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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	e 2 <u>0</u> 09 cal	endar year, or tax year beginning ${ m EEB}~1$, ${ m ~2009}$ and ending	<u>JAN 31, 2010</u>				
В	Check if applicabl	le Please use IRS	C Name of organization	D Employer identifi	cation number			
	Addre	ss label or	AMERICAN SUGAR CANE LEAGUE OF THE USA					
	Name chang Initial	type	Doing Business As		72-0118440			
닏	tretum	0	Number and street (or P O box if mail is not delivered to street address) Room/s					
늗	Termir ated Amen	Instruc-	PO DRAWER 938)448-3707 2,608,368.			
누	return Applic		City or town, state or country, and ZIP + 4 THIBODAUX, LA 70302-0938	G Gross receipts \$				
_	tion pendii		ne and address of principal officer:GREG NOLAN	H(a) Is this a group re for affiliates?	eturn Yes X No			
				0 3 H(b) Are all affiliates inc				
$\overline{}$	Tax-ex		is: X 501(c) (5) ◀ (insert no.)		list. (see instructions)			
			W.AMSCL.ORG	H(c) Group exemption	,			
					A State of legal domicile LA			
	art I	Summ	ary	-				
	1	Briefly des	scribe the organization's mission or most significant activities: ${ m {f TO}}$ ${ m DEVEL}$	OP, ADVANCE A	ND			
Activities & Governance	ļ	ENCOU	RAGE THE SUGAR CANE GROWING AND PROCESS	ING ACTIVITIE	S IN EVERY			
Ë	2	Check this	s box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net as	1			
Š	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	44			
<u>م</u>	4	Number o	f independent voting members of the governing body (Part VI, line 1b)	4	44			
ies	5	Total num	ber of employees (Part V, line 2a)	5_	6			
ξ			ber of volunteers (estimate if necessary)	6	60			
Ac	i	•	s unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	30,530.			
	Ь	Net unrela	ated business taxable income from Form 990-T, line 34	7b				
		.	Prior Year	Current Year				
Revenue	8		ons and grants (Part VIII, line 1h)	2,599,240.	2,336,364.			
Ver	9	-	service revenue (Part VIII, line 2g)	152,838.				
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,458,081.	<u> </u>			
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,210,159.				
	1		d similar amounts paid (Part IX, column (A), lines 1-3)	1,485,339.				
	1		paid to or for members (Part IX, column (A), line 4)					
Ø	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	498,391.	451,637.			
Expenses	16a		ाद्यां मुक्तदेन्वा (Part X, column (A), line 11e)					
ğ	b		traising expenses (Part (X, column (D), line 25)					
ŋ	11/	Other exp	enses (Part IX, column (A) lines 11a-11d, 11f-24f)	870,915.	954,820.			
	18	Total expe	anses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,854,645.	3,048,226.			
	19	Revenue	less expenses. Subtract-line 18 from line 12	1,355,514.	<439,858.>			
Net Assets or	3	بالال	SODEN LIT	Beginning of Current Year	End of Year			
Set	20	To al asse	eta (Part X; luno 16)	5,687,747.	5,256,921.			
¥.E	21	Total liabi	ities (Part X, line 26)	8,813.	13,742.			
			s or fund balances. Subtract line 21 from line 20	5,678,934.	5,243,179.			
P	art II		ture Block					
		and comple	ities of penury, I declare that I have examined this return, including accompanying schedules and statem ite Declaration of preparer (other than officer) is based on all information of which preparer has any knowl					
۵.			XY 110 9 Who	1 //	20/10			
Sig		Sign	reture of officer	Date	00//0			
He	re	1	EG NOLAN PRÉSIDENT	50,15				
			e or print name and title					
		Preparer's	Date /		rer's identifying number			
Pai	d	signature	Danly Brught COH 10/12/10	self- employed > (see in	estructions)			
	parer's	Firm's name	OUPLANTIER, HRAPMANN, HOGAN & MAHER					
Use	Only	yours if self-employ	∞ 1615 POYDRAS STREET, SUITE 2100					
		address, an ZIP + 4	NEW ORLEANS, LOUISIANA 70112	Phone no 🕨 (504) 586-8866			
NA 0	v tha l		s this return with the preparer shown above? (see instructions)	, , , , , , , , , , , , , , , , , , , ,	X Ves No			

Form **990** (2009)

	990 (2009) AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 Page 2
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO DEVELOP, ADVANCE AND ENCOURAGE THE SUGAR CANE GROWING AND PROCESSING ACTIVITIES IN EVERY SENSE; AGRICULTURAL, MECHANICAL, SCIENTIFIC, ETC.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ including grants of \$)(Revenue \$) THE MAJOR FUNCTION OF THE LEAGUE SINCE IT'S INCEPTION IS THE PROMOTION OF AGRICULTURAL RESEARCH OF SUGAR CANE PRODUCTION. THE LEAGUE ALSO PUBLISHES THE SUGAR BULLETIN ON A MONTHLY BASIS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$) ALLOCATION OF OTHER EXPENSE INVOLVED IN ADVERTISING OF THE SUGAR BULLETIN AND OTHER MEMBER SERVICES
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PUBLIC AWARENESS AND RELATIONS
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e_	Total program service expenses ▶\$
93200:	Form 990 (2009)

Form	990 (2009) AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118	440	Р	age 3				
Par	t IV Checklist of Required Schedules	•						
	•		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1		X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3_		X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and							
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	<u> </u>				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		•					
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
	Schedule D, Part III	8		X				
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?			,,				
	If "Yes," complete Schedule D, Part V	10		X				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v					
	as applicable	11	X	ļ				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
_	Part VI.							
•	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 of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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.							
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
_	the organization's separate of consolidated limitation statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII.	12	Х					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization							
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals							
	located outside the United States? If "Yes," complete Schedule F, Part III	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	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X				

Form **990** (2009)

19

20

Х

X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

complete Schedule G, Part III

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	i		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	}		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	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 990-EZ? If "Yes," complete	ĺ		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):			.,
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 Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity?		Х	
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	25		Х
26	If "Yes," complete Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	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	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O.	38	х	
	THOLES AND TOTAL 990 THEIS AND REQUIRED TO COMPLETE SCHEDUIG C.			2009)
		FOITI	3 3U (ZUU S)

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Form 990 (2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a		1		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gamıng			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		İ			
	filed for the calendar year ending with or within the year covered by this return	2a		<u>6</u>]		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
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	action	?	5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited		Ì	
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anızatıon solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts	İ.		
	were not tax deductible?			6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	s and services	1_		v
	provided to the payor?			7a	 	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quirea	-		Х
_	to file Form 8282?	7d	I	7c	ļ	
	If "Yes," indicate the number of Forms 8282 filed during the year			4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	iai	7e		Х
4	benefit contract?	root?		7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				†	1
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc					
	at any time during the year?		- -	8		Ì
9	Sponsoring organizations maintaining donor advised funds.			•		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u></u>	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b			1	1

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					1	
	•	1	1			Yes	No
1a	Enter the number of voting members of the governing body	1a_		44			
b	Enter the number of voting members that are independent	1b		44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	ŀ		1	
	officer, director, trustee, or key employee?			<u> </u>	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				17
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?			5		X
6	Does the organization have members or stockholders?			-	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the			.,	
	governing body?				7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			- 1	
	by the following:				. 1		
а	The governing body?				За	X	
þ	Each committee with authority to act on behalf of the governing body?			L ¹	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the		l		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		•		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
				_		Yes	No
	Does the organization have local chapters, branches, or affiliates?			1	0a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,		_		
	and branches to ensure their operations are consistent with those of the organization?				<u>0b</u>		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling th	e form?		11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				_	1	v
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			-1	2a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise		. .		
	to conflicts?			ין	<u>2b </u>		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe		_		
	in Schedule O how this is done				2c		
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?			····	14		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1	v
a	The organization's CEO, Executive Director, or top management official				5a		$\frac{x}{x}$
b	Other officers or key employees of the organization			[5b		<u></u>
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		uth o			1	
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment \	viin a		_	1	Х
L	taxable entity during the year?	مغمييا	ta nautiainatiari	-	6a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			'		1	
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's	١,	۵.	1	
800	exempt status with respect to such arrangements? tion C. Disclosure				6ь		
				-			
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (5O1.	(c)(3)e ophy av	ulable fo			-
18		(501	ω _{/(} ω)α υπη) ανε	AIIGDIO IC	•		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request						
10		onflic	of interest se	liev and	fina	ocial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	OHILIC	i oi iiiterest po	iicy, and	ımaı	iciai	
20	statements available to the public.	nd ros	orde of the are	100120t.a	a. 🕨		
20	State the name, physical address, and telephone number of the person who possesses the books a JAMES SIMON $-$ (985) $448-3707$	110 190	orus or the org	jai ii ZallC	11.		
	206 EAST BAYOU ROAD, THIBODAUX, LA 70301						
	200 End Entro Rolls Introduction In 10001					000	20001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. 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

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	hat	арр	ly)	compensation	compensation	amount of other
	per week	cto						from the	from related organizations	compensation
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	88			sate		organization	(W-2/1099-MISC)	from the
		atste	1 Tes		8	E E		(W-2/1099-MISC)		organization
		individual trustee or director	Institutional trustee	a	Key employee	986	<u>تو</u>			and related
	i.	l de	l <u>F</u> E	Officer	Ş.	Highest compensated employee	퉏			organizations
MICHAEL DAIGLE									_	
SECRETARY	1.00	X	L	Х		ļ		0.	0.	0.
GREG NOLAN		ĺ							_	_
PRESIDENT	1.00	X		X			<u> </u>	0.	0.	0.
MICHAEL MELANCON									_	_
TREASURER	1.00	X		X		<u> </u>		0.	0.	0.
WALLACE ELLENDER III								_	_	_
VICE PRESIDENT	1.00	X		X				0.	0.	0.
BRET ALLAIN			1							_
BOARD MEMBER	1.00	X						0.	0.	0.
JESSIE BREAUX				ļ	Ì					
BOARD MEMBER	1.00	X	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		┡	<u> </u>	0.	0.	0.
CRAIG CAILLIER	1	l							_	
BOARD MEMBER	1.00	X	ļ			_	_	0.	0.	0.
LONNIE CHAMPAGNE	1 00	l	ļ							
BOARD MEMBER	1.00	X	ऻ_	_				0.	0.	0.
MIKE COMB	1 00		1							
BOARD MEMBER	1.00	X	ļ	<u> </u>		ļ	_	0.	0.	0.
C. J. DAIGLE	1 00	١,,								
BOARD MEMBER	1.00	X		ļ		-	_	0.	0.	0.
PETER DUFRESNE	1 00	١,,							0.	
BOARD MEMBER	1.00	X	<u> </u>	-		╁	1	0.	0.	0.
DANIELS DUPLANTIS, SR.	1 00	J						0.	0.	
BOARD MEMBER JOHN F. EARLES, II	1.00	X	├	┝		+	-	0.	<u> </u>	0.
BOARD MEMBER	1.00	l u			l			0.	0.	0.
MARK ENGEMANN	1.00	X	-	├ ─	i	-		0.	0.	
BOARD MEMBER	1.00	J					ĺ	0.	0.	
	1.00	^	╁			╁		· ·	0.	0.
JOHN F. GAY BOARD MEMBER	1.00	x						0.	0.	0.
RICKY GONSOULIN	1.00	┷	┼	 	-	\vdash	-	 		0.
BOARD MEMBER	1.00	X						0.	0.	0.
RONALD GONSOULIN	1.00	↑	\vdash	-	\vdash	+-	-	·		
BOARD MEMBER	1.00	x						0.	0.	0.
DAUTE TITLIBUIL	1.00	142	1	.1						

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Form 990 (2009)

. (A)	(B)	(C) Position						(D)	(E)	(F)	
Name and title	Average	(check all that apply)				•	ılv)	Reportable compensation	Reportable compensation	Estimate amount	
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensa from th organizat and relat organizat	ation ie tion ted
GARY GRAVOIS BOARD MEMBER	1.00	х						0.	0.		0.
CHARLES GUIDRY BOARD MEMBER	1.00	х						0.	0.		0.
RONALD GUILLOTTE, JR.	1.00	^	-	-	-	-	┢	0.	0.		<u> </u>
BOARD MEMBER	1.00	x	1		1			0.	0.		0.
BRYAN HARANG											
BOARD MEMBER	1.00	X	<u> </u>				ļ	0.	0.		0.
WARREN HARANG, III	1 00										^
BOARD MEMBER	1.00	X				<u> </u>	ļ	0.	0.		0.
JIM HARPER BOARD MEMBER	1.00	x						0.	0.		0.
ROBERT JUDICE, JR.	1 00	Ţ						0.	0.		^
BOARD MEMBER SCOTT KESSLER	1.00	X	 		├						0.
BOARD MEMBER	1.00	Х	<u> </u>					0.	0.		0.
JOEL LANDRY BOARD MEMBER	1.00	X						0.	0.		0.
DUANE LEGENDRE	1.00					╁╴	╁	•			<u> </u>
BOARD MEMBER	1.00	X						0.	0.		0.
1b Total						>		120,000.	0.	J	0.
2 Total number of individuals (including but i	not limited to th	nose	list	ed a	bov.	e) w	ho r	eceived more than \$100	0,000 in reportable		1
compensation from the organization										Yes	No
3 Did the organization list any former officer			e, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on		T
line 1a? If "Yes," complete Schedule J for									Al	3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4	Х
5 Did any person listed on line 1a receive or									rices rendered to		
the organization? If "Yes," complete Sched	dule J for such	pers	son							5	X
Section B. Independent Contractors		-l						that received more than	\$100,000 of compos	nation from	
Complete this table for your five highest contains the organization. NONE	ompensated in	aep	BIIG	9111	JOH	iaci	UIS I	mat received more man	\$100,000 of compen	sation nom	
(A)								(B)		(C)	
Name and business	s address							Description of s	services	Compensation	on
							-			····	
	<u> </u>							d all access		·	
2 Total number of independent contractors \$100,000 in compensation from the organ	' .	not l	ımıte	ed to		ose I 0	stec	above) who received r	nore than		
SEE SCHEDULE J-2 FOR		ΤI	_	SE	СТ	ΙO	N	A CONTINUATI	ON	Form 990	(2009)

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Pa	1 VI	III Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 a	a Federated campaigns 1a					
ĒŽ	ŧ	b Membership dues 1b				ĺ	
a, S	•	c Fundraising events					
<u>a</u> gi	•	d Related organizations 1d					
Ş.E	•	e Government grants (contributions)					
를 입	1	f All other contributions, gifts, grants, and					
혈		similar amounts not included above					
E D	9	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts		h Total. Add lines 1a-1f	<u> </u>				
ŀ			Business Code				
9	2 8	a MEMBERSHIP DUES	900099	2305834.	2305834.		
ه څ	ı	b BULLETIN-ADVERTISING	541800	29,900.		29,900.	
Sul	•	c BULLETIN-SUBSCRIPTIONS	541800	630.		630.	
e a	•	d					
Program Service Revenue	•	e					
•	1	f All other program service revenue		2225			
\rightarrow		g Total. Add lines 2a-2f		2336364.			
	3	Investment income (including dividends, into		100 756			120 756
		other similar amounts)	.	120,756.			120,756.
	4	Income from investment of tax-exempt bond	l proceeds				· · · · · · · · · · · · · · · · · · ·
	5	Royalties			, ,,,		
1		(i) Reat	(ii) Personal	-			
	6 8			-			
	١	b Less: rental expenses					
ĺ		c Rental income or (loss)		1			
		d Net rental income or (loss)	43.04				
	7 :	a Gross amount from sales of (i) Securities	s (II) Other	-			
		assets other than inventory		-			
İ		b Less: cost or other basis			:		
		and sales expenses		-			
		c Gain or (loss)	<u> </u>	†			
		d Net gain or (loss)					
Other Revenue	0	a Gross income from fundraising events (not including \$ of					
Be		contributions reported on line 1c). See					
je.		Part IV, line 18	a	_			
ਰੋ∣		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	•				
	9	a Gross income from gaming activities. See					
ļ		Part IV, line 19	a	1			
- 1		b Less: direct expenses	• L	1			
		c Net income or (loss) from gaming activitiesa Gross sales of inventory, less returns					
	10	and allowances					
		b Less: cost of goods sold	а b	1			
		c Net income or (loss) from sales of inventory	D	1	į į		
		Miscellaneous Revenue	Business Code				
	11	anan nearthag	541800	142,287.	142,287.	•	1
	• •	MISCELLANEOUS REVENUE	541800	8,961.			
		c			-,		
		d All other revenue	_			-	
		e Total. Add lines 11a-11d		151,248.			
	12	Total revenue. See instructions	•	2608368.		30,530.	120,756.
93200				·		· · · · · · ·	Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,641,769.			
:	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				111 Infect
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	408,000.			
	Pension plan contributions (include section 401(k)	· ·			
	and section 403(b) employer contributions)	14,245.			
,	Other employee benefits				
,	Payroli taxes	29,392.			
•	Fees for services (non-employees):	,			
а	Management				
b	Legal	31,331.		<u> </u>	
c	Accounting	10,948.			
d	Lobbying	45,768.			
e	Professional fundraising services See Part IV, line 17			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Investment management fees	1,577.		1	
	Other		· · · · · · · · · · · · · · · · · · ·		
9 2	Advertising and promotion	2,975.			
2 3		58,439.	··		
, ,	Office expenses Information technology				
	Royalties			-	
5	· ·	15,197.			-
3	Occupancy	44,215.			
,	Travel				
3	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	20,896.		 	
•	Conferences, conventions, and meetings	20,000.		 	
)	Interest Payments to effiliates			 	
	Payments to affiliates	99,751.		 	
?	Depreciation, depletion, and amortization	84,416.			-
}	Insurance Charge expenses not covered	03,310.			
1	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below) WASHINGTON OFFICE CONTR	230,048.			
a b	HOUMA FARM EXPENSE	111,470.			
_	STUDIES AND CONTRACTS	69,574.			
C	ENVIRONMENTAL	41,980.			
d	LOUISIANA OFFICE CONTRA	39,752.			
e		46,483.			
f	All other expenses	3,048,226.		 	
<u>.</u>	Total functional expenses. Add lines 1 through 24f	3,040,220.			
3	Joint costs. Check here I I I following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
_	educational campaign and fundraising solicitation	_,,		L	Form 990 (2

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Form 990 (2009) AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 212,103. 64,861. Cash · non-interest-bearing 5,007,409. 4,407,407. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 42,500. 43,300. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 927,354. basis. Complete Part VI of Schedule D 10a 341,478. 585,876. 2,243. 564,654. b Less: accumulated depreciation 10b 10c 4,292. 11 11 investments - publicly traded securities 12 Investments - other securities, See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 4,031. 5,992. 15 Other assets. See Part IV, line 11 15 5,256,921. 5,687,747. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,434. 1,548. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 6,379. 12,194. 25 Other liabilities. Complete Part X of Schedule D 25 8,813.13,742. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,874,769. 804,165. 4,613,317. 629,862. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34.

> 5,256,921. Form **990** (2009)

> 5,243,179.

30

31

32

33

5,678,934.

5,687,747.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

		i	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form	990 (2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under Section 501(c) and Section 5

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

_	<u>Section 501(c)(4), (5), or (6) organiza</u>	tions: Complete Part III.			
Nan	ne of organization				Employer identification number
		N SUGAR CANE LEAG			72-0118440
Pa	ert I-A Complete if the org	anization is exempt und	er section 501(c	or is a section 5	27 organization.
1	Provide a description of the organiz	ation's direct and indirect political	al campaign activities	in Part IV.	
2	Political expenditures				> \$
3	Volunteer hours				
				······································	······································
PE	ert I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	> \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4 a	Was a correction made?				└── Yes └── No
14.	If "Yes," describe in Part IV.			·	
ن	······································	anization is exempt und		-	
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt fund	ction activities	> \$
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for s	section 527	_
	exempt function activities				> \$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,	_
	line 17b				> \$
4	Did the filing organization file Form	1120-POL for this year?			Yes Mo
5	Enter the names, addresses and er	• •	•	_	
	For each organization listed, enter t		•		
	that were promptly and directly del	, ,	inization, such as a s	eparate segregated tun	d or a political action committee
_	(PAC). If additional space is needed			···	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi	
				filing organization funds. If none, ente	·
				ionos: ii nono, onto	delivered to a separate
			1		political organization.
					If none, enter -0
			1	ļ. <u> </u>	
			ļ		
		<u> </u>			

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	AMER	ICAN S	UGAR CANE I	EAGUE OF THE	E USA 72-0	118440 Page 2
Part II-A Complete if the or	ganizatio	n is exe	npt under section	on 501(c)(3) and file	ed Form 5768	
(election under se	ction 501	(h)).				
A Check ► ☐ if the filing organiz	ation belong	gs to an affi	lated group.			
B Check ► if the filing organiz	ation check	ed box A ar	nd "limited control" pr	ovisions apply.		
	nits on Lobb nditures" m		nditures ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	fluence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to inf	fluence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	d 1b)			_	
d Other exempt purpose expenditu	res				<u>.</u>	
e Total exempt purpose expenditur	es (add line	s 1c and 1c	i)			
f Lobbying nontaxable amount. En	ter the amo	unt from the	e following table in bo	th columns.	······································	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 16)		
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,	,500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000			ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000			
	. 054/					
g Grassroots nontaxable amount (e				}		
h Subtract line 1g from line 1a. If ze	•					
i Subtract line 1f from line 1c. If ze	•		line 11 did the eroon	totion file Form 4720		
j If there is an amount other than z reporting section 4911 tax for this		i iiiie iii or	line ii, did the organi	Zation file Form 4720	1	Yes No
reporting section 4911 tax for the		4-Year Ave	eraging Period Unde	r Section 501(h)		
(Some organ				on do not have to comp	lete all of the five	
·	olumns bel	ow. See th	e instructions for lin	es 2a through 2f on pa	ge 4.)	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		. ,,,,				
(150% of line 2a, column(e))	<u> </u>				<u></u>	
c Total lobbying expenditures	-	<u> </u>				
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))	<u> </u>				<u> </u>	
f Grassroots lobbying expenditure	s					
					Schedule C (Form	990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 Page 3

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	•	(;	a)	(1	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				<u></u>
	local legislation, including any attempt to influence public opinion on a legislative matter				
1	or referendum, through the use of:				
a '	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			_	
i	Other activities? If "Yes," describe in Part IV				
i ·	Total. Add lines 1c through 1				
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ection	
	501(c)(6).				
			•	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
Part	III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5), or se	ection	
<u> </u>	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				i
	"Yes."				
1	Dues, assessments and similar amounts from members		1	2,30	5,834
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	4	5,768
	Carryover from last year		2b		
	Total		2c	4	5,768
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3			ļ	1	
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		1	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		4		0
4			4 5	4	0. 5,768

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

AMERICAN SUGAR CANE LEAGUE OF THE USA

Employer identification number

-		E LEAGUE OF THE USA	72-0110440
Par			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		# N F
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	L∐ Yes L∐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or public use)		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
2	·	ned conservation contribution in the for	nor a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	T. I. I		2a
a	Total number of conservation easements		2b
Ь	Total acreage restricted by conservation easements		-
С	Number of conservation easements on a certified historic sti		2c
đ	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, revyear ▶	eleased, extinguished, or terminated by t	he organization during the tax
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the pe		f
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expen-	se statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	anon o milanoral otatomo mai decemb	o une organization o accessioning
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		, , , , , , , , , , , , , , , , , , , ,
	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education,		
		or research in furtherance or public servi	ce, provide the following amounts relating to
	these items:		> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
-	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(a) Description of security or category (no) Book value Cost or end-of-year market value Financial density interests Cither Tatal. (Cost (in) must squal Form 990, Part X, col (ii) line 12.) ▶ [Part VIII] Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (b) Book value Cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (b) Book value Cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (b) Book value (cost or end-of-year market value (cost or end-of-year market value (b) Book value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (cost or end-of-year market value (d) Method of valuetics (e) Method of valuetics (cost or end-of-year market value (e) Method of valuetics (cost or end-of-year market value (d) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (e) Method of valuetics (for end-of-year market value (e) Method of valuetics (e) Method of valuetics (for end-of-year market value (e) Method of valuetics (for end-of-year market value (for end-of-year market value (for end-of-year market valuetics (for end-of-year market valuetics (for end-of-year market valuetics (for e	Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2	
Closely-held equity interests Other Total. (Cot (b) must equal Form 990, Part X, cot (6) line 12.) [Apart VIII] Investments - Program Related. See Form 990, Part X, line 13. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 13. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 13. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 13. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 13. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related. See Form 990, Part X, line 15. [Apart VIII] Investments - Program Related.	(a) Description of security or category		(c) Metho	
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Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes EMPLOYEE BENEFITS 1,746. DEFERRED INCOME 8,023. MISCELLANEOUS 2,425.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes EMPLOYEE BENEFITS 1,746. DEFERRED INCOME 8,023. MISCELLANEOUS 2,425.				
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Federal income taxes EMPLOYEE BENEFITS DEFERRED INCOME MISCELLANEOUS 2,425.		X, line 25.		· · · · · · · · · · · · · · · · · · ·
EMPLOYEE BENEFITS 1,746. DEFERRED INCOME 8,023. MISCELLANEOUS 2,425.	1. (a) Description of liability		(b) Amount	
DEFERRED INCOME 8,023. MISCELLANEOUS 2,425.				
MISCELLANEOUS 2,425.			1,746.	
			8,023.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 12,194.	MISCELLANEOUS		2,425.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 12,194.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 12,194.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 12,194.				
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 12,194.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)				
	Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 25.)	12,194.	

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

932053 02-01-10

	dule D (Form 990) 2009 AMERICAN SUGAR CANE LEAGUE				0118440	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	icial Stat	ement		266
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,608,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,048	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			858.
4	Net unrealized gains (losses) on investments		4		4	<u>,103.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			<u>,103.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			755.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per l	Return		451
1	Total revenue, gains, and other support per audited financial statements			1	2,612,	,4/1.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4 100			
а	Net unrealized gains on investments	2a	4,103	•		
Ь	Donated services and use of facilities	2b	<u> </u>	-		
C	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV.)	2d		_		100
е	Add lines 2a through 2d			2e	4,	103.
3	Subtract line 2e from line 1			3	2,608,	,368.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- I		
b	Other (Describe in Part XIV.)	4b		_		•
C	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	2,608,	368.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses pe	r Retu		006
1	Total expenses and losses per audited financial statements			1	3,048,	,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		- 1		
С	Other losses	2c		-		
d	Other (Describe in Part XIV.)	2d		-		•
е	Add lines 2a through 2d			2e	2 040	0.
3	Subtract line 2e from line 1			3	3,048,	, 226.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV.)	4b		-		0
С	Add lines 4a and 4b			4c	2 040	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		 	5	3,048,	,226.
	t XIV Supplemental Information		—			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III					4; Part
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part to pro	ovide any ac	dditional	Information.	
						
		 				
					 -	
				Sched	lule D (Form 9	90) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

AME	RICAN SUGAR	CANE LEA	GUE OF T	HE USA		72-011844	. 0
Pari	General Info	ormation on A		side the United States. Comple	ete if the organ	nization answered "	Yes"
	to Form 990, P						
				ds to substantiate the amount of the graselection criteria used to award the gra			Yes No
2	For grantmakers. Des	scribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds out	tside the United Sta	tes.
3	Activities per Region. (a) Region	(Use Schedule F-1 (b) Number of offices In the region	(Form 990) if ad (c) Number of employees or agents in region	ditional space is needed.) (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for region
							:
Total	s		0				0
HA	For Privacy Act and	Paperwork Reduc	tion Act Notice	, see the Instructions for Form 990.		Schedule F	(Form 990) 200

72-0118440

Schedule F (Form 990) 2009

Use Schedule F-1 (Form 990) if additional space is needed.

ook, FMV, oother)					-
(i) Method of valuation (book, FMV, appraisal, other)	BOOK				
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0.				cempt by
(f) Manner of cash disbursement	CHECK				recognized as tax-e>
(e) Amount of cash grant	12,100.CHECK				foreign country,
(d) Purpose of grant	RESEARCH				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND)				ns listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization				111111111111111111111111111111111111111	2 Enter total number of r

Schedule F (Form 990) 2009

21

Enter total number of other organizations or entitles

3

72-0118440

Page 3

Schedule F (Form 990) 2009 AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) if additional space is needed.	n additional space is ne						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						Schedul	Schedule F (Form 990) 2009

22

Sched	dule	F (F	orm 99	90) 2	009	AME	RICAN	SUC	GAR	CANE	LEAG	UE C	OF TI	HE '	USA		72-0	118440	Page 4
Par	<u> </u>						mation												
_			omple	ete t	his par	t to prov	ride the in	format	ion re	quired in	Part I, line	2, and	any ado	itiona	l informa	ation.			
SCH	ΕI	UL	E F	,	PART	r I,	LINE	2:	GR	ANTEE	SUBM	ITS	REP	ORT	PRO	VIDI	NG AN	UPDATE	ON
THE	I	PRO	GRE	<u>ss</u>	OF	EAC	H FUN	DED	PR	OJECI	PRIC	R TC	REC	CEI	VING	FIN	AL		
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932074	1 02-	-01-10															Sche	dule F (Form	990) 2009
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public 2009 Inspection

OMB No 1545-0047

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

Schedule I (Form 990) 2009 **2 Employer identification number** 72-0118440 (h) Purpose of grant or assistance PUBLIC EDUCATION UBLIC EDUCATION WIRLIC EDUCATION X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH RESEARCH RESEARCH Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK BOOK BOOK O.BOOK o Ö o o ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 5,000. 538,255, 134,873 13,175 (d) Amount of 423 137 490,929 THE USA cash grant 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. OF (c) IRC section if applicable LEAGUE 501(C)(3) 501(C)(3) 501(C)(3) 72-0899319 b01(C)(3) Enter total number of section 501(c)(3) and government organizations CANE 52-1314447 72-6000848 48-0771751 72-1113069 72-0564834 General Information on Grants and Assistance (b) EIN AMERICAN SUGAR criteria used to award the grants or assistance? Enter total number of other organizations LSU AGRICULTURAL CENTER, PO BOX 28; 1 (a) Name and address of organization LOUISIANA SUGARCANE FESTIVAL FOUNDATION - P.O. BOX 938 -LOUISISANA STATE UNIVERSITY USDA HOUMA RESEACH STATION AMERICAN SUGAR CANE LEAGUE or government AMERICAN SUGAR ALLIANCE KANSAS STATE UNIVERSITY BATON ROUGE, LA 70894 NEW IBERIA, LA 70562 MANHATTEN, KS 66506 THIDODAUX, LA 70302 ARLINGTON, VA 22201 Name of the organization 2111 WILSON BLVD 2 FAIRCHILD HALL HOUMA, LA 70361 PO BOX 9768 PO BOX 470 Parti Partil 0

Schedule I (Form 990) 2009

25

932102 02-02-10

Page 2

72-0118440

AMERICAN SUGAR CANE LEAGUE OF THE USA

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Employer identification number 72-0118440 AMERICAN SUGAR CANE LEAGUE OF THE USA Name of the organization

Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Scho	edule I (Form 990), Par	t II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRI 1100 ROBERT E. LEE BLVD. NEW ORLEANS, LA 70124	04-2315445	501(C)(3)	11,650.	0	воок		RESEARCH
KEITH BISCHOFF CONSULTING 15202 ALMA MATER CT. BATON ROUGE, LA 70510			10,400.	0	0. BOOK		RESEARCH
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	, see the Instructions	s for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE J-2 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009 Open to Public Inspection

Name of the Organization

AMERICAN SUGAR CANE LEAGUE OF THE USA

Employer Identification number 72-0118440

Part I Continuation of Officers,		ust	ee			Em	ple			
(A)	(B)			_ (C				(D)	(E)	(F)
Name and title	Average hours	/6		Posi all t			λA	Reportable compensation	Reportable compensation	Estimated amount of
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	week					8		the	organizations	compensation
		actor				g		organization	(W-2/1099-MISC)	from the
		₽ 5	8		İ	ated		(W-2/1099-MISC)		organization
		SE SE	#ST		88	gens			 	and related organizations
		ndividual frustee or director	Institutional trustee		told+	Highest compensated employee	*			Organizations
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LAWRENCE LEVERT, III										_
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CHRIS MATTINGLY			1							_
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DANIEL VIATOR	-									
BOARD MEMBER	1.00	X				L		0.	0.	0
JAMES H. SIMON										
GENERAL MANAGER	40.00		L	L	L	X		120,000.	0.	0
JEFF BROUSSARD										
BOARD MEMBER	1.00			<u> </u>				0.	0.	0
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN SUGAR CANE LEAGUE OF THE USA

Employer identification number 72-0118440

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SENSE; MECHANICAL, SCIENTIFIC, ETC.
FORM 990, PART VI, SECTION A, LINE 6: THE ARE 5 CLASSES OF MEMBERSHIP AS
FOLLOWS:
PRODUCER MEMBER: AN INDIVIDUAL, FIRM OR CORPORATION PRODUCTING OR GROWING SUGAR CANE, BUT NOT PROCESSING OR MANUFACTURING SUCH CANE INTO CAN PRODUCTS
PROCESSOR MEMBER: AN INDIVIDUAL, FIRM OR CORPORATION OPERATING A SUGAR FACTORY OR FACTORIES, PROCESSING SUGAR CANE, OR OPERATING A FARM AND A SUGAR FACTORY OR FACTORIES GROWING AND PROCESSING SUGAR CANE
ASSOCIATE MEMBER: A SALARIED EXECUTVE, ADMINISTRATIVE OR PROFESSIONAL
EMPLOYEE DESIGNATED BY EACH PRODUCER MEMBER AND EACH PROCESSOR MEMBER.
HONORARY LIFE MEMBER: AN INDIVIDUAL ELECTED BY THE BOARD OF DIRECTOR WITHOUT PAYMENT OF DUES
COMMERCIAL MEMBER: AN INDIVIDUAL, FIRM, CORPORATION, BANK, TRANSPORTATION COMPANY OR OTHER COMMERCIAL OR FINANCIAL BUSINESS UNIT DEALING WITH
PRODUCERS OR PROCESSORS OF SUGAR CANE, OR DEALING IN SUGAR CANE, SUGAR,
SYRUP, MOLASSES OR OTHER PRODUCTS OR BY-PRODUCTS OF SUGAR CANE
FORM 990, PART VI, SECTION A, LINE 7A: ASSOCIATE MEMBERS ARE ELECTED BY OTHER MEMBERS. EACH PRODUCER MEMBER AND EACH PROCESSOR MEMBER MAY DESIGNATE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 32211 02-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization AMERICAN SUGAR CANE LEAGUE OF THE USA 72-0118440 ONE OR MORE OF HIS OR ITS SALARIED EXECUTIVE, ADMINISTRATIVE OR PROFESSIONAL EMPLOYEES, FOR ASSOCIATE MEMBERSHIP. HONORARY LIFE MEMBERS ARE ELECTED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS MAY APPROVE OR REJECT ANY APPLICATION FOR MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF DIRECTORS, OR ANY COMMITTEE DESIGNATED BY IT WHOSE ACTION IS SUBJECT TO REVIEW BY THE BOARD, SHALL HAVE THE RIGHT TO APPROVE OR REJECT ANY APPLICATION FOR MEMBERSHIP UNDER SUCH RULES AND REGULATIONS AS MAY BE ADOPTED BY THE BOARD. ALL MEMBERS OF THIS ASSOCIATION, EXCEPT ASSOCIATE MEMBERS, SHALL BE ENTITLED TO ONE VOTE ON ALL OUESTIONS THAT MAY COME BEFORE THE ASSOCIATION AT GENERAL OR SPECIAL MEETINGS, WHICH VOTE IS GRANTED BY VIRTUE OF SUCH MEMBERSHIP, AND THERE SHALL BE ADDITIONAL VOTES TO PRODUCER MEMBERS AND PROCESSOR MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS NOT MADE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

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

THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING.

Schedule O (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

Employer identification number $72\!-\!0118440$ ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) AMERICAN SUGAR CANE LEAGUE OF THE USA ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					-
					_
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization ans	swered "Yes" to Form 990, Pa	rt IV, line 34 because	at had one or more	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN SUGAR CANE LEAGUE FOUNDATION - 72-0899319, P.O. BOX 938, THIBODAUX, LA 70302	NONPROFIT	LOUISIANA	501(C)(3)	509(G)(3) TYPE II	N/A
AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE - 72-0852434, P.O. BOX 938, THIBODAUX, LA 70302	POLITICAL ACTION COMMITTEE	LOUISIANA	501(C)(23)	N/A	N/A
AMERICAN SUGAR CANE LEAGUE SUGAR POLITICAL ACTION COMMITTEE - 72-1184218, P.O. BOX 938, THIBODAUX, LA 70302	POLITICAL ACTION COMMITTEE	LOUISTANA	527	N/A	N/A

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

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Schedule R (Form 990) 2009

72-0118440

Page 2

Schedule R (Form 990) 2009 AMERICAN SUGAR CANE LEAGUE OF THE USA

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportion- ate allocations? Yes No	Code V-UBI v amount in box 20 of Schedule K-1 (Form 1065)	(i) Cox managing Ule partner? (5) Yes No
1 1 1 1	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	oration or	Trust (Complete if t	he organizatie	on answered "Y	es to Form	990, Part IV	line 34 be	ecause 1	t had one or m	ire related
Part iV organizations treated as a corporate (a) Name, address, and EIN of related organization	poration or trust during the tax	year.)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of C corp	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	otal	(g) Share of end-of-year assets	(h) Percentage ownership
		<u> </u>									
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932162 07-21-10		: :	31			_			ď	Schedule R (Form 990) 2009	n 990) 200

Page 3

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Yes

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Performance of services or membership or fundraising solicitations for other organization(s) I Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

0 ۵

j Lease of facilities, equipment, or other assets from other organization(s)

i Lease of facilities, equipment, or other assets to other organization(s)

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Schedule R (Form 990) 2009 AMERICAN SUGAR CANE LEAGUE OF THE USA

Par L	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)
Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
æ	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
Φ	b Gift, grant, or capital contribution to other organization(s)
O	c Gift, grant, or capital contribution from other organization(s)
٥	d Loans or loan guarantees to or for other organization(s)
•	e Loans or loan guarantees by other organization(s)
-	Sale of assets to other organization(s)
5	g Purchase of assets from other organization(s)
_	h Exchange of assets

 Melmbursement paid to other organization for expenses 		
p Reimbursement paid by other organization for expenses	•	
q Other transfer of cash or property to other organization(s)		

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	s and transaction thresholds	ri e
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICAN SUGAR CANE LEAGUE FOUNDATION	В	134,873.
(2)		
(9)		
(4)		
(5)		
(9)		
932163 02-04-10	SC	Schedule R (Form 990) 2009

Page 4

Schedule R (Form 990) 2009 AMERICAN SUGAR CANE LEAGUE OF THE USA

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VII Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

illa Was IIV a relateu o galization. Oed ilisti uccionis regalicing conductori o octaminatori in practica mpor				;	٤		.;
(a)	<u>e</u>	<u>(</u>)	<u> </u>			6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	÷	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
of enuty		(state of loreign country)	Yes No	year assers		of Schedule K-1 (Form 1065)	
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Schedule R (Form 990) 2009

8868April 2009)

Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

		· · · · · · · · · · · · · · · · · · ·					
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons X					
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on part II)	•	•					
Do not complete Part II unless you have already been granted an automatic 3-month extension on a	previously filed F	form 8868					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded)						
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this b	oox and complete	e					
Part I only	•	▶ □					
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to	o request an exte	ension of time					
to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automa noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a com you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the www irs gov/efile and click on e-file for Charities & Nonprofits	68 electronically posite or consoli	if (1) you want the additional dated Form 990 T. Instead.					
Type or Name of Exempt Organization	Em	ployer identification number					
print District Control of the contro		70 044044					
AMERICAN SUGAR CANE LEAGUE OF THE USA		72-0118440					
due date for filing your return See							
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. THIBODAUX, LA 70302-0938							
Check type of return to be filed (file a separate application for each return)							
X Form 990	Form 4720 Form 5227 Form 6069 Form 8870						
TAMES SIMON The books are in the care of ▶ 206 EAST BAYOU ROAD - THIBODAUX, Telephone No ▶ (985) 448-3707 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) DOX ▶	If this is fo						
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension SEPTEMBER 15, 2010 , to file the exempt organization return for the organization is for the organization's return for I calendar year or X tax year beginning FEB 1, 2009 , and ending JAN 31, 2		The extension					
2 If this tax year is for less than 12 months, check reason Initial return Final re	eturn 🔲	Change in accounting period					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	ny						
nonrefundable credits. See instructions	3a	\$					
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated							
tax payments made Include any prior year overpayment allowed as a credit	3b	\$					
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,							
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	e NY/A					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	•	\$ N/A					
							
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		8 (Rev. 4-2009)					

	್ರತ68 (Rev. 4-2009)			Page 2			
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox		▶ X			
•	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868	•			
• If	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed)				
Туре	Name of Exempt Organization	Emp	loyer ident	ification number			
print							
File by	AMERICAN SUGAR CANE LEAGUE OF THE USA	7	2-011	3440			
extend due da filing ti	Number, street, and room or suite no. If a PO box, see instructions te for PO DRAWER 938	For I	RS use only	<i>'</i>			
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions						
Check type of return to be filed (File a separate application for each return)							
X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069							
	,						
510	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 88	<u>68.</u>			
	JAMES SIMON						
	he books are in the care of \triangleright 206 EAST BAYOU ROAD - THIBODAUX, LA 703	01					
Τe	elephone No ► <u>(985) 448-3707</u> FAX No. ►						
	the organization does not have an office or place of business in the United States, check this box			▶ □			
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is fo	r the whole	group, check this			
box		memb	ers the exte	ension is for			
4	request an additional 3-month extension of time until DECEMBER 15, 2010						
5	For calendar year, or other tax year beginningFEB_1, _2009, and ending	<u>JAN</u>	31, 2	2010			
6	If this tax year is for less than 12 months, check reason Initial return Final return	L	Change in a	accounting period			
7	State in detail why you need the extension						
	ADDITIONAL TIME IS REQUESTED IN ORDER TO COMPILE ALL I			<u>N</u>			
	REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN (FORM	990)•				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	_	_				
	nonrefundable credits See instructions	_8a_	\$				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid						
_	previously with Form 8868	8b	\$				
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions			37 / 3			
	Signature and Verification	8c	\$	N/A			
Under		hact o	f my knowles	lan and hallof			
it is tri	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, confect, and complete, and that I am authorized to prepare this form.	ກຮອເປ	i iliy kilowlet	lge and pener,			
Signat	ure Name Title	Date	· 9	18/10			
	y James O	July		8868 (Rev. 4-2009)			

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