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Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 **2015** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2015 calenda	r year, or tax year beginnir	ng , and e	nding			
В	Check if a	applicable	C Name of organization				D Emplo	yer identification number
	Address o	hange LOUISIANA AGRICULTURAL CONSULTANTS						
П	Name cha	ange	ASSOCIATION, INC					0949068
	Initial retu	um [	Number and street (or P O box, if ma	il is not delivered to street address)		Room/suite	E Teleph	one number
	Final retu	ım/teminated	11137 HWY 71 S				985	5-637-5511
	Amended	i return	City or town, state or province, countr	y, and ZIP or foreign postal code			F Group	Exemption
	Application	on pending	CHENEYVILLE	LA 71	325		Numb	er 🕨
G	Accoun	nting Method	X Cash Accrual O	ther (specify) >		H Che	ck ▶ 🗓 ı	f the organization is not
1	Websit	te: ▶ N/A				requ	ired to atta	ch Schedule B
J	Tax-exe	empt status (che	ck only one) — X 501(c)(3)	501(c)( ) <b>4</b> (insert no )	4947(a)(1) or	527 (For	m 990, 990	-EZ, or 990-PF)
ĸ	Form o	of organization	X Corporation	Trust Association	Other			
			to line 9 to determine gross reco	eipts If gross receipts are \$200,0	000 or more, or if total	assets		
(Pai	t II, colui	mn (B) below) ar	e \$500,000 or more, file Form 9	90 instead of Form 990-EZ			▶ \$	124,150
P	art I	Revenu	e, Expenses, and Cha	anges in Net Assets or	<b>Fund Balance</b>	<b>s</b> (see the instru	ctions for	Part I)
		Check if	the organization used Sc	hedule O to respond to an	y question in this	Part I		X
	1	Contributions, g	fts, grants, and similar amounts i	received			1	36,470
	2	Program serv	ice revenue including govern	ment fees and contracts			2	- <del></del>
	3	Membership o	lues and assessments				3	77,226
	4	Investment in	come				4	99
	5a	Gross amoun	t from sale of assets other th	ian inventory	5a			
	ь	Less cost or	other basis and sales expens	ses	5b			
	c	Gain or (loss) fro	5c					
	6	Gaming and f	undraising events					
	a	Gross income	from gaming (attach Sched	ule G if greater than				
e		\$15,000)			6a			
Revenue	ь	Gross income	from fundraising events (no	t including \$	900 of contrib	outions		
ě		from fundraisi	ng events reported on line 1	) (attach Schedule G if the				
_		sum of such g	ross income and contributio	ns <del>-e</del> xceeds \$15,000)	6b	10,3	55	
	С	Less directe	xpenses from pahlyho and fu	indraising events	6c	2,0	<u> 17</u>	
	d			draising events (add lines 6a	and 6b and subtract	ţ		
		line 6c)	2000 0 0018	181			6d	8,338
	7a	Gross sales	Enventory less returns and	allowances	7a			
	b	Less cost of	goods sold	기 줎[	7b			
	c	Gross profit o	r (loss) from Sales of invento	ry (Subtract line 7b from line	7a)		7c	
	8	Other revenue	(describe in Schedule O)				_8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d	i, 7c, and 8			▶ 9	122,133
	10	Grants and si	milar amounts paid (list in So	chedule O)			10	43,040
	11	Benefits paid	to or for members				11	
Fin	12	Salaries, othe	r compensation, and employ	ee benefits			12	
Se	13	Professional	ees and other payments to i	ndependent contractors			13	29,415
) <u>a</u>	14	Occupancy, r	ent, utilities, and maintenanc	ce			14	
Expenses	15	Printing, publ	cations, postage, and shippi	ng			15	3,618
ال ال	16	Other expens	es (describe in Schedule O)				16	36,473
را <u>ك</u> -	17	Total expens	es. Add lines 10 through 16				<b>▶</b> 17	112,546
=	1		ficit) for the year (Subtract II				18	9,587
S S IN B	19			of year (from line 27, column	(A)) (must agree wit	th		
SS.			gure reported on prior year's				19	114,702
್ಷಕ	20	Other change	s in net assets or fund balar	nces (explain in Schedule O)			20	
SZ.	21_	Net assets or	fund balances at end of yea	r Combine lines 18 through 2	20		▶ 21	124,289
===		ule Dadmatie	n Act Notice see the sens	rata instructions				Earm 990-F7 (2015)

Part II	Balance Sheets (see the instructions for Pa					
	Check if the organization used Schedule O to	respond to any			<del>,</del>	
			(A) Beg	ginning of year		(B) End of year
·	ngs, and investments			114,702	-	124,289
23 Land and b	_			0	23	
	ets (describe in Schedule O)			114 703	24	104 004
25 Total asse				114,702		124,289
	lities (describe in Schedule O)			114,702	26	124 200
****	Statement of Brogram Service Accomi		a the instructions for		27	124,289
Part III	Statement of Program Service Accomp	•		· 🖂		Evmanaa
18/h-4 4h-	Check if the organization used Schedule O to	respond to any	question in this Part	···	/Ba	Expenses quired for section
	ganization's primary exempt purpose?					(c)(3) and 501(c)(4)
	AND NETWORKING rganization's program service accomplishments for 6	each of its three lar	raest program services			inizations, optional for
	by expenses. In a clear and concise manner, describ				othe	• •
	ted, and other relevant information for each program					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	SOCIATION PROVIDES EDUCATIONAL & NETWOR		ITIES FOR			
	LTURAL CONSULTANTS, PRIMARILY THROUGH A					
11011100						
(Grants \$	) If this amount includes	foreign grants, che	ck here	▶ [	28a	80,256
	GANIZATION PROVIDES SCHOLARSHIPS TO ORG					
	S CONTRIBUTIONS TO AN ENDOWED ASSISTANT					
UNIVER	SITY.					
(Grants \$	32,290) If this amount includes t	foreign grants, che	ck here	<b>•</b>	29a	32,290
30				·		
					1	
(Grants \$	) If this amount includes	foreign grants, che	ck here	<b>▶</b>	30a	
31 Other prog	ram services (describe in Schedule O)					
(Grants \$	) If this amount includes	foreign grants, che	ck here	<b>▶</b> □	31a	
32 Total prog	gram service expenses (add lines 28a through 31a)			<b>•</b>	32	112,546
Part IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	mployees (list eac	h one even if not compe	ensated — see th	e instruc	ctions for Part IV)
	Check if the organization used Schedule O to resp	(b) Average	(c) Reportable	(d) Heath ber	nefits.	<u></u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to e	employee	(e) Estimated amount of other compensation
		devoted to position	`(if not paid, enter -0-)	deferred compe		other compensation
TRAVIS	VALLEE	•	_			
PRESIDE	NT	5.00	0		0	
CALVIN	VIATOR				_	
TREASUR		5.00	0	4	0	ļ
HANK JO					_	
SECRETA		5.00	0	4	0	
DENISE					_	
EXECUTI	VE SECRETARY	20.00	28,815		0	
		İ				
			<u></u>			
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						<del></del>
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				1		
				-	<u>-</u>	
		i	i e	i		1

LOUISIANA AGRICULTURAL CONSULTANTS 72-0949068

Pa	ift V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	mondations for that vy check it the digametric desired to the respect to any questions		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	- 1		i
	detailed description of each activity in Schedule O	33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ľ		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	_34	<b>_</b>	X
35a				l
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		ļ
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-	1	ļ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	_		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed None			
42a	- CALIFFE TITAMOR	5-63	7-5	511
	101 LONGWOOD DRIVE			
	Located at ▶ THIBODAUX LA ZIP + 4 ▶ 70	301		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	]	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country 🕨	_		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d	ļ	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
U	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		х
	1 offit 500 CE (500 monacions)			

Form	990-EZ (2015)	LOUISIÂNA	AGRICULTURA	AL CONSUL	TANTS	72-09	49068			F	Page 4
46	_	nization engage, directly o		_	s on behalf	of or in oppo	sition			Yes	No
D.		s for public office? If "Yes,		, Paπ I					46	<u>.                                    </u>	X
Fa		<b>ection 501(c)(3) org</b> : I section 501(c)(3) orga	anizations only anizations must ansv	ver auestions 47	'–49b and {	52, and co	mplete the	tables for li	nes		
	50	and 51.									
	CI	heck if the organization	used Schedule O to	respond to any	question in	n this Part	VI				<u>Ш</u>
47	Did the orga	nızatıon engage ın lobbyin	in activities or have a s	ection 501(h) elec	tion in effect	during the t	ax			Yes	No
7,	_	s," complete Schedule C, I	_	ection oo kii, elec	tion in check	during the t			47		х
48	•	zation a school as describ		)(A)(ii)? If "Yes." co	omplete Sch	edule E			48		X
49a	_	nization make any transfe							49a		х
b	_	the related organization a	•		_				49b		
50	Complete th	is table for the organizatio	n's five highest comper	nsated employees	(other than	officers, dire	ectors, truste	es and key			
	employees)	who each received more t	han \$100,000 of comp	ensation from the	organization	If there is	none, enter	'None "			
	(4	a) Name and title of each emp	oloyee	(b) Average hours per week devoted to position	compe	oortable nsation /1099-MISC)	contributions benefit p	h benefits, s to employee plans, and ompensation	(e) Estimate other com		
N	one			<del>-</del>							
_							<u></u>				
					<del> </del>					<del></del>	
								_			
								_			<u></u>
	Total numbe	er of other employees paid	over \$100 000		<b></b>	<del></del> -	<b>!</b>				
51		is table for the organizatio		nsated independe	nt contractor	s who each	received mo	re than			
		compensation from the or									
	(a)	Name and business address	of each independent conti	ractor		(b) Typ	e of service		(c) Comper	nsation	
No	one										
				<del></del>	<del></del>						
	<del></del> -		<u> </u>						<del></del>		
			<del></del>	1-11-							
			-								
d		er of other independent co	,	•	· • -	<del></del>					
52	3	inization complete Schedu	le A? Note: All section	501(c)(3) organiz	ations must	aπacn a			X Yes		Al-
	completed S	enury, I declare that I have ex	vaminad this return inclus	lina accompanyina s	chedules and	statements	and to the hes	t of my knowle			No
true,	correct, and co	mplete Declaration of prepar	er (other than officer) is b	ased on all informati	on of which pr	reparer has a	ny knowledge	t of my knowle	age and belie	1, 11 13	
			tral		×		5/1	1116			
Sig	n   🏴 🔭	Signature of officer				_	ate	<del></del>			
Her		CALVIN VIATO	<u> </u>		TR	REASURI	ER				
		Type or print name and title			_		Date		IDTIN		
_		ype preparer's name	Pre	parer's signature	0.6 6	n•^	Date	Check			
Paid	114	T. Barbera, CPA		MM Juin	my y	1	05/0	3/10		76503	
	`~~! <del> </del>	name Magues		gher, & E	Barbera	A, LLC		Firm's EIN	72-15	<u> 159</u>	28
USE	Only Firm's	address P.O. B		70200				ο Δ	85-369	_ 2 =	1 5
Max	the IRS disco	uss this return with the pre	onville, LA			<del></del>		Phone no 9	> X Ye		No
·vias	, <u>II</u> (O 01301	and the pic	F=-0. SHOWN ADOVO. O	23					Form <b>99</b> (		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

ASSOCIATION, INC 72-0949068

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

LOUISIANA AGRICULTURAL CONSULTANTS

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1		A church, cor	vention of churches, or asse	ociation of churches described i	n section	170(b)(1	l)(A)(i).					
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )										
3		A hospital or	spital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical res	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state	•									
5		An organizati	on operated for the benefit o	of a college or university owned	or operate	ed by a g	overnmental unit described in					
	لسبا	section 170(	b)(1)(A)(iv). (Complete Part	II )								
6				overnmental unit described in se	ection 17	0(b)(1)(A	)(v).					
7		An organizati	on that normally receives a s	substantial part of its support fro	m a gove	rnmental	unit or from the general public	;				
	_	-	section 170(b)(1)(A)(vi). (Co		-		-					
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)							
9	X	An organizati	on that normally receives (1	) more than 33 1/3% of its supp	ort from	contribution	ons, membership fees, and gro	oss				
		=	· ·	pt functions—subject to certain								
		support from	gross investment income an	nd unrelated business taxable in	come (les	s section	511 tax) from businesses					
		acquired by the	- he organization after June 30	0, 1975 See section 509(a)(2).	(Comple	te Part III	)					
10		An organizati	on organized and operated e	exclusively to test for public safe	ty See s	ection 50	09(a)(4).					
11		An organizati	on organized and operated e	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpo	ses of				
		one or more	oublicly supported organizati	ions described in section 509(a	)(1) or <b>se</b>	ction 509	9(a)(2). See section 509(a)(3).	Check				
		the box in line	es 11a through 11d that desc	cribes the type of supporting org	anization	and com	plete lines 11e, 11f, and 11g					
а		Type I. A sup	porting organization operate	ed, supervised, or controlled by	its suppor	ted orgar	nization(s), typically by giving					
		the supported	d organization(s) the power to	o regularly appoint or elect a ma	ajority of t	he directo	ors or trustees of the supporting	g				
		organization	You must complete Part IV	V, Sections A and B.								
b		Type II. A su	pporting organization superv	used or controlled in connection	with its s	upported	organization(s), by having					
	_	control or ma	nagement of the supporting	organization vested in the same	epersons	that cont	rol or manage the supported					
		organization(	s) You must complete Par	t IV, Sections A and C.								
С		Type III func	tionally integrated. A suppo	orting organization operated in o	connection	n with, an	d functionally integrated with,					
		its supported	organization(s) (see instruct	tions) You must complete Par	t IV, Seci	ions A, I	), and E.					
d				supporting organization operate								
		that is not fur	nctionally integrated. The org	janization generally must satisfy	a distribi	ution requ	irement and an attentiveness					
		requirement (	(see instructions) You must	t complete Part IV, Sections A	and D, a	nd Part \	<b>/</b> .					
е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a T	ype I, Type II, Type III					
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organızatı	on						
f	Ent	ter the number	of supported organizations									
g	Pro	vide the follow	ving information about the su	ipported organization(s)								
(i	) Nam	e of supported	(ii) EIN	(iii) Type of organization	1 ' '	rganization	(v) Amount of monetary	(vi) Amount of				
	org	ganization		(described on lines 1–9	1 '	ir governing	support (see	other support (see				
				above (see instructions))	docu	ment?	instructions)	instructions)				
					Yes	No						
A)												
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3)												
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C)												
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Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			,	<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u>l.,</u>	<u> </u>	<u></u>	
	tion B. Total Support	r	T	1		1	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				<del>                                     </del>	ļ	<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<u>]</u>	<u> </u>	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her		4		<del></del>		
Sec	tion C. Computation of Public S					144	
14	Public support percentage for 2015 (line 6			nn (t))		15	%
15	Public support percentage from 2014 Sch			42 and line 44 in	22 1/20/ or more		%
16a	33 1/3% support test—2015. If the organ				33 1/3 /0 OI IIIOIE,	Check this	▶ □
_	box and stop here. The organization qual 33 1/3% support test—2014. If the organization				15 is 33 1/3% or m	nore	
D	check this box and stop here. The organi				10 10 00 170 70 01 11	1010,	▶ □
172	10%-facts-and-circumstances test—20°				6a, or 16b, and line	e 14 ıs	ــــــ
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa organization						<b>&gt;</b>
ь	10%-facts-and-circumstances test—20	14. If the organizat	tion did not check	a box on line 13, 1	6a, 16b, or 17a, ar	nd line	
_	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization			-			▶ [
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and s	ee	_
	instructions						▶ [
							0 or 990-EZ) 201

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II of the organization fails to qualify under the tests listed below, please complete Part II.)

202	tion A. Public Support	quality diluci til	e tests listed by	ciow, picase co	implete i dicii.		
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership	- (2, 201)		(=,==:=			· · · · · · · · · · · · · · · · · · ·
•	fees received (Do not include any "unusual grants")	60,882	1,575	64,277	22,431	36,470	185,635
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,315	9,472	29,742	73,303	85,663	218,495
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	81,197	11,047	94,019	95,734	122,133	404,130
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<del></del>
8	Public support. (Subtract line 7c from line 6)			I			404 120
500	tion B. Total Support		I	<del>.</del>	Ł	<u>-</u>	404,130
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	81,197	11,047	94,019	95,734	122,133	404,130
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15		432	88	99	634
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	15		432	88	99	634
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	-					<del></del>
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,			ļ			
	and 12 )	81,212	11,047	94,451	95,822	122,232	404,764
14	First five years. If the Form 990 is for the		, second, third, fou	irth, or fifth tax yea	r as a section 501(	c)(3)	
<u></u>	organization, check this box and stop her ction C. Computation of Public Su		200			<del></del>	
_	Public support percentage for 2015 (line 8			n (f)	<del></del> -	15	99.84%
15	Public support percentage for 2013 (line of Public support percentage from 2014 School	• • •		'' (1))		16	99.62%
16 Sec	ction D. Computation of Investme						33.02.70
17	Investment income percentage for 2015 (I			. column (fl)	<del></del> -	17	%
18	Investment income percentage from 2014			, (,,,		18	1 %
19a				14, and line 15 is	more than 33 1/3%	<u> </u>	
	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2014. If the orga	ox and stop here.	The organization o	jualifies as a public	ly supported organ	ization	<b>▶</b> [X
ь	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did						<b>•</b>

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comp	ete Part V	)	
Sect	ion A. All Supporting Organizations			
		<u></u>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	ļ	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	] [	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	]	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			~
	designated in the organization's organizing document?	5b	i i	
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	-
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	55		-
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) individuals that are part of the chartable class benefited			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	1 1	
-				<del></del>
′	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	,		
•	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<b></b>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<b> </b> -	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	ļ	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	

determine whether the organization had excess business holdings )

Sched	ule A (Form 990 or 990-EZ) 2015 LOUISIANA AGRICULTURAL CONS	ULT	ANTS 72-0949	9068 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
_	other Type III non-functionally integrated supporting organizations must complete Section	s A th	rough E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
04	D. Billiamina Accet America		(A) David Value	(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other		······································	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4				
see	e instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3		3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

	ule A (Form 990 or 990-EZ) 2015 LOUISIANA AGRICU			068 Page 7
Par		s) Supporting Organiza	tions (continued)	T 0
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt pu			<u> </u>
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			<del></del>
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations	<u> </u>	<del> </del>
	Amounts paid to acquire exempt-use assets	<del></del>		<del> </del>
5	Qualified set-aside amounts (prior IRS approval required)		····	
6	Other distributions (describe in Part VI) See instructions		<del></del>	<del></del>
7	Total annual distributions. Add lines 1 through 6		<del></del>	<del></del>
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
_10_	Line 8 amount divided by Line 9 amount	<del></del>	<u> </u>	
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable amount for 2015 from Section C. Inn 6		Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015			
2	• •			
3	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015	· · · · · · · · · · · · · · · · · · ·		
<u>a</u>				
<u>b</u>				
<u>c</u>				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2015 from Section			
	D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
- 4	Evcess from 2014	Ī		1

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 LOUISIANA AGRICULTURAL CONSULTANTS 72-0949068

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

LOUISIANA AGRICULTURAL CONSULTANTS ASSOCIATION, INC

Employer identification number 72-0949068

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Individuals

Relationship to Org Class of Activity Date of Gift Desc. of Property

Cash Contrib. Noncash Contrib. Book Value BV Expl. FMV Expl.

NONE

\$ 11,750 \$

0 \$

0

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address Class of Activity Date of Gift

Desc. of Property

Cash Contrib. Noncash Contrib.

Book Value BV Expl. FMV Expl.

RAY & DOROTHY YOUNG ENDOWED ASSISTA

LSU FOUNDATION

110 AG ADMINISTRATION BUILDING

31,290 \$

0

BATONROUGE, LA 70803

\$

0

Form 990-EZ, Part I, Line 16 - Other Expenses

Description Amount

Expenses

Information Technology	;	\$ 1,200
Conferences/Meetings	:	\$ 33,204
AWARDS	;	\$ 1,039
BANK CHARGES	:	\$ 30
DUES	,	\$ 1,000
	Total	\$ 36,473