less direct expenses .	b					
		Net income or (loss) from gamil Gross sales of inventory, less	ng activities	. •	0			
		returns and allowances .	. а	0				
	1	Less cost of goods sold .						
	C	Net income or (loss) from sales	of inventory .		0			-
	14-	Miscellaneous Revenue		Business Code	044.500		044 500	
	11a b	INSURANCE SERVICE FEES		524298	211,563 0		211,563	
	C				0	-		
	d	All other revenue			0			

e Total. Add lines 11a-11d

Total revenue. See instructions

211,563 407,280

5,473

17,144

211,563

Part IX Statement of Functional Expenses

	Statement of Functional Expenses	l a a la compa All a the a m			(4)
Section	on 501(c)(3) and 501(c)(4) organizations must complete al			t complete column	(A).
	Check if Schedule O contains a response or note	to any line in this F	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 .	_0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	o			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	2,426			
5	Compensation of current officers, directors,				
	trustees, and key employees .	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	139,679			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits .	79			-
10	Payroll taxes .	10,960			
11	Fees for services (non-employees)				
a	Management .	ol			
b	Legal .	0			
c	Accounting	1,140			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column		<u> </u>		
•	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			
13	Office expenses .	25,591			
14	Information technology	O			
15	Royalties	0			· · · · · · · · · · · · · · · · · · ·
16	Occupancy	20,169			
17	Travel	300			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,319			
20	Interest	0			
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	12,220	0	0	(
23	Insurance	110			
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	DUES/SUBSCRIPTIONS	87,7 <u>68</u>			
b	MAINTENANCE	20,101			
С	UNRELATED BUSINESS INCOME TAXES	7,300		ļ	
d		0			
е	All other expenses	0			·····
25	Total functional expenses. Add lines 1 through 24e	340,162	0	0	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	l	_	L	L

72-0679896

Form 990 (2014)

Part X **Balance Sheet**

1 Cash—non-interest-bearing 488,785 1 2 Savings and temporary cash investments 183,502 2 3 Pledges and grants receivable, net 0 3 4 Accounts receivable, net 0 4 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 6 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 7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 435 9 10a Land, buildings, and equipment cost or	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or	(B) of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or	337,672
3 Pledges and grants receivable, net 4 Accounts receivable, net 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 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or	384,237
4 Accounts receivable, net 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 6 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 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or	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	0
trustees, key employees, and highest compensated employees Complete Part II of Schedule L	
Complete Part II of Schedule L 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 Notes and loans receivable, net Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or	.
6 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 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or	
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	• • •
sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L	
organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or	j
9 Prepaid expenses and deferred charges	
9 Prepaid expenses and deferred charges	0
9 Prepaid expenses and deferred charges	
10a Land, buildings, and equipment cost or	435
	1
other basis Complete Part VI of Schedule D 10a 539,148	
b Less accumulated depreciation 10b 203,668 318,264 10c	335,480
11 Investments—publicly traded securities 0 11	0
12 Investments—other securities See Part IV, line 11	0
13 Investments—program-related See Part IV, line 11	0
14 intangible assets . 0 14	0
15 Other assets See Part IV, line 11	0
16 Total assets. Add lines 1 through 15 (must equal line 34) . 990,986 16	1,057,824
17 Accounts payable and accrued expenses . 1,303 17	1,023
18 Grants payable	
19 Deferred revenue	·
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21	
22 Loans and other payables to current and former officers, directors,	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	
disqualified persons Complete Part II of Schedule L	
25 Secured mortgages and notes payable to difficiated time parties .	0
24 Unsecured notes and loans payable to unrelated third parties . 0 24	0
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	0
26 Total liabilities. Add lines 17 through 25	1,023
Organizations that follow SFAS 117 (ASC 958), check here▶ and	
ge complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets	
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 27 28 29 29 31 32 33 34 35 36 37 38 38 39 39 30 31 31 32 33 33 33 34 35 36 37 38 38 39 30 30 31 31 32 33 33 34 35 36 37 38 38 38 38 38 38 38 38 38	i
30 Capital stock or trust principal, or current funds	
9 31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds 989,683 32	1,056,801
33 Total net assets or fund balances	1,056,801
34 Total liabilities and net assets/fund balances	

Part	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		407	,280
2	Total	expenses (must equal Part IX, column (A), line 25)	2		340	,162
3	Reve	enue less expenses Subtract line 2 from line 1	3		67	<u>,118</u>
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		989	,683
5	Net u	unrealized gains (losses) on investments	5			
6	Dona	ated services and use of facilities	6			
7	Inves	stment expenses	7			
8		period adjustments	8			
9		r changes in net assets or fund balances (explain in Schedule O)	9			
10		assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
		mn (B))	10		1,056	<u>,801</u>
Part	XII	Financial Statements and Reporting			ſ	
		Check if Schedule O contains a response or note to any line in this Part XII	· · · ·			ᆜ_
_	_			$\overline{}$	Yes	No
1		ounting method used to prepare the Form 990.				
		e organization changed its method of accounting from a prior year or checked "Other," explain in				
_		edule O		2a		X
2a		e the organization's financial statements compiled or reviewed by an independent accountant?	•	Za		
		es," check a box below to indicate whether the financial statements for the year were compiled or ewed on a separate basis, consolidated basis, or both				,
		Separate basis				
b		e the organization's financial statements audited by an independent accountant?	•	2b		X
		es," check a box below to indicate whether the financial statements for the year were audited on a				
		arate basis, consolidated basis, or both				
		Separate basis			-	
С		es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh				لـــا
		audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
		e organization changed either its oversight process or selection process during the tax year, explain i	n			
		edule O				لــــا
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in				V
_	the S	Single Audit Act and OMB Circular A-133?	•	3a		<u> </u>
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	requ	ired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		aan	(2014)
				FUHII	J J J J	(4102)

72-0679896 Page **12**

Form 990 (2014) TERREBONNE PARISH FARM BUREAU, INC

SCHEDULÈ C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

- 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

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

Main	e or organization				Employe	i identincation number
TER	REBONNE PARISH FARI	M BUREAU, INC				72-0679896
		he organization is exempt und	er section 501(c) or is a sectio	n 527 o	rganization.
1	Provide a description of t	the organization's direct and indirect	political campaig	n activities in Part	īV	
2	Political expenditures				▶ \$	
3	Volunteer hours .					
	······					
Pai	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3)		
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 .	▶ \$	
2	Enter the amount of any	excise tax incurred by organization i	managers under s	section 4955	. 🕨 \$	
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?		Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part	IV				
		he organization is exempt und	er section 501(c), except secti	on 501(c)(3).
1		expended by the filing organization				
	activities .	· · ·			. ▶ \$	
2	Enter the amount of the f	filing organization's funds contribute	d to other organiz	ations		
_	for section 527 exempt fu		,		▶ \$	
3		penditures Add lines 1 and 2 Enter	here and on Forr	m 1120-POL.	•	
•	line 17b				▶ \$	0
4	Did the filing organization	n file Form 1120-POL for this year?				Yes No
5	• •	ses and employer identification num	her (FIN) of all se	ection 527 political	l organiz.	
J		ents For each organization listed, e				
		ontributions received that were prom				
	as a separate segregate	d fund or a political action committee	(PAC) If additio	nal space is need	ed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
	(a) Name	(b) Address	(C) Life	filing organization		contributions received and
				funds If none, ent	er -0-	promptly and directly
						delivered to a separate political organization if
						none, enter -0-
(1)						
						
(2)						
(3)						
(4)						-
(4)						
(5)						
(6)						
				<u></u>		

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2014					Page 2
Pa	art II-A Complete if the organization	n is exempt	under section 50	1(c)(3) and filed	Form 5768 (elec	
	under section 501(h)).	-				
A	Check ▶ if the filing organization be	longs to an a	affiliated group (ar	nd list in Part IV e	ach affiliated group	member's
	name, address, EIN, expe					
В	Check ▶ if the filing organization ch	•		• • •	•	
	Limits on Lobb	ving Expend	itures	·	(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
1a	Total lobbying expenditures to influence pu				 	
b	Total lobbying expenditures to influence a	, ,,	,	•		
c	Total lobbying expenditures (add lines 1a a	•			0	(
d	Other exempt purpose expenditures					(
е	Total exempt purpose expenditures (add lii	nes 1c and 1d)		0	(
f	Lobbying nontaxable amount Enter the an		•	oth		
	columns		· ·		o	(
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying	ng nontaxable amou	nt is:		
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
Ļ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%				0	
h	Subtract line 1g from line 1a If zero or less				0	
i	Subtract line 1f from line 1c If zero or less			·	0	
j	If there is an amount other than zero on eit	her line 1h or	line 1i, did the orga	nization file Form	4720 reporting	¬., —
	section 4911 tax for this year?		· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	Yes No
			g Period Under se			
	(Some organizations that made a se				of the five column	s below.
	See the	separate ins	structions for lines	2a through 2f.)		
	I - Liberto		During 4 Voor 4	Augusting Daried		
	Lobbyin	g Expenditur	es During 4-Year A	veraging Period	<u> </u>	
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)					
			<u> </u>			
2a	Lobbying nontaxable amount				o	(
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))		<u></u>			(
С	Total lobbying expenditures					(
	Grassroots nontaxable amount	· - <u>- · · · · · · · · · · · · · · · · · </u>				<u></u>
			 		0	
е	Grassroots ceiling amount					,
	(150% of line 2d, column (e))				 	

Schedule C (Form 990 or 990-EZ) 2014

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).					
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No	Α	(b) moun	t
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					<u> </u>
а	Volunteers?					
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
¢	Media advertisements?					
d	Mailings to members, legislators, or the public?					
é	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .					
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or s	ection	l 	
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
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		Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members	R (b) Par 1	t III-A,	line	3, is
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).		<u> </u>			
а	Current year		2a			
b	Carryover from last year		<u>2b</u>			
С	Total		<u>2c</u>	ļ		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u> 3</u>			
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	i		0
Par						
	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	up lis	st); Pa	rt II-A,	lines 1	and
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					
			-		· 	
						-

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name	of the organization	·····		Employer	dentification number
TERF	REBONNE PARISH FARM BUREAU, INC				72-0679896
Part	Organizations Maintaining Dono			ds or Acc	
	Complete if the organization answ	ered "Yes" to Form 990, Pa	rt IV, line 6		
		(a) Donor advised funds		(b) Fu	nds 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 d				vised
	funds are the organization's property, subject				Yes No
6	Did the organization inform all grantees, dor		-		
	used only for charitable purposes and not for		onor advisor, oi	r for any ot	
	purpose conferring impermissible private be	nefit?	· · · ·	•	Yes No
Part					
	Complete if the organization answ				
1	Purpose(s) of conservation easements held	by the organization (check all	l that apply)		
	Preservation of land for public use (e.g., recr	eation or education)	Preservation of	f a historica	ally important land area
	Protection of natural habitat		Preservation of	f a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	ition contributio	n in the for	m of a conservation
-	easement on the last day of the tax year	Alon nota a qualifica concento		1	Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation eas	sements	•	2b	
c	Number of conservation easements on a ce		ed in (a)	2c	
ď	Number of conservation easements include				
_	historic structure listed in the National Regis			2d	
3	Number of conservation easements modifie		quished, or tern	ninated by	the organization
	during the tax year ▶		,	•	3
4	Number of states where property subject to	conservation easement is loc	ated >		
5	Does the organization have a written policy			, handling	of
	violations, and enforcement of the conserva				. Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing	g conservation	easements	during the year
	>				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cor	iservation ease	ements duri	ng the year
	▶ \$				
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of	of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		•		Yes No
9	In Part XIII, describe how the organization r				
	balance sheet, and include, if applicable, th		ganization's fina	ancial state	ments that describes
Dor	the organization's accounting for conservati	on easements.		Other Si	milar Acceta
Par	Organizations Maintaining Colle Complete if the organization answ			Other Sil	mar Assets.
		· · · · · · · · · · · · · · · · · · ·			
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	-	nibition, educat	tion, or rese	earch in furtherance
	of public service, provide the following amounts of Development (i) Development and the following amounts of the following amount of the following amounts of the following				▶ ¢
	(i) Revenue included in Form 990, Part VIII	, line 1		•	► \$ ► \$
2	(ii) Assets included in Form 990, Part X	art historical transciros as at	har aimilar ac-s	ota far finss	void goin provide the
2	If the organization received or held works of				iciai gairi, provide the
_	following amounts required to be reported u		aung to these i	tems.	▶ ¢
a	Revenue included in Form 990, Part VIII, Iir	е і .	•		\$
<u> </u>	Assets included in Form 990, Part X	 .			Ψ

Schedu	: le D (Form 990) 2014 TERREBONNE PARIS	H FARM BUR	EAU. INC				72-0679	896		Page 2
Part				ical Trea	sures. or C	Other S				
3	Using the organization's acquisition, acces									
	use of its collection items (check all that a			•	,	J	J			
а	Public exhibition		d \square	Loan o	or exchange	progran	าร			
b	Scholarly research		е 🗀	Other	_					
			ر ۲	0						
C	Preservation for future generations		منداميند اد،	h 4h	for at home than a		tionle overent mi		_	
4	Provide a description of the organization's Part XIII	collections ar	na expiain	now they	turther the o	rganizai	tion's exempt pu	irpose ii	1	
5	During the year, did the organization solic assets to be sold to raise funds rather than							Y6	es 🔲	No
Part										
	Complete if the organization ans 990, Part X, line 21.	wered "Yes"	to Form	990, Parl	t IV, line 9, d	or repor	rted an amoun	t on Fo	rm	
1a	Is the organization an agent, trustee, custo	odian or other	ıntermedi	ary for co	ntributions oi	other a	issets not		,	
								Ye	es 💹	No
b	If "Yes," explain the arrangement in Part X	(III and comple	ete the foll	lowing tab	ole					
								mount		
C	Beginning balance					1c				
d	Additions during the year					<u>1d</u>				
е	Distributions during the year		•	•		1e				
f	Ending balance		•			1f	<u> </u>			0
2a	Did the organization include an amount or	n Form 990, P	art X, line	21, for es	crow or custo	odial ac	count liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part X								\Box	
Part										
ган	Complete if the organization ans	wored "Vec"	to Form	000 Pad	t IV/ line 10					
		a) Current year		or year	(c) Two years	back	(d) Three years back	(a) E	our years	back
4.		a) Current year	(6) Pil	oi year	(C) Two years	Dack	(u) Three years back	(E) FC	our years	Dack
1a	Beginning of year balance							+		
b	Contributions .							+		
С	Net investment earnings, gains,									
	and losses .							+		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	 	ļ			- 				
T	Administrative expenses .			0				0		
g	End of year balance .	0			D=(++++++++++++++++++++++++++++++++++++	0		<u>U</u>		0
2	Provide the estimated percentage of the o	current year er		e (line 1g,	column (a))	neid as:				
a	Board designated or quasi-endowment	0/	<u>%</u>							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%	•							
20	The percentages in lines 2a, 2b, and 2c s Are there endowment funds not in the pos			tion that a	re held and	adminiet	tered for the			
3a	•	session of the	organiza	lioi iliai a	ile lielu aliu i	aummis	tered for the		Yes	No
	organization by							3a(i)	163	140
	(i) unrelated organizations	•						3a(ii)		
L	(ii) related organizations .	Iona listad as i	raquurad a	n Schodu	lo P2	•	•	3b		
b 1	If "Yes" to 3a(ii), are the related organizations of Part XIII the intended uses of							20	L	L
9 Do	Describe in Part XIII the intended uses of VI Land, Buildings, and Equipme		on a endo	winient int	100					
Part	Complete if the organization ans		to Form	aan Par	t IV/ line 11:	2 See	Form 990 Par	t X line	10	
				1						
	Description of property	(a) Cost or o		, , ,	st or other s (other)		Accumulated epreciation	(a) B	ook valu	e
10	Lond	(iii e su	0		84,742					4,742
1a b	Land		0		382,906	-	176,625			6,281
b	Buildings		0		<u>0</u> 0	<u> </u>	170,025			0,201
۲ C	Leasehold improvements .		0		68,837		25,274			3,563
d	Equipment Other		0		2,663		1,769			894
<u>e</u> Total	. Add lines 1a through 1e (Column (d) mu	st equal Form				G.)	1,705		33	5,480
- 5001	. r.aa iiloo ta ahoaga to foolaliii fa) ma	or odami i oiiii	, ,		1-/, 5					

•	Complete if the organization	rities. answered "Yes" to Form 990, P	art IV, line 11b See Form 990, Part X, line 12
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial d	erivatives	0	
,) Closely-hel	ld equity interests	0	
Other			
<u> (A)</u>			
(Ĉ)			
(<u>P)</u>			
(Ē)			
(0)			
(H)	ust equal Form 990, Part X, col. (B) line 12.)	>	
art VIII	Investments—Program Re	<u> l </u>	
art VIII			art IV, line 11c See Form 990, Part X, line 1
			(c) Method of valuation
'	(a) Description of investment	(b) Book value	Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
			
(9)			
(9) tal (Column (b) m	oust equal Form 990, Part X, col. (B) line 13.)	P 0	
(9) tal (Column (b) m	Other Assets.		
(9) tal (Column (b) m	Other Assets.	answered "Yes" to Form 990, P	art IV, line 11d See Form 990, Part X, line 1
(9) tal (Column (b) m	Other Assets.		art IV, line 11d See Form 990, Part X, line 19
(9) tal (Column (b) m art IX	Other Assets.	answered "Yes" to Form 990, P	
(1)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m Part IX (1) (2) (3)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m Part IX (1) (2) (3) (4)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m art IX (1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" to Form 990, P	
(1) (1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" to Form 990, P	
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	answered "Yes" to Form 990, P (a) Description	
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization	answered "Yes" to Form 990, P (a) Description	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization on (b) must equal Form 990, Part Other Liabilities.	answered "Yes" to Form 990, P (a) Description X, col (B) line 15)	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization on (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15)	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization on (b) must equal Form 990, Part Other Liabilities.	answered "Yes" to Form 990, P (a) Description X, col (B) line 15)	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization on (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal III (2)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal II (2) (3)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal II (2) (3) (4) (5)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal III (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal III (2) (3) (4) (5) (6) (7) (8)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value
(9) tal (Column (b) m Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal III (2) (3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to Form 990, P (a) Description X, col (B) line 15) answered "Yes" to Form 990, P	(b) Book value

Part			Return.	
	Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a	, - · - , 	
1	Total revenue, gains, and other support per audited financial statements		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		-1 2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Ar.	
b	Other (Describe in Part XIII)	4b	<u> </u>	
С	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		5	0
Part	Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses p	er Return.	
_	Complete if the organization answered "Yes" to Form 990, Part	IV, line 12a		
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b]~ *\$	
С	Other losses	2c] ,	
d	Other (Describe in Part XIII.)	2d	1 58	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	J-5.	
b	Other (Describe in Part XIII)	4b	101 - Fee	
b c	Other (Describe in Part XIII)	4b	4c	0
	·			0
c 5	Add lines 4a and 4b		4c	_
c 5 Pari	Add lines 4a and 4b		4c 5	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0
c 5 Pari Provi	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b,	4c 5 Part V, line 4, Part X,	0

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule G (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

ΓERR	EBONNE PARISH FARM BUREAU					72-06					
Par	Fundraising Activities. Co				ered "Yes" to Forn	n 990, Part IV, lin	e 17				
1 a b c d 2a b	Form 990-EZ filers are not Indicate whether the organization remains a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, If "Yes," list the ten highest paid into be compensated at least \$5,000	or oral agreem Part VII) or enti	e So f So g So ent with ar ty in connecties (fundra	of the follow collicitation of collicitation of pecial fund my individua ection with	of non-government of government grand and a grand and	grants ts s, directors, trustee alsing services?	Yes No				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		custody or control of		custody or 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							
<u>'</u>					0	0	0				
2					ol	0	0				
3					0	0					
4			 		0		0				
5					0	0	0				
					0	0	0				
6		_			0	. 0	0				
7					0	0	0				
8		<u> </u>									
9					0	0	0				
40				<u> </u>	0	O	0				
10					0	0	0				
Total				•	o	0	0				
3	List all states in which the organiza registration or licensing.	tion is registere	ed or licens	sed to solic	it contributions or h	as been notified it					

Pa	art II		Complete if the organiz			
	•		fundraising event contri ipts greater than \$5,000	_	come on Form 990-EZ	, lines 1 and 6b. List
		events with gross rece	(a) Event #1 TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
<u>e</u>			(event type)	(event type)	(total number)	ω (ε)
Revenue	1	Gross receipts	20,290		0	20,290
Re	2	Less Contributions.			0	0
	3	Gross income (line 1 minus line 2)	20,290		0	20,290
	4	Cash prizes .			0	0
	5	Noncash prizes .	2,426		0	2,426
enses	6	Rent/facility costs .			0	
Direct Expenses	7	Food and beverages	638		0	638
Dire	8	Entertainment			0	0
	9	Other direct expenses	1,500		0	1,500
	10 11	Direct expense summary. Ad Net income summary. Subtra			>	(4,564) 15,726
Pa	art III	Gaming. Complete if t	the organization answe	red "Yes" to Form 99	0, Part IV, line 19, or re	
	ı —	than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
Revenue	i		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes .				C
Expenses	3	Noncash prizes				c
Direct E		Rent/facility costs				C
_	5_	Other direct expenses				c
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary Ac	dd lines 2 through 5 in col	umn (d) .		(0)
	8_	Net gaming income summar	y Subtract line 7 from line	e 1, column (d)		<u> </u>
(a is			n each of these states		Yes No
10		Vere any of the organization's	gamıng licenses revoked,	suspended or terminal	ted during the tax year?	Yes No
	b If	"Yes," explain				

Schedi	ule G (Form 990 or 990-EZ) 2014 TERREBONNE PARISH FARM BUREAU, INC	72-0679896 Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes N	lo.
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?		10
13	Indicate the percentage of gaming activity conducted in:		
а	· · · · · · · · · · · · · · · · · · ·	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	;	
	Name ▶		
	Address ▶		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ N	lo.
b	revenue?		
	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 N	10
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		_
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		0
	(see instructions)	 	
			
<i></i> -			
			- -
- -			
<i>-</i>			

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
2014
Open to Public

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection Internal Revenue Service Name of the organization Employer identification number TERREBONNE PARISH FARM BUREAU, INC 72-0679896 FROM 990, PART VI. SECTION A, LINE 2 BOARD MEMBERS BRIAN ELLENDER AND TOM ELLENDER HAVE A FAMILY RELATIONSHIP 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 AND SIGNED BY THE BOARD PRESIDENT FORM 990, PART VI, SECTION C, LINE 19 INSPECTON OF THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS CURRENTLY IN PLACE ARE AVAILABLE UPON REQUEST AT AN OFFICE OF THE ORGANIZATION FORM 990, PART VII, SECTION A, COL. D. ALL BOARD MEMBERS WERE COMPENSATED LESS THAN \$600, THEREFORE NO 1099'S WERE ISSUED